

ADULT VS. CHILDHOOD ALLERGIES





**TIP FROM
DR. BUBAK:
MOST ALLERGIES
ITCH!**

ALLERGIES IN CHILDREN

We aren't born with allergies. They develop as we grow up. In the first year of life, we most often see atopic dermatitis rashes, the coughing and wheezing of asthma, and the onset of true food allergies that could become anaphylaxis. During that first year, runny noses are most often infections rather than allergies. In fact, viruses are often the largest trigger of asthma in early childhood.

Specific allergies to inhaled allergens begin to set in after the age of two. This is when seasonal allergy nasal disease kicks in or the cat starts to set off asthma. More and more of these allergies can develop over time. Allergy skin and blood testing can help identify what is really happening and make direct treatments possible.

ALLERGIES IN TEENS AND ADULTS

The onset of allergies is not limited to childhood.

Many in their teens and twenties experience the dreaded hayfever.

The cough, wheeze, and shortness of breath often waits until our 50s and 60s to first appear.

The itchy skin of contact dermatitis becomes more common as we age, too.

Atopic dermatitis is now more recognized in seniors. Further, allergies that went away earlier may come back later in life.

WHEN IT'S NOT ALLERGIES

There are some instances in which allergy-like symptoms may not be caused by allergies. So what else could be going on? With the upper respiratory system, we know that viral colds, enlarged adenoids, secondary bacterial infections, and foreign bodies are just some of the culprits.

With the skin, we see many viral rashes, irritants, and a wide variety of dermatological diseases. With breathing problems, symptoms could be caused by viral and bacterial infections, heart problems, reflux and aspiration, and airway structures—just to name a few look-alikes! That's why it's important to work with your doctor to diagnose and identify the true cause of your symptoms.

WHICH MEDICINES ARE FOR WHAT SYMPTOMS? (AND HOW SHOULD THEY BE USED?)

True allergy symptoms look fairly similar in children and adults, though each group may use different language to express what they are experiencing. This means it's beneficial to listen closely!

Many allergy sufferers may not know that their noses could be open—or that their skin doesn't have to itch all the time. Knowing which symptoms are caused by allergies can help determine the best possible treatments.

NOSE AND EYE ALLERGY PROBLEMS

Allergy symptoms of the nose and eyes (called allergic rhinoconjunctivitis) are best treated by avoidance—essentially, by staying away from your allergen as much as you can. When avoidance is not possible, there are several treatments that can help.

Antihistamine

Typically, an antihistamine is the first treatment to try when you can't avoid your allergens.

Antihistamines help with the itchy, sneezy, and runny nose symptoms. They usually take about an hour to start working and can help to a point. If the patient has a worse allergy or high exposure levels, antihistamines may not be enough.

Antihistamines are not particularly good at treating nasal congestion and often fail with long allergy seasons (such as with dust mite allergies).

You will want to use only second generation antihistamines, such as Claritin, Zyrtec, Xyzal, or Allegra, as they last 12 to 24 hours and don't get in the way of your thinking or coordination. (This is why you should avoid first generation antihistamines, such as Benadryl.)

Liquid versions of antihistamines can be useful in treating children. Adults, on the other hand, typically prefer swallowable pills.

Daily Topical Nasal Corticosteroid

When antihistamines do not provide sufficient symptom relief, your doctor may recommend a daily topical nasal corticosteroid. Use of this medication should begin before the season and continue to be used through every day of that season.

This medication works much more effectively than an antihistamine and adds help for that uncomfortable nasal congestion. One can also take supplemental non-sedating antihistamine as needed for break thru symptoms.

The nasal steroids are the same product for adults and children. They have been around for decades and with their excellent safety profile are now mostly over the counter. Generics work just as well as the name brands. Examples include Flonase, Rhinocort, and Nasacort. None do much to help structural or infectious nasal issues but are often used in some of the chronic rhinosinusitis with and without nasal polyposis syndromes.



TIPS FROM DR. BUBAK:

- › FOR KIDS, DON'T MAKE A BIG DEAL THAT NASAL SPRAYS CAN FEEL A BIT STRANGE. THAT WAY, YOUR KIDS LIKELY WON'T NEED TO MAKE A FUSS!
- › FOR EVERYONE, DON'T SPRAY THE SEPTUM, RATHER AIM A LITTLE LATERALLY.



ASTHMA MEDICATIONS

Nebulizer Treatments

Asthma medications are often inhaled. Getting the correct technique down can be tough for the little ones (and even for some adults). The age-old nebulizer for liquid medication was initially used and continues to be popular. If the patient is cooperative and breathes through the mouthpiece, nebulizer treatments will go well. If not, it is best to use a properly fitted face mask. The whole treatment shouldn't last more than five minutes.

Inhaler Treatments

More popular than a nebulizer is adding a spacer device to the regular inhaler. This can be done with a mouthpiece or with a mask.

Newer dry powder inhaled medications can be mastered by most patients four and over.

The bronchodilators, such as albuterol, work within five minutes and help quickly reduce asthma symptoms.

The controller medications need to be done every day over the long term to be effective. The idea with controllers is that it's better not to avoid symptoms in the first place rather than seeking relief from them.

ANAPHYLAXIS MEDICATIONS

Anaphylaxis is a scary worry at any age. Avoidance of the allergen is most important. **When an accident happens and anaphylaxis starts, the only thing to do is give the epinephrine and get to medical care.**

Your doctor will prescribe the correct dose based on body weight. It is critical that patients or care-givers (or both) know how to administer the particular version of the epinephrine injector. Practice again and again so it goes smoothly when you need it. Figuring it out in the middle of the crisis is very hard. Don't worry about any antihistamine. Just give the epinephrine and get to medical care!

ALLERGY IMMUNOTHERAPY

Allergy Immunotherapy is often used to make the patient less allergic to their allergen(s). Allergy shots for inhaled allergy problems have been done since 1911 and continue to be an effective way to decrease your allergy eye and nose issues and lessen the asthma problems. Immunotherapy is also highly effective for patients with anaphylaxis from the stings of honey bees, wasps, hornets, and yellow-jackets.

For patients with mainly just one big allergy trigger we can do tabs under the tongue (sublingual immunotherapy). This would be for either dust mite, grass, or ragweed allergy. Most recently, oral immunotherapy to lessen peanut anaphylaxis severity is available. This is a medication known as Palforzia and gets started between the ages of 4 and 17. The medication is taken daily and is a lifelong treatment.



GET ALLERGY TREATMENT FROM BOARD CERTIFIED DOCTOR

Board Certified Allergy Doctors are certified in both pediatric and adult allergy for a reason— allergies are lifelong diseases and need to be treated for the best long term outcome. This will often involve coordination with parents, caregivers, schools, other physicians, and especially the patient. Dr. Bubak and his team can help guide you through the many phases of the allergy journey.

605-336-6385 dakotaallergy.com

2200 West 49th Street, Suite 104, Sioux Falls, SD 57105     



Mark E. Bubak, MD | Lindsey R. Peterson, CNP