



Clinical Update

For Telephone Triage Nurses

May - June 2010

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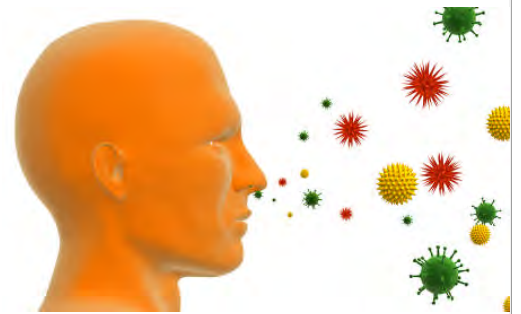
- Pollen Allergies

Pollen Allergies

Pollen is an allergen. An allergen is a substance that triggers an allergic reaction. For example, Hay Fever (allergic rhinitis) is the term used to describe the symptoms that occur from nasal allergies.

Sources

The time of year and the weather can significantly affect the amount of pollen in the air. Pollen counts tend to be absent or much lower during the months of November to February. Pollen counts are lower on damp rainy days because the pollen is washed to the ground. Pollen counts are correspondingly higher on dry windy days.



The main sources of pollen are:

- ◆ *Trees*: March to May
- ◆ *Grass*: May to August
- ◆ *Weeds* (mainly ragweed): August to October (first frost)

Probably the most accurate and reliable source of pollen counts is the National Allergy Bureau (NAB). It measures pollen and mold levels from approximately 78 counting stations throughout the United States and two counting stations in Canada. You may want to tell your telephone triage callers about this website so they can view current pollen counts in their area:

- ◆ <http://www.aaaai.org/nab/index.cfm?p=pollen>

Another commercially-sponsored website provides current pollen counts by zip code: <http://www.pollen.com>.

Symptoms of Pollen Allergies

- ◆ *Allergic Rhinitis* (hay fever): Watery nasal discharge, constant sniffing, sneezing attacks, itchy nose, snoring. Approximately 50% of hay fever patients also have allergic conjunctivitis symptoms.
- ◆ *Allergic Conjunctivitis*: Itchy or burning eyes; watery red eyes, puffy eyelids, allergic cysts of white of eyes (chemosis). (95% have AR)
- ◆ *Allergic Laryngitis*: Hoarseness, throat-clearing, chronic cough
- ◆ *Allergic Asthma Attacks* (50% of asthmatics have AR)
- ◆ *Allergic Skin Reactions*: Severe itching, macular rash, hives, flare-ups of eczema; itchy ear canals.

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Pollen Allergies (Continued)

Health Tips for People who Suffer from Pollen Allergies

Here are a number of tips that you can share with your callers to help prevent or at least reduce allergic reactions to pollen.

◆ Avoid Pollen (Prevention)

1. Keep windows closed at home, especially in the bedroom.
2. Use an air conditioner instead of attic or ceiling fans.
3. Keep windows closed in car, turn AC on re-circulate.
4. Avoid playing with dogs that have been outdoors.
5. Wear a pollen mask if you have to cut the grass.
6. Avoid touching your eyes.
7. Remove your outside clothes before you enter your bedroom.

◆ Remove Pollen (Decontamination)

1. Shampoo hair and shower off pollen
2. Nasal washes to remove pollen from nose (use tap water or saline)
3. Eye washes to remove pollen from eye
4. Rinse ear canals to remove pollen from tympanic membranes
5. Drink clear fluids to remove pollen from mouth



Antihistamines for Pollen Allergies

- ◆ Oral antihistamines are the mainstay of treatment. They can usually control all of the pollen allergy symptoms listed on the previous page. Unlike prescription steroid nasal sprays, antihistamines also relieve the eye symptoms, the allergic cough, and skin symptoms.
- ◆ For patients with seasonal allergies, the key to control is taking the antihistamine (prophylactically) on a daily basis throughout the pollen season rather than intermittently when symptoms peak.
- ◆ *First generation antihistamines* (e.g., chlorpheniramine/Chlor-trimeton, diphenhydramine/Benadryl) are more effective at controlling hay fever symptoms than the newer second generation antihistamines.
- ◆ *Second generation antihistamines* are recommended for school-age children, teens, and adults who find sedation with first generation antihistamines a problem. Examples of over-the-counter second generation antihistamines are cetirizine (e.g., Zyrtec) and loratadine (e.g., OTC Claritin, Alavert).
- ◆ An extra dose of Benadryl is effective for severe breakthrough symptoms.

Pediatric and adult antihistamine dosage information can be found in the relevant telephone triage protocols.

Regards to all of you,
Barton Schmitt, MD
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References:

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- ◆ Mahr T, Sheth K. Update on allergic rhinitis. *Pediatr Rev.* 2005; 26 (8):278-283
- ◆ Wallace DV, Dykewicz MS, Bernstein DI, Blessing-Moore J, Cox L, Khan DA, et al. Joint Task Force. The diagnosis and management of rhinitis: an updated practice parameter. *J Allergy Clin Immunol.* 2008 Aug;122.

Remember:

Read the package instructions thoroughly on all medications that you take.

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