

Doc Talk

By Dr. Veronica Naudin



Allergy Symptoms and Treatments

Q: I think my child has allergies. She has a constantly running nose. What can I do?

A: Allergies are quite troublesome. They are definitely worth treating because allergy symptoms can lead to poor sleep and difficulty in the classroom setting. Allergies are quite common in this generation. There is usually a family history of allergic rhinitis. So if parents have allergies, it is likely that their children will have allergies. It is estimated that 20 % of children and 15-30% of teenagers have some form of allergy.

Hayfever is commonly known as allergic rhinitis. Rhinitis is a reaction that occurs in the nose when airborne irritants (allergens) trigger the reaction of histamine. Histamine causes the uncomfortable symptoms associated with inflammation and fluid production in the fragile linings of the the nasal passages, sinuses and eyelids. Children are usually not born with their allergies but they are borne with the genetic predisposition to them. Allergy symptoms seem to develop over time and can change as children get older.

When children are young, the first line medication is Benadryl. This is an old and safe antihistamine. Its only drawback is that some children will feel sleepy when they take it. This is an acceptable side effect if you give the benadryl at bedtime. For some parents, giving a dose of benadryl at bedtime can be helpful in determining if allergy is the cause of the constant runny nose symptoms. So if you give your child a dose of benadryl and the symptoms resolve, he/she likely has a form of allergy.

For more constant allergy symptoms there are two approaches to medication. The first is the nonsedating antihistamines such as Claritin (aka Loratadine), Allegra, & Zyrtec. These medications were developed to treat the histamine reaction and alleviate allergy symptoms. These medications do not cause drowsiness so they are wonderful for daytime use. I have found that sometimes we need to try a few different allergy medications before we find the "best" choice for your child.

The alternative is nasal steroids. These work by decreasing the inflammation in the naries that is causing

all the congestion and itching. The advantage of the nasal spray is that it deposits the allergy medication right to the area where it is needed. When using nasal sprays, you must aim the spray to the outer wall of the inside of your nose. If you point the spray to the center of your nose, it can cause nosebleeds and irritation. Many children tolerate the nose spray without difficulty. But with smaller children, this treatment is met with some resistance and therefore doesn't work.

Consider allergy testing. The most common allergens are pollen, dust mites, mold and animal dander. A new blood test called Immunocap is a test that seems to give more accurate allergy results. However, be warned that even with a negative blood test, your child may have allergies. As your child gets older, you can consider the skin tests done by the allergy specialist to determine what your child is allergic to. In addition to the treatments listed above, you can consider environmental protection such as air filters and mattress coverings. Finally, for some individuals, allergy immunotherapy or allergy shots is the best treatment. I will have to discuss this in another article. Of course if you have additional questions regarding your child's allergies, please schedule an appointment with your pediatrician today.

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Dr. Jorge Castro, Dr. Veronica Naudin, Dr. Stanley Ambo, and Dr. Lyra Ng are dedicated to providing you with the quality health care that you desire for your children.

Please send questions and/or suggestions to:

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