# Seasonal Allergies

Definition - Seasonal allergies, as the name implies, refers to those allergies present for only part of the year. This type of allergy is usually due to pollen from trees, weeds, and grasses. Molds can cause seasonal or year round allergies.
About Pollen - Pollens are powdery grains released form flowering plants for reproductive/cross pollinating purposes. If present in the air, pollens can land in a person's eyes, nose, lungs, and skin. Symptoms may include allergic rhinitis (hay fever), allergic conjunctivitis (eye allergies) and allergic asthma. Pollen levels are generally highest from 5am to 10am.

Springtime Allergies - Usually a result of pollen from trees, and in some areas weeds. The trees most likely to cause allergies include oak, olive, elm, birch, ash, hickory, poplar, sycamore, maple, cypress, and walnut.

Summertime Allergies - Grass pollen is the main cause of late spring and early summertime allergies. In a person who mows the lawn, this allergy may occur all year.

Fall Allergies - Some trees pollinate in the fall, but the major source of fall pollen is weeds. Depending on where you live, ragweed, sagebrush, pigweed, tumbleweed, and cocklebur, can all be culprits.

Which Pollens are Present? - To find out what pollens are most prevalent in your city you may visit **www.weather.com**. Click on "healthy living" and then "allergies and pollen count".

***Treatment of Seasonal Allergies***

Treatment should be patient focused. What symptoms do they have and how severe are they? Will the patient take medication and which ones are available to them? What side effects might the patient experience?

Avoidance - This can be difficult, since pollens are present in outdoor air. Some strategies include keeping windows closed, minimizing early morning outdoor activity and outdoor activity when the pollen counts are high, avoid mowing the lawn, and machine dry bedding and clothes.

Oral Anti-Histamines – For a long time, Benadryl was the only option. Now, newer, less sedating options are available over the counter in the form of Zyrtec, Allegra, Clarinex, Claritin, and Alavert (and their generic counterparts). These are relatively inexpensive, easy to take, work within a few hours, can be taken as needed (instead of daily) and have rare side effects.

Topical Nasal Steroids – These are the most effective at treating nasal allergies. They are available by prescription only. Side effects are mild and limited to nasal irritation and nose bleeds. The sprays need to be used on a daily basis for best results. There are many options including Flonase, Nasonex, Nosacort, and Beconase and all work about the same.

Other Prescription Nasal Sprays – Astelin is a nasal antihistamine that should be used routinely for best effect. Side effects include local irritation and sleepiness. Atrovent nasal works to dry up nasal secretions but will not treat itching or congestion symptoms.

Over-the-Counter Nasal Sprays – NasalCrom must be used on a regular basis since it prevents symptoms only if used before exposure to an allergen. Afrin and Neo-Synephrine are nasal decongestants that work well but should be used for limited periods of 3 days every 2-4 weeks because there can be rebound/worsening of nasal congestion.

Oral Decongestants – Oral decongestants are sold with or without the addition of an oral anti-histamine. They are useful in treating the symptom of nasal congestion and include Sudafed, phenylephrine, and numerous combination products. This class is best used on an occasional/as needed basis. Side effects with long term use can include insomnia, headaches, increased blood pressure, rapid heart rate, and nervousness.

Leukotriene Blockers – Singulair was initially developed for asthma and is now approved for the treatment of allergic rhinitis as well. Although it does not appear to be as good at treat allergies overall it may be better at treating nasal congestion and may be of particular benefit for people with mild asthma and allergic rhinitis. This medications must be taken daily for best effects. Side effects are usually mild.

Then What? - If none of these work, a referral to an allergist might be necessary with the possibility of allergy testing and allergy shots.