

Allergies – Nothing to Sneeze About!

By Andrew Spector, MD



Sneezing constantly? How about a sore and scratchy throat, wheezing, itchy, watery eyes or a stuffy and runny nose? Do you feel like you are always clearing your throat from a nasal drip, single-handedly supporting the tissue industry, or always on the verge of another sinus or ear infection? Join the club. 60 million Americans (about 1 in 5) including 40% of children and 30% of adults suffer from allergic rhinitis (commonly called hay fever). It is the 5th leading cause of chronic disease in adults and 3rd among children. Every year allergy accounts for more than 17 million outpatient doctor's office visits. It has been estimated that the annual cost of allergy is around \$14.5 billion – \$11 billion of which pays for prescription and over-the-counter medications.

Allergy occurs when the body's immune system overreacts to something in the environment that is not otherwise harmful when it is touched, eaten or inhaled. With repeated exposure to these substances, known as allergens, your body creates antibodies towards that specific substance that triggers an abnormal physical reaction upon re-exposure. This over-reaction does not happen in non-allergic people. Quite often allergy runs in families since a child with one allergic parent has a 33% chance of developing allergies while 70% of children with two allergic parents are at risk.

Allergies can occur seasonally or year-round depending on what you are allergic to. Seasonal allergies are typically caused by sensitivity to pollens from trees (spring), grasses (summer), or weeds (fall) while perennial (year-round) allergies are commonly



ear, nose & throat
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from dust mites, animal dander, cockroaches or molds. Over the past 10 to 15 years the ragweed allergy season in the fall has lengthened by nearly 4 weeks due to climate change.

Oftentimes a physician may choose to treat a patient with allergy medications based on the patient's detailed history and physical examination without formal allergy testing. In other instances allergy testing may be appropriate. For example, a patient may be tested when deciding whether or not to keep a potentially

allergenic pet, because of side effects from or poor response to allergy medications, or when evaluating patients with chronic or recurrent sinus problems (since allergies are often the underlying cause) where allergy testing might make the difference between medical or surgical management. Allergy testing may also be performed if the patient expresses interest in potentially curing allergies with either subcutaneous

(allergy shots) or sublingual (allergy drops under the tongue) therapy. Skin prick testing is the most commonly performed, and one of the most accurate, methods of testing for allergies. This is performed in the office setting and is relatively quick and painless. In some circumstances blood tests can be utilized to diagnose allergies.

There are multiple ways to manage allergies. The best treatment is to identify the offending allergen and avoid it – this may include animal avoidance, dust mite covers for the bed and air purifiers. Over-the-counter antihistamines such as Claritin, Zyrtec and Allegra often in combination with nasal sprays like Nasonex, Flonase, or Astepro are quite effective and safe for treating allergies.

Although allergy is regarded as a chronic condition it is possible to cure allergies with immunotherapy (allergy shots or oral drops). In fact, immunotherapy either eliminates or significantly reduces the symptoms of allergies and requirement for medication use in nearly 80% of patients. Immunotherapy is considered when the patient wants to try to cure allergies or at least reduce medication use, medications are not helpful or not tolerated, or symptoms span multiple seasons or are year-round. Traditionally

immunotherapy in the United States has involved only allergy shots (SCIT – Subcutaneous Immunotherapy) where the patient is desensitized to their allergens by repeated in-office injections of a mixture of the substances to which the patient is allergic. By increasing the dosage of the injection the immune system builds up protection and tolerance to the allergens over time. A newer approach to

immunotherapy (SLIT – Sublingual Immunotherapy) allows the patient to self-administer the same solution under the tongue at home. This method is approved by the World Health Organization and is utilized by as many as 40% of European patients receiving immunotherapy.

Dr. James Bartels, Dr. Jeffrey Zimmerman and Dr. Andrew Spector from Ear, Nose and Throat Specialists of Southern New Hampshire are pleased to offer allergy testing and treatment using both allergy shots and sublingual immunotherapy combined with medications to better serve their patients with allergies.



**I THINK I HAVE ALLERGIES.
WHAT SHOULD I DO NEXT?**

- **Talk to your physician to make sure your symptoms sound like allergy rather than another medical condition**
- **Avoidance of suspected allergens and environmental modifications**
- **Trial of over-the-counter or prescription allergy medications**
- **Allergy testing (quick and painless in-office skin testing to determine to what you are allergic)**
- **Immunotherapy, a potential cure for allergies (SCIT: allergy shots in our office, SLIT: daily at home allergy drops under the tongue)**

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