



Ronald L Wolfson, MD, FAAAAI
Allergy/Asthma Clinics of Fox Valley
(Tri-Cities and Aurora offices)

Allergies are More Than Just a Runny Nose and Sneezing

Someone once defined allergic diseases as “that group of diseases that are relatively unimportant to those that don't ever have them”.

Too little of the medical literature encourages family practice physicians to take their patients' allergy complaints seriously. Allergic rhinitis affects more than 50 million Americans each year who incur substantial costs in lost work and health care expenditures not to mention wide spread misery.

The first step in treatment is to decrease exposure to the offending allergens. Keeping the windows in the house and car closed with air conditioning running in the warm months is tremendously helpful. The Internal Revenue Service allows a tax deduction, with doctor's orders, for the cost of air conditioning and air purifiers to prevent allergic reactions.

The most common seasonal allergens get their start before air-conditioning season, however. Tree season occurs in February and March, followed (with a week of overlap) in mid April by grass season. The hot and dry middle of the summer is prime time for mold allergies to peak out but outdoor mold can be active from spring until it gets quite cold. Indoor mold exposure can occur all winter as well. Then ragweed and many other weeds appear with a season running from early or mid August to October 1st or first hard frost. Knowledge of these seasonal patterns can be useful in diagnosing a patient's allergies. If a patient tells you that when they go to a picnic on Labor Day, they have terrible problems with their nose or their chest, you don't need an allergist to tell you it's most likely ragweed.

The most common question careful clinicians ask of a patient is “what's new in your environment”? Development of an allergy requires repeated exposure to the offending allergen because a patient's allergy system must first be sensitized. The tricky part is that there's no rule about how many exposures will be required; a child may develop a penicillin allergy on the second encounter with the drug, or a middle-aged woman could become allergic on her tenth time and so on. Also many patients may have forgotten an exposure in the distant past or even be aware that it might have led to a delayed allergy!

The good news is that the incidence of new allergies does decrease with age. New food allergies, especially to common foods like wheat, shellfish, peanut milk, or other dairy products, are vastly more likely to develop in children than adults. But you can't rule out

allergies entirely based on age. We see patients who have never owned a cat present at 60 years of age complaining of a new allergy to cats.

The bad news is that allergies are definitively on the rise for a number of reasons. We're seeing much more house dust mite sensitivity in the past several years, likely due to people spending more time indoors and having better insulation of their homes. House dust mites need heat and humidity to thrive. They die during the winter cold and dry season and their bodies disintegrate and are melded into what we call house dust! Seasonal allergies, on the other hand, may be rising be due to warmer weather and changing global wind patterns.

Experts have also theorized about the causes of a general increase in allergies across all Western societies. The most accepted theory is the hygiene hypothesis—which says that less early exposure to dirt and disease has led to allergy development later in life. The moral may be to let your kids play in dirt and get colds like children have done throughout recorded history.

Not many new treatments for allergy nasal symptoms have been developed, although new variations of older medications occasionally appear. The only actual FDA approved treatment of the underlying allergies is allergy immunotherapy by weekly tiny, but constantly increasing, *virtually painless* injections. Allergy immunotherapy is achieved by repeated and slowly increasing exposure by injection to the offending allergens that are identified by *allergy testing*. After attaining very high doses safely over time the patient reaches a state of desensitization or immunization. In this state allergic symptoms lessen or completely disappear, the treatments are decreased to monthly or even longer intervals and often medications may be stopped altogether! In competent hands, worsening of the disease is almost always avoided by immunotherapy treatment and intermittent communication with the patient.