



# ah ah ah- choo! airborne allergies

What to do when spring fever equals hay fever/ by **Lisa Cherkasky**

**d**oes your Christopher Robin have wheezles and sneezles? If the answer is yes, perhaps he (or she) need not be “bundled into his bed.” If your child is exhibiting coldlike symptoms that linger on and on, allergic rhinitis (a.k.a. hay fever) might be the culprit. For kids with hay fever, springtime in the Mid-Atlantic is tree season, which translates to sniffing-sneezing-itchy-eyes season.

For many of us in the area, the old-fashioned throwing open the windows at night is a rite of spring. For kids with pollen allergies, all that fine, fresh air can be calamitous, especially after dark, says Dr. Jack M. Becker, Chief Section of Allergy, St. Christopher’s Hospital for Children and associate professor of pediatrics at Drexler University College of Medicine. “For trees, nighttime is the right time. That is when busy trees do the majority of their dirty work, pollinating all night long. Open windows at night simply invite the pollen in.” Beginning in March or April, pollen season can endure until October in the Mid-Atlantic. The region’s main offenders? Oak, western red cedar, elm, birch,

ash, hickory, poplar, sycamore, maple, walnut, and others.

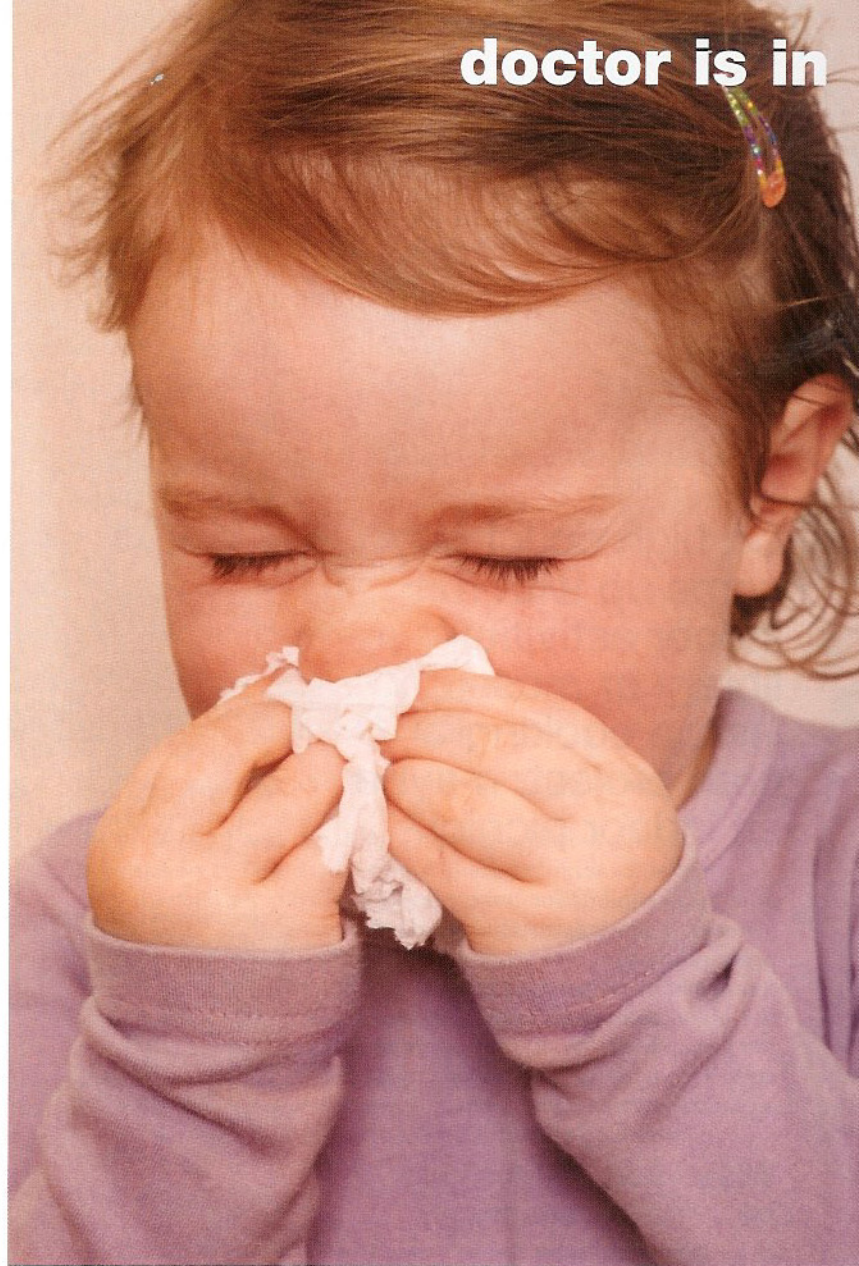
## “Called the doctor and the doctor said...”

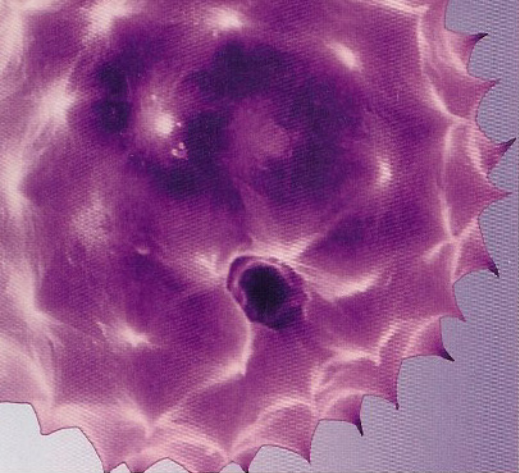
Children born to parents with airborne allergies are much more likely to develop these allergies themselves. Furthermore, the season in which a child is born is likely to determine which allergens will cause problems. In other words, spring babies are most likely to be sensitive to pollen later in life. Typically, children do not develop a sensitivity until after the age of three; nevertheless, 20% of children are allergic to pollen. For children with asthma, allergic rhini-

tis can become more than annoying; it can be dangerous, triggering an asthma attack. Sensitivity to pollen and asthma go hand-in-hand. Of asthmatic kids, 75% feel the unpleasant effects of airborne allergens such as pollen.

If in doubt, take your child to be tested by a doctor. Your pediatrician may do a simple nasal smear, a blood test, or a skin test, which are the most accurate ways to measure allergen intolerance. Or, you may have already done all the legwork by observing your child’s symptoms. The bottom line? Talk with your doctor.

The good news is allergies should not prevent your child from participating in most activities, should not affect their appetite or sleep, and should not in any





## minimizing the misery

Simply put, the best practice in the fight against the ah-choo factor is to shut your windows and doors, particularly at night.

- Run your air conditioning, which cleans and dries the air.
- There is no need to change your child's diet. According to Dr. Becker, foods do not affect your child's suffering from airborne allergies.
- When out and about with your kids, keep car windows rolled up. American Rhinologic Society member Dr. Daniel G. Carothers recommends using a high-efficiency particulate air (HEPA) filter and/or vacuum cleaner.
- Vacation where pollen is less prevalent, such as near the ocean.
- Stick to indoor activities between 5 and 10 a.m., when pollen is at its peak.
- Whenever the pollen count is high, keep your children indoors. Likewise on windy days.
- Dry your kids clothing and bedding in the dryer or by hanging indoors. Do not hang laundry outdoors.
- Do masks work? "Yes ... but," says Dr. Becker, "I am not willing to ask any kid to look that silly. As for adults who wear masks, I commend their courage."

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other way inhibit the pure pleasure of being a child—provided you take basic precautions and are vigilant. That is, steer clear of pollen as much as possible. On high count days, come up with fun indoor activities—a library or museum visit, a cooking or craft project, maybe an indoor picnic!

### When medications become necessary

If avoidance measures are not doing the trick, there are medicines that have been approved for small children. Some of the mainstays of allergy medication (nasal sprays and oral antihistamines) can be administered to children and are available both over the counter and by prescription. Keep in mind though, while some nasal sprays have been approved for children as young as 4, most kids do not want to use them. And yes, a few prescription medications have been approved for children, but experts stress that avoiding allergens is best for children. If you do decide to give your child medicine, be sure to talk to your pediatrician first. 🐣

*Writer Lisa Cherkasky lives in the Washington, D.C. area. She sniffs all fall and takes an over-the-counter antihistamine daily. Her lucky 5-year-old son, Teddy, breathes free and easy year-round.*

## interpreting the signs

How to read the signs as (interpreted by Saint Christopher's Hospital for Children)



	Allergy	Cold
Runny Nose	Yes	Yes
Sneezing	Yes	Sometimes
Itchy Eyes	Usually	Rarely
Fever	Rarely	Often
Achiness	No	Sometimes
Headaches	Sometimes	Often
Cough	Sometimes	Usually
Hoarse Voice	Sometimes	Often
Seasonal	Often	Rarely