

The Take-Charge Guide to Allergies

It's that dreaded time of year again when runny noses, itchy eyes, and scratchy throats take center stage. Kick those symptoms to the curb with our comprehensive plan. BY MARGERY D. ROSEN

Come mid-March, Kelly Beins knows it's time to start her 6-year-old daughter, Mae, on her allergy medicine. "It's like clockwork," says the Frederick, Maryland, mother of two. "Mae's runny nose, hacking cough, and all-over itchiness start in the beginning of spring and move into high gear from April through June. But I know now that if I begin her prescription corticosteroid spray a few weeks earlier, and take some preventive measures like keeping our windows closed, we can avoid the symptoms, or at least lessen them."

While Beins can breathe a sigh of relief that she finally has a handle on her daughter's health, it took years of juggling various over-the-counter and prescription medications, as well as visiting many doctors and modifying Mae's diet—not to mention many sleepless nights—before she felt that way.

ALEXANDRA ROWLEY, STYLING BY SARAH NEWELL, GROOMING BY NOELLE MARINELLI FOR ARTISTS BY NEXT

Right about now, there are plenty of parents like Beins, wondering whether there's anything they can do about their child's chronically drippy nose, itchy, watery eyes, and up-all-night cough. Many assume that those symptoms are due to a cold. But at this time of year, the culprit may well be an allergy—an overreaction of the body's immune system to substances known as allergens that are normally harmless. With a kaleidoscope of new products lining drugstore shelves (many of them having been downgraded in recent years from prescription to over-the-counter), it's tempting to assume that you can treat these misery-making symptoms on your own.

"Trying an over-the-counter medication for a few days is fine—as long as you make sure you're giving your child the right one," says *Parents* advisor Ari Brown, M.D., a pediatrician in Austin, Texas, and author of *Baby 411*. In fact, there's a lot you can do to take charge of your kid's allergies. However, it's equally important to know when to see your pediatrician—or an allergist—to manage the symptoms. The first step, though, is figuring out what's triggering them in the first place.

Is It an Allergy or a Cold?

For many kids, nasal allergies—what doctors call allergic rhinitis and the rest of us call hay fever—are the most common trigger for upper-respiratory symptoms. According to a national survey by the American Academy of

Allergy, Asthma & Immunology, up to 40 percent of youngsters suffer from nasal allergies. For some, they're simply a minor inconvenience. For others, allergies seriously impact sleep and schoolwork and sideline them from the joys of being a kid.

The problem, doctors say, is that parents are often confused about whether those sneezes and coughs are triggered by an allergy or a cold. Think about your child's actions. Is she sniffing and clearing her throat? Rubbing her eyes or nose up and down (a move doctors call the "allergic salute")? She's probably suffering from allergies.

"Kids with a cold may have a thick nasal discharge, a low-grade fever, and achiness, but they'll feel better in three to five days," says Jane Morton, M.D., clinical professor of pediatrics at Stanford University School of Medicine, in Palo Alto, California, and a *Parents* advisor. "Allergy sufferers have no fever, but they do have a watery nasal discharge and possibly itchy nose and eyes, and they may be miserable for months. And those symptoms usually crop up every year, right around the same time."

There are two types of nasal



The most common nasal allergies can strike in spring and continue well into fall, when ragweed flourishes.

allergies, and some kids have both. The most common is seasonal allergic rhinitis, which could strike in the spring when trees, grasses, and weeds release pollen into the air, and can continue through late summer and even into fall, when ragweed flourishes. Perennial allergic rhinitis affects kids year-round and is triggered by indoor allergens such as dust mites (ubiquitous in every home), mold, pet dander, and cockroach particles.

When you have an allergy, your immune system releases inflammatory chemicals (most commonly, histamines and leukotrienes) into the bloodstream

WHAT IF IT'S ASTHMA?

Asthma, a chronic inflammation of the tiny airways in the lungs that causes wheezing and coughing, affects nearly 5 million American kids. It can be controlled once you recognize what you're up against.

"Eighty-five percent of childhood asthma cases are related to allergies," says pediatric allergist Jacqueline Eghrari-Sabet, M.D. In fact, research has found that kids who have allergic rhinitis early in life have twice the risk of developing asthma by age 6.

* The other 15 percent of children with asthma don't have allergies, but many of their symptoms are the same. Nonallergic asthma may be triggered by a virus, secondhand smoke, cold or dry air, or exercise.

* If your child seems to be having asthma symptoms for the first time, call your doctor. Asthma attacks can be serious—even if the symptoms are often mild—and usually require treatment. Your doctor may prescribe anti-inflammatory and/or bronchodilator medications.

to attack what it perceives as an invader. Each time you're exposed to that allergen, symptoms return, often increasing in severity. "Sneezing is the body's first line of defense," explains Jacqueline Eghrari-Sabet, M.D., a pediatric allergist in Frederick, Maryland, who treated Mae Beins. "Allergens irritate the lining of the nose, and a sneeze is one way to get rid of

IS THERE AN ALLERGY EPIDEMIC?

Over the past 30 years, there's been a worldwide increase in all kinds of allergies, and everything from air pollution and climate change to the overuse of antibiotics has been implicated. Researchers don't fully understand why some substances trigger allergies and others don't, or why some people are highly allergic and others are symptom-free.

"If one parent has any type of allergy, a child has an almost 50 percent chance of developing allergies," says Michael Blaiss, M.D., clinical professor of pediatrics and medicine at The University of Tennessee in Memphis. "If both parents have allergies, the odds jump to 70 percent." But a child can develop allergies even if neither parent is allergic. What's more, though symptoms may ebb as a child gets older, you never really "outgrow" allergies. In fact, you can develop them at any age, says Dr. Blaiss: "Adults who 'suddenly' become allergic have probably had that susceptibility all along, but it took years of repeated exposure to trigger their symptoms."

them." They also irritate your eyes, causing them to itch and water, and your throat, leading to coughs.

With kids under 3, however, allergy diagnosis can be tricky. "They can have allergies, but they're more likely to be perennial—allergies to cats, dogs, and dust," explains Dr. Eghrari-Sabet. It takes a few years of exposure to pollen for a child to develop seasonal allergies, she adds, so they tend to show up around preschool age. "However, recurrent ear infections, wheezing, and rash are clues that a baby predisposed to nasal or food allergies may develop them later on," she says.

How to Find Relief

Plenty of medications exist to reduce symptoms, but it's important to check with your doctor before buying any, says Dr. Eghrari-Sabet: "Allergy treatment is complicated. Just because a certain antihistamine worked for an older sibling, or a friend, that doesn't mean it'll work for your child," she says. Treatments to ask about:

OTC or prescription antihistamines

The once-a-day drugs help block the itchy, watery eyes, runny nose, postnasal drip, and cough that can be triggered by histamines. OTC products including Zyrtec are approved for children ages 2 and up, although some pediatricians may recommend them for babies as young as 6 months. They're less sedating than the older generation of antihistamines such as Benadryl, Tavist, or Chlor-Trimeton. There are also antihistamine OTC eyedrops. "You'll know fairly quickly whether they're going to work," says Dr. Eghrari-Sabet.

If these aren't effective, your doctor may prescribe Clarinex, Allegra, or Xyzal. Since all medications can affect every child differently, even these safe-for-kids drugs can cause a dry nose or mouth, stomach upset, irritability, sleepiness, or, conversely, hyperactivity. If you notice any adverse reaction, stop using the medicine and give your doctor a call.

Saline washes They're very effective for postnasal drip and congestion. "The

salt water is like a shower for the nose," explains Dr. Eghrari-Sabet. Buy them at the drugstore, and use (for up to two weeks) with a bulb syringe or a squirt bottle. (Nasopure Little Squirt to Go, at nasopure.com, is a good product to try.) Nasal rinsing can work well for children as young as 2, although they may need to get used to having water going in one nostril and out the other.

What to Stay Away From

Nasal sprays These make it to the top of our experts' list of don'ts.

"Although they may be effective, they are not recommended because allergy symptoms last for such a long time," explains Dr. Morton. "These medications tend to have rebound side effects that can cause more symptoms than they cure."

Multi-symptom preparations

These might contain overlapping and unnecessary ingredients—combinations of decongestants, antihistamines, pain relievers, or cough suppressants and expectorants. To reduce the chances of overdosing, be sure to buy only single-purpose medications.

Natural therapies While some people swear by herbal supplements (such as eucalyptus oil, goldenseal, or zinc) or using chiropractic or laser treatments, there have been no clinical studies verifying their effectiveness.

If your child is taking the appropriate medication but still suffering from symptoms, your pediatrician may refer him to an allergist. Kid-friendly skin tests, which consist of tiny scratches of common allergens, will pinpoint what he's allergic to so you can minimize his exposure and better tailor an appropriate medication regimen. Children over 5 may be candidates for immunotherapy, a two- to five-year course of shots. When immunotherapy is effective, a child may become less sensitive to allergens, and allergy symptoms will become milder and may even go away. The hope is that eventually springtime becomes a season your family can actually enjoy, without needing an endless supply of tissues by your side. □



6 Ways to Head Off an Allergic Reaction

1

Check the pollen counts—the amount of pollen in the air at any given time—on TV or the radio or at pollen.com so you can plan your child's outside activities accordingly. (Pollen counts are highest at dusk.)

2

If your child does play outside, it's best to change her clothes as soon as she comes in.

3

Mow your lawn regularly to limit pollen that comes from grass.

4

Keep windows closed to prevent any extra pollen from getting in the house.

5

Use an air conditioner instead of a fan when pollen counts are high.

6

Avoid drying clothes outside during high pollen season.