ENVIRONMENTAL ALLERGIES

Allergies are caused by immune-mediated response by the body, which means the immune system thinks the allergen is foreign to the body and attacks it. During this process the body releases histamine, which causes the allergy symptoms that you see. There is no cure for allergies, and they are a lifelong condition. Over time, if you do not treat your allergies, your body releases less histamine, and thus you have less allergy symptoms. But the allergen-related nasal inflammation remains.

Common Allergens

Tree Pollens (spring/summer)  Animal dander (cats, dogs, horses)
Grass Pollens (late summer)  Venom of bees, wasps
Ragweed Pollens (late summer/fall)  Molds (spring & fall)

Symptoms

Red, itchy, watery eyes  Chronic nasal congestion
Rhinorrhea (watery nose)  Postnasal drip
Sneezing  Open mouth breathing
Hives  Snoring
Allergic shiners  Oral allergy syndrome

Diagnosis

Recognition of environmental allergies is key to prevent nasal inflammation (rhinitis). The diagnosis of allergies can be made clinically by recognition of the typical cluster of symptoms listed above. Allergy skin prick testing can be considered if your symptoms are atypical, or you’d like confirmation of allergies.

If you would like allergy testing, you will be referred to a doctor who specializes in allergies, for which the wait time can be 1-2 years.

Treatment Options

1. Avoidance of allergen
   This is important, especially with animal dander allergies. Pets are a part of the family, but if you have an allergy, you’ll never get control of the allergy if the pet is in the house. Carpets are a big source of allergen storage. Vacuums do not effectively remove the allergen. Consider removing carpets from your house.

2. Suppression of symptoms - Antihistamines
   Anti-histamines (ex. Reactine, Claritin, Aerus, etc) work by decreasing the amount of histamine your body releases. This means they do no treat allergies but rather “mask” the symptoms of allergies. Try to only use these medications as needed. If you need them every day, then other treatment options should be considered. Avoid using sedating antihistamines, such as Benadryl.
   Eye drops may be prescribed by your doctor if you have significant eye symptoms. These drops will help treat your eyes only and not the underlying allergy, and should be used on an as needed basis only.
3. Removal of the allergen - Saline sprays/rinses
Most allergens enter the body through the nose. Thus, to decrease symptoms and to prevent nasal inflammation, a saline (salt water) spray or rinse can be used to remove the allergen from the nasal tissue. This can be done 1-2x per day as needed, depending on your symptoms and exposure to the allergen. There are low volume saline sprays, low flow rinses and higher flow rinses (ie squeeze bottles).

4. Treating the nasal inflammation - Nasal steroid spray
Nasal inflammation (aka rhinitis) occurs as your body’s response to the allergen. It needs to be treated with a low dose nasal steroid spray. Because these are low dose steroids, nasal steroid sprays take at least 4-6 weeks to decrease the inflammation. Your doctor may prescribe the spray daily during the allergy season.

   To learn more, please look at our handouts:
   - Rhinitis
   - Nasal Steroid Device Info

5. Immunotherapy
Immunotherapy is more commonly known as “allergy shots”. These shots are made specific to your allergies, and are a 2-3 year commitment. They work by slowly increased exposure to your allergen, with a goal of trying to “sensitize” your body to the allergen
   - Venom allergies respond really well to immunotherapy
   - Environmental allergies have a variable response to immunotherapy
   - Animal dander allergies will have less symptoms with immunotherapy, but the response is limited to when the shots are taken.

If you’d like to explore immunotherapy, you will be referred to a doctor who specializes in allergies, for which the wait time can be 1-2 years.

6. Epinephrine autoinjectors (EpiPen, Allerject, Twinject)
Epinephrine is used to treat anaphylaxis, which tends to occur with food or venom allergies. People with environmental allergies do not require an epinephrine autoinjector.