

Seasonal Allergies in Children

Every fall, 5-year-old Timmy develops a runny nose, itchy, puffy eyes, and attacks of sneezing. His mother shares the problem, which she dismisses as mild hay fever, and something her son has to learn to live with. Lately, however, Timmy has also suffered attacks of wheezing and shortness of breath when he visits his grandmother and plays with her cats. Timmy's pediatrician suspects allergic asthma, and wants him to undergo some tests.

Timmy's symptoms are by no means rare among children across the United States. Allergies and asthma often start in childhood and continue throughout life. Although neither can be cured, with proper care they can usually be kept under control. Allergies are caused by the body's reaction to substances called "allergens," which trigger the immune system to react to harmless substances as though they were attacking the body.

When to Suspect an Allergy

Some allergies are easy to identify by the pattern of symptoms that follows exposure to a particular substance. But others are subtler, and may masquerade as other conditions. Here are some common clues that could lead you to suspect your child may have an allergy.

Repeated or chronic cold-like symptoms that last more than a week or two, or that develop at about the same time every year. These could include a runny nose, nasal stuffiness, sneezing, and throat clearing. Nose rubbing, sniffing, snorting, sneezing, and itchy, runny eyes.

Itching or tingling sensations in the mouth and throat. Itchiness is not usually a complaint with a cold, but it is the hallmark of an allergy problem. Coughing, wheezing, difficulty breathing, and other respiratory symptoms. Recurrent red, itchy, dry, sometime scaly rashes in the creases of the skin, wrists, and ankles also may indicate an allergy.

When it comes to rashes, the most common chronic inflammatory skin condition in children is eczema, also called atopic dermatitis. Although not strictly an allergic disorder, eczema in young children has many of the hallmarks of allergies and is often a sign that hay fever and asthma may develop. The rate of eczema, like that of asthma, is increasing throughout the world. Where asthma is rare, the rate of eczema is also low.

When to Suspect Asthma

Although allergies and asthma often go together, they are actually two different conditions. In simple terms, asthma is a chronic condition that starts in the lungs. Allergies are reactions that start in the immune system. Not everybody with allergies has asthma, but most people with asthma have allergies.

The airways of the typical child with asthma are inflamed or swollen, which makes them oversensitive. When they come in contact with an asthma "trigger" — something that causes an

asthma attack — the airways, called bronchial tubes, overreact by constricting (getting narrower).

Many different substances and events can “trigger” an asthma attack — exercise, cold air, viruses, air pollution, certain fumes, and, especially, a host of other allergens. In fact, about 80 percent of children with asthma also have allergies and, for them, allergens are often the most common asthma triggers.

Common Allergens in Home and School

In the fall, many indoor allergens cause problems for children because they are inside of home and school for longer periods.

Dust: contains dust mites and finely ground particles from other allergens, such as pollen, mold, and animal dander

Fungi: including molds too small to be seen with the naked eye

Furry animals: cats, dogs, guinea pigs, gerbils, rabbits, and other pets

Clothing and toys made, trimmed, or stuffed with animal hair

Latex: household and school articles, such as rubber gloves, toys, balloons; elastic in socks, underwear, and other clothing; airborne particles

Bacterial enzymes: used to manufacture enzyme bleaches and cleaning products

Certain foods

Controlling Allergy Symptoms

It’s helpful to use air conditioners, where possible, to reduce exposure to pollen in both your home and your car. Molds are present in the spring and late summer, particularly around areas of decaying vegetation. Children with mold allergies should avoid playing in piles of dead leaves in the fall.

Dust mites congregate in places where food for them (e.g , flakes of human skin) is plentiful. That means they are most commonly found in upholstered furniture, bedding, and rugs. Padded furnishings, such as mattresses, box springs, pillows, and cushions should be encased in allergen-proof, zip-up covers, which are available through catalogs and specialized retailers. Wash linens weekly, and other bedding such as blankets, every 2 to 3 weeks in hot water to kill the dust mite. Pillows should be replaced every 2 to 3 years.

Working With Your Child’s Pediatrician

Your child's allergy and/or asthma treatment should start with your pediatrician. If needed, your pediatrician may refer you to a [pediatric allergy specialist](#) for additional evaluations and treatments, depending on how severe the child's symptoms are. Although there are many over-the-counter antihistamines, decongestants, and nasal sprays, it is very important that you work with a pediatrician over the years to make sure that your child's allergy and asthma are correctly diagnosed and the symptoms properly treated.

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