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## "The Dread of Southeast Texas: Allergic Rhinitis" Your Life Your Health The Examiner November 30, 2000 by Syed Imtiaz Anwar, MD Medical Director, Clinical Laboratory Services, SETMA, LLP

Living in Southeast Texas, it is not uncommon to have what is commonlyknown as the "sniffles," also popularly known as "hay fever". With conservative estimates, 60% of the Southeast Texas population has the ailment, which means that chances are someone very close to you willhave it. And, if they are lucky enough not to have it, then guess what, you have it.

Allergic Rhinitis is characterized by sneezing, runny nose, itching of the nose, nasal blockage, excessive tears and headache. It also commonly includes a loss of smell. The allergic reaction in hay fever occurs in the lining of the upper respiratory tract which includes the sinuses, nose and bronchial tubes. Allergens, ranging from pollens, spores and petrochemical products, when breathed into the respiratory tract, get picked up by the cells lining the upper respiratory tract. The body then elicits a response by special cells called Mast Cells which produce hormones, which in turnare responsible for the sneezing, runny nose, itching of the nose, nasal blockage, etc..

At any given time, up to 20% of the population of United States has an active "case" of allergic rhinitis. Certain localities like SoutheastTexas has a much higher occurrence rate. The higher incidence in our area is due to pollens and the presence of so many petrochemical products in theair.

Arbitrarily, rhinitis lasting less than six weeks is called acute rhinitis, and persistent symptoms are called chronic rhinitis. Acute rhinitis is usually caused by infections or chemical irritation. Chronic rhinitis maybe caused by allergy or a variety of other factors. There are roughly two Types of allergic Rhinitis:

- 1. Seasonal which occur at certain times of the year.
- 2. Perennial which occur all year long.

Pollen is the biggest factor in the seasonal variety. There are different pollens. Ragweed Pollen, most common in the Mid-western states, usually acts up between mid August to early October. Tree Pollen, elicits symptoms in early Spring. Grass Pollen affect us in late October to early summerand is probably the biggest offender in Texas. Some Mold spores also play their part in the grand scheme of things from July to early August. People that have symptoms only in certain seasons have the above mentioned players to thank for.

People who have symptoms from time to time all year round are probably

reacting to things like house dust, dead skin cells from pets, indoormolds and occupational allergens coming from factories and refineries. Other things that play an important part in

provoking the symptoms of allergic rhinitis are perfumes, cooking odors and, quoting one of my patients, " spouses. The last allergen is a joke! If you start sneezing when your wife walks in, it's not her; trust me. Check her perfume or powder.

Allergic Rhinitis is a frustrating problem to take care of, but there are excellent ways of treating it. First and foremost identifying a specific or a couple of offending agents greatly helps in avoiding those substances.

Avoidance is key in fighting this menace. The following precautions will lessen exposure to air-borne allergens like pollens:

- Close windows, use air-conditioning to clean, dry the air.
- Use a HEPA filter system to remove airborne allergens.
- Stay inside when there is a high pollen count, humidity or wind. Many weather stations now give the "pollen report" which will helpyou avoid high pollen days.
- Realize that outside pollen and mold are highest midmorning tolate afternoon.
- If exposed to pollen, shower, shampoo hair, rinse eyes with saline.
- Keep pets out of main living areas, especially bedrooms.

There are now certain skin tests that can be done without any risks thatcan identify the causative allergic agent. Diagnostic measures include a careful clinical history and physical along with allergenskin tests. But, remember, positive skin tests are only important if they correlate withthe clinical history. A RAST (RadioAllergoSorbent Test) may be done if traditional skin tests cannot be performed.

If avoidance is not possible or is just not enough, certain medicineslike nasal steroids are available that are the treatment of choice. These medicines work by preventing the Mast Cells from secreting their hormones thus preventing the immune response which is responsible for thesymptoms.

The problem I see everyday is that people use these medicines on an "as needed" basis. Unfortunately, that's not the way these medicines work. These medicines are supposed to be taken daily just like diabetes or high blood pressure medicines. They are more effective in keeping the ailment away rather then healing it once it starts. There are other drugs available that supplement nasal steroids. Drugs like Claritin and Allegra are now household names in Southeast Texas. This should just give us an idea of how rampant this ailment is.

Some known complications of allergic rhinitis include ear infections, sinusitis, recurrent sore throats, cough, headache, altered sleeppatterns, fatigue, irritability, and poor school performance. Occasionally, children may develop altered facial growth and orthodontic problems. Allergy treatment can eliminate or alleviate most of these problems.

The best way to treat allergic rhinitis is to let your healthcareprovider know at earliest onset of symptoms because we all know, "Prevention is better than cure". Remember, its Your Life and Your Health.