



This information is based on recommendations in *The Allergy Report*. The report was developed by a 25-member Task Force, led by the American Academy of Allergy, Asthma and Immunology. The report contains treatment and management guidelines for allergic disease. See www.theallergyreport.org for the report's full text.

Allergic rhinitis is an irritation of the nose that affects 40 million people in the United States. It is commonly called “hay fever,” even though people with allergic rhinitis do not have a fever — and the condition is not from hay. Allergic rhinitis is caused by allergens (substances that are foreign to the body) that cause some people to have an allergic reaction. Up to 40% of children have allergic rhinitis, and they miss millions of school days each year because of it. Symptoms are like those of the common cold. Allergic rhinitis may contribute to fatigue, problems sleeping and learning problems.

CAUSES AND SYMPTOMS

The diagnosis of allergic rhinitis in children is often missed, especially in children who have earaches or ongoing sinus problems.

SYMPTOMS OF ALLERGIC RHINITIS INCLUDE:

- Nasal congestion
- Clear discharge, “runny” nose
- Sneezing
- Nose and eye itching
- Tearing eyes
- Dark circles under the eyes
- A crease in the tip of the nose due to frequent rubbing

Post-nasal dripping of clear mucous frequently causes a cough. Eye itching, redness, and tearing frequently accompany the nasal symptoms, and a child may have nose bleeds if the condition is severe.

With **seasonal allergic rhinitis** (SAR) symptoms occur when there are large amounts of tree, grass or weed pollens in the air, or high counts of mold. In addition to the above symptoms, repeated sneezing is a symptom of SAR. Symptoms often flare up in the early spring and again in the fall.

Perennial allergic rhinitis (PAR) symptoms are intermittent or continuous throughout the year and show little or no seasonal variations. The most common symptoms are nasal congestion and postnasal drainage, while rhinorrhea and sneezing are usually less prominent than with seasonal allergic rhinitis. A child with PAR may often complain of having a cold that just doesn't seem to go away. PAR is usually caused by indoor allergens such as dust mites, mold, or animal dander (dry skin flakes), but a sensitivity to pollen may exacerbate symptoms.

MEDICAL TREATMENTS

Several medications are available to decrease and prevent patients' symptoms:

- Antihistamines are the most common treatment for allergic rhinitis. Patients respond quickly to this treatment. Over-the-counter antihistamines can have a sedating effect on children and decrease their school performance. Nonsedating antihistamines are recommended, and are available by prescription.



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- Decongestants are used to reduce nasal congestion.
- An antihistamine-decongestant combination may be more effective than using either of these treatments alone for the child with both a runny nose or post-nasal drip and congestion.
- Corticosteroids, which treat the nasal inflammation of allergic rhinitis, are the most effective drug treatment for the condition. They are usually prescribed as a nasal spray. A 3- to 7-day course of oral steroids may, rarely, be prescribed for severe symptoms.
- Cromolyn sodium relieves sneezing, nasal congestion and itching by blocking the body's allergic response. It is an over-the-counter treatment and should be used 4 to 6 times a day to prevent symptoms. It may take about two weeks to see relief from symptoms, so cromolyn sodium should be taken before allergy season.

WHAT YOU CAN DO

- Make sure the child's exposure to irritants like pet dander, dust and mold in the classroom is limited.
- Allergic rhinitis can make it hard for children to concentrate at school. Make sure teachers understand the impact of allergic rhinitis and its treatment and provide extra support for the student.

Encourage parents to take the following steps to reduce their child's symptoms of allergic rhinitis:

- To avoid pollen: Keep windows and doors closed and use air conditioning. Keep children inside when pollen counts are high. Tell children to bathe or change clothes after being outdoors. Dry clothes in a dryer, not outside.
- To avoid mold: Do not let children walk through uncut fields or rake leaves. Keep windows and doors closed and use air conditioning. Clean moldy surfaces in the house, fix water leaks and use air conditioning and a dehumidifier to reduce indoor air humidity.
- To avoid house dust mites: Put mattresses, pillows and box springs in dust-proof casings. Wash bedding weekly in water that is hotter than 130° F. Remove stuffed toys from bedrooms.
- To avoid animal dander: Preferably, pets should not be kept in the house. If they are, keep them out of the child's bedroom and keep the bedroom door closed. Do not let the pets sit on furniture. Close air ducts to the child's bedroom.

WHEN TO REFER TO AN ALLERGIST/IMMUNOLOGIST

Children should be referred to an allergist/immunologist when:

- Symptoms or medication side effects hurt the student's performance.
- The child is having problems sleeping, cannot smell or taste, and is generally uncomfortable because of the allergic rhinitis symptoms.
- Symptoms persist even though the child is taking medication.
- The child suffers from recurrent or chronic otitis media, sinusitis or persistent asthma.