

Hay Fever (Allergic Rhinitis)

Like adults, children can sniffle and sneeze because of allergies. Effective treatment includes medications and steps to avoid allergens. Hay fever and eczema (atopic dermatitis) in young children are risk factors for asthma.

What is hay fever?

Hay fever includes a runny nose, stuffy nose, sneezing, and other symptoms caused by allergies.

- In about 20% of cases, allergic rhinitis is *seasonal*. Your child will have symptoms only during certain times of the year, when whatever he or she is allergic to is present (for example, specific types of pollen).
- In another 40%, the problem is *perennial*. Your child will always have symptoms, because the allergen is always present (for example, if you have pets).
- In the remaining 40%, the problem is *mixed*. Symptoms are always present but worse at some times of the year than others.

What does it look like?

- Stuffy, runny nose.
- Itchy nose and eyes (allergic conjunctivitis).
- Sneezing.
- Headaches.
- Instead of blowing his or her nose, your child may sniff and snort.
- Young children may rub their noses upward with the palm of the hand. This habit—sometimes called the “allergic salute”—may cause a crease over the bridge of the nose.
- Your child may breathe with his or her mouth open and have dark circles under the eyes.

What causes hay fever?

Some of the most important allergens to which your child has become allergic are:

- Pollens. If your child is allergic to *tree pollen*, symptoms will appear or worsen in the spring. *Grass pollen* levels are high in early summer, while *weed pollen* levels peak in late summer. Symptoms of pollen allergy may disappear in the fall, after the first frost occurs.
- Molds, outdoor or indoor.

- Pets, especially cats and dogs. Because pet fur is carried on clothing, it may be found even in pet-free areas, such as at school and day care.
- Household pests, especially house dust mites and cockroaches.

What are some possible complications of hay fever?

- Chronic sinusitis: infection or inflammation of the sinuses (the spaces behind the nose).
- Ear problems, including congestion behind the eardrum.
- Nosebleeds, caused by frequent nose blowing and irritation.

What increases the risk of hay fever?

- If parents or other family members have allergies, your child is more likely to have hay fever.
- Poor housing conditions, such as dampness or cockroaches, increase the risk of problems related to allergies.

Can hay fever be prevented?

- There is no proven way to avoid developing allergies. Babies who are breast-fed may be at lower risk of allergies.
- Avoiding allergens is the best way to reduce symptoms of hay fever.

How is hay fever treated?

- Avoid allergens.
 - Skin tests or blood tests may be done to find out what your child is allergic to, if necessary. Once you have this information, you can take steps to reduce exposure to that allergen. For example:
 - Special pillow and mattress covers can reduce exposure to house dust mites. Wash sheets and blankets in hot water every week.
 - When your child is indoors, reduce pollen exposure by keeping the air conditioning on. Special air filters may help to lower indoor mold levels.
- Medications can reduce symptoms of hay fever.
 - Antihistamines. These drugs help block the effects of substances that produce allergy symptoms. Newer antihistamines avoid the drowsiness caused by older

38 ■ Hay Fever (Allergic Rhinitis)

antihistamines. Most, like Claritin (generic name: loratadine) or Allegra (generic name: fexofenadine), are taken orally. A nasal antihistamine is also available.

- Decongestants. Decongestants such as Sudafed (generic name: pseudoephedrine) can help to reduce stuffy nose. Decongestants are available without a prescription and come in oral and nasal spray forms. Don't give your child nasal sprays for more than a few days.
- Nasal steroids. If your child's symptoms are severe or do not improve, stronger medications called steroids may be used. These medications, such as fluticasone and budesonide, can safely reduce allergic inflammation in the nose.
- Other medications. Singulair (generic name: montelukast) can also reduce hay fever. This drug is also used to treat asthma.
- Some medications are most effective if started a week or two before the start of pollen season. If your child

has hay fever, try to use the lowest dose that controls symptoms.

- If your child's symptoms do not get better with treatment, we may recommend a visit to a specialist in allergic diseases (an allergist/immunologist). This specialist may recommend further treatments, such as immunotherapy (allergy shots) to reduce your child's allergies.



When should I call your office?

Call our office if:

- Your child's allergic symptoms don't get better with treatment, or if they get worse.
- Your child develops signs of asthma, such as wheezing (high-pitched sounds coming from the lungs) or coughing.
- Your child develops signs of sinusitis (such as fever, headache) or if he or she simply isn't feeling well.