

Allergies are Nothing to Sneeze At!
The New “Second Generation” Antihistamines

Summer is here and with its arrival the symptoms of allergies; sneezing, congestion, runny and itchy nose (rhinitis), and itchy, red eyes (conjunctivitis). Approximately 10-20% of the population as a whole has allergies and a high percentage of allergic individuals is children. Whether someone has seasonal (or year-round) allergies depends primarily on two factors: (1) Genetics- is there a family history of allergy? (2) Environmental- is the individual old enough and been exposed to enough pollen? Allergy symptoms can be severe and are responsible for the most loss of time from work and school than any other cause. Fortunately, allergy symptoms are not life threatening and can be treated and prevented. Ninety percent of children with asthma however, which can be life threatening, have allergic triggers for their asthma, making allergies the second leading cause of asthmatic attacks, second only to viral infections.

Identifying what one is allergic to, and avoiding it is desirable but not always possible. Weeds, for example, pollinate from July through October and the major fall weed is ragweed. Avoiding ragweed pollen, however, is not possible and no one should stop enjoying outdoor activities.

How can we prevent and treat allergies? For some allergic individuals or patients with asthma, it may be necessary to stay indoors when pollen counts are high. Keeping the windows closed and the air conditioner running effectively prevent pollen from entering the bedroom at night or in the morning when pollen counts rise and cause rhinitis or symptoms.

Unfortunately, we currently do not yet have medications that cure allergies; allergic medications are used to keep symptoms under control and only help while they are actively being taken. Allergy medication is most effective if taken on a regular basis to prevent symptoms. The maximum benefit from medications occurs after two weeks of daily use. They are, in that respect, like birth control pills. Medications must be taken in advance and work only as long as they are taken.

Antihistamines are indicated as first line therapy for allergies. They decrease itching, sneezing and runny nose, but do not do much for congestion unless the antihistamine is combined with a decongestant. The older first-generation antihistamines include such medicines as Chlortrimeton and Benadryl. They work well, but are very sedating. The newer second-generation antihistamines have been available now for years and are just as effective, but there are differences. Non-sedating (non-drowsy) antihistamines include Allegra, Clarinex, Xyzal and Zyrtec (**now available over the counter**) are taken once daily. Allegra, Clarinex and Zyrtec also have decongestants added to their antihistamine formula to reduce the nasal congestion and can be taken once daily for congestion with good results. All four drugs may be taken with or without meals. Children's formulas are available for Clarinex, Allegra and Zyrtec.

Patients with year-round allergies may require antihistamines daily all year round. Those patients with seasonal allergy symptoms may begin their antihistamines a few weeks before their “allergy season” and continue then several weeks after the season is over.