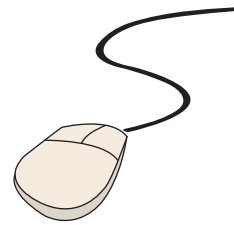


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1. The Canadian Lung Association:
www.lung.ca
2. The Canadian Society of Allergy and Clinical Immunology:
<http://csaci.medical.org>
3. The American Lung Association:
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4. The American Academy of Allergy Asthma & Immunology:
www.aaaai.org

Erin's case

Erin, 26, presents with bothersome nasal and eye complaints since relocating. She notes a seasonal pattern, with exacerbation of symptoms during the spring (April to June) and fall (August to September). During these periods, she feels exposure to cut grass and flowering plants can provoke the symptoms. She does not have asthma or any other medical condition. Her mother has seasonal hay fever.

Erin presently lives in a 25-year-old house with radiator heating and no air conditioning. Her bedroom has hardwood flooring and a rug.

What is the treatment?

Erin's skin test indicates sensitivity to outdoor pollens and indoor allergens. She is advised to reduce exposure to outdoor triggers by keeping doors and windows closed during pollination seasons. She is also told to remain in an air-conditioned environment as much as possible.

None of these methods work for Erin so she is given antihistamines. Still, she has little relief. She is then prescribed steroids, to be used by spraying the recommended dose locally in the nose.

If medications still do not provide relief, the specific allergen will have to be determined (via detailed skin testing and history) and immunotherapy considered.

Modified from http://www.hopkins-allergy.org/Case_Studies/seasonallreviewpoint.html#pharm

A Look at Common Medical Issues on the Web

Allergies

Focus On Allergic Rhinitis

By Adriana Modica, BSc

Allergic rhinitis, commonly called hay fever, is characterized by symptoms, such as sneezing; stuffy, runny nose; itchy eyes, nose, and throat; and watery eyes. Some less frequent symptoms are chronic fatigue, poor appetite, nausea, and headaches.

Seasonal allergic rhinitis usually results from exposure to trees, grass, or weed pollen. Symptoms usually occur around the same time every year (May and/or August) and last the same amount of time.

Allergies cannot be prevented, but reactions can. However, because each individual is unique, there is no standard treatment. The most effective way to prevent a reaction is to avoid the allergen that triggers the allergic response. Failing this, some treatment options are: antihistamines, the mainstay of treatment; decongestants, for short-term relief; corticosteroids, to lessen reactions; cromolyn sodium, to lessen or stop an allergic response (taken prior to exposure if exact allergen is known and exposure is occasional); and immunotherapy, which is effective only if a specific allergen is identified.

Some common myths held by patients

Myth #1: Hay fever only occurs in the spring and fall.

What to tell your patients: In fact, perennial allergic rhinitis can cause year-round symptoms. This reaction is the result of indoor irritants, such as feathers, mold spores, and dust mites. It is harder to diagnose because there is no real pattern of illness.

Myth #2: "If I don't have allergic rhinitis by the time I'm 30, I will never develop it."

What to tell your patients: Different types of pollen, dust, and mold spores exist in various geographic locations. Therefore, if you relocate, you may suddenly develop allergic rhinitis.