Allergy symptoms of spring can persist, even with summer’s arrival

By Plain Dealer guest columnist
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When people think of allergies, many equate the spring and autumn seasons with red eyes, runny noses and tissue boxes. As many sufferers know only too well, however, the end of spring does not herald the end of discomfort. It merely brings a shift of symptoms.

While the seasonal woes of spring and autumn translate into the classic allergy annoyances of
watery/itchy eyes and nose and profuse sneezing, the allergens of summer generally manifest themselves in nasal stuffiness and excess mucous in the nose and throat.

That's because the culprits vary from season to season. In early spring, the pollens of budding trees (such as birch, poplar, walnut, sycamore, oak and ash) produce the symptoms typically associated with allergies and/or hay fever. Later springtime discomfort is usually triggered by the pollens of such grasses as sweet vernal, bermuda, timothy, red top, some bluegrasses and others.

As summer approaches and conditions become dry, much of the vegetation dies. This, along with high humidity levels, produces an excellent environment for the mold fungi which grow on dead grass and leaves, straw and other plants (and which thrive in damp weather).

By the end of July, many are typically the victims of astronomically high mold counts and the allergy symptoms which accompany them.

"Summer Cold" a misnomer

Another common seasonal woe is what is often called a "summer cold." This is a misnomer. Contrary to the typical winter cold which is caused by a viral infection, the "summer cold" is generally the result of an allergic reaction to airborne particles and usually involves an irritating inflammation of the nose (allergic rhinitis).

While there may be some truth to the old axiom that "misery loves company" (an estimated 14 million Americans suffer from allergic rhinitis), the facts don't bring relief. If an allergic condition becomes more than a mere nuisance, if it chronically interferes with the basic quality of life, then a visit to a physician is probably warranted.

Self-help measures for surviving the summer

In addition to the new generation of prescription medication that's bringing relief to allergy sufferers, there are a number of self-help measures that can help allergic persons get through another summer.

- Wear a pollen mask when outdoors for a long period of time. (A half-hour or more.)
- Keep doors and windows buttoned up during heavy pollen counts; and turn the air-conditioner to "recirculate."
• Change or clean air-conditioner filters at least monthly.

• If using a room air-conditioner, keep it off when no one is at home. Once it is turned on, keep the room vacated for at least thirty minutes as some window units emit short bursts of mold when they are first activated.

• Stay out of fields of corn, grain and soybeans -- places where ragweed loves to grow.

• Avoid high diving. The pressure changes that come with diving into water can aggravate ears that "pop" and/or are plugged due to the symptoms caused by allergens.

• Be proactive. Prevent autumn, winter indoor allergens by lowering indoor humidity in the summer months (with the help of a dehumidifier or air-conditioner). Dust mites depend on a high humidity summer for their autumn population explosion.

**Classic allergy symptoms aren't always present**

You don't have to have a runny nose and watery eyes to be allergic. If you suffer from any of the following symptoms on a regular basis, it would probably be to your benefit to consult a physician for appropriate testing, diagnosis and treatment:

• Frequent headaches, particularly those located over the nose and/or forehead.

• Breathing through an open mouth (rather than through the nose).

• Stuffed-up feeling in the nose -- with or without discharge.

• Plugged-up feeling in the ears.

• Itchy, scratchy throat.

• Inability to sleep well.

It is also advisable to consult an allergist if over-the-counter medications are either no longer effective and/ or if they are causing uncomfortable side effects (such as drowsiness and/or a dry mouth).

With the knowledge, skills and prescription pharmaceuticals available today, there is no reason for anyone to suffer from chronic and annoying allergy symptoms.

**New allergy medications helping to bring relief**

A new class of medications, called leukotriene blockers, is bringing relief to allergy sufferers of all ages.

One of these medications, Singulair, is a once-a-day treatment approved for the treatment of allergic rhinitis in adults, teens and children as young as six.
By contrast to antihistamines (such as Claritin, Allegra, and Zyrtec) which block histamine receptors, Singulair works by blocking leukotrienes, a different inflammatory mediator.

In addition to this new generation of pharmaceuticals, nasal steroid sprays are also being modified into a more patient- and environmentally-friendly form. While most prescription nasal steroids are saline-based pump sprays, a new (actually an update of an old) delivery offering an aerosolized (and, hence, drier) spray will soon be available.

The old versions of these sprays utilized fluorocarbons which are environmentally unfriendly. The new versions avoid that.

**New testing methods improving treatment**

Even if you've had a history of classic allergy symptoms, there’s no substitute for objectively measuring your sensitivities. In addition to skin testing (which has an impressive, 100-year-plus track record), allergies may now also be assessed through blood testing. Typically, a serum sample is sent to an outside lab and measured for antibodies to common allergens such as pollen, dust, mold and animal dander.

While allergies are extremely common, they are eminently diagnosable and treatable.

*This article is based on information provided in "University Ear, Nose, & Throat Specialists Health Letter" and was adapted for use on NetWellness with permission, 2004.*