

Q&A: What patients should know about fall and winter allergies

November 16 2020, by Steve Handoyo



Credit: CC0 Public Domain

As we transition into colder months, fall and winter allergy sufferers may notice a change in their quality of life. If you're wondering whether or not you or your child have fall or winter allergies, here are some signs

it might be time to visit a physician for evaluation.

What are the most common allergies in the fall and winter, and what are their symptoms?

Allergic rhinitis, better known as hay fever, is a leading cause of chronic disease. Sometimes we dismiss the runny, itchy nose and watery eyes as a mild irritation, when it can really make people feel miserable and affect their quality of life. The most common fall allergies come from high levels of ragweed pollen and [mold spores](#), which tend to peak in the fall. Mold growth can spike with the warmth and humidity of the summer and persists through the fall. Meanwhile, ragweed pollen levels rise in late August and can last until the first frost.

Fall [allergy](#) sufferers usually grapple with sneezing, itchy eyes, congestion, post-nasal drip, cough, itchy and runny nose. General fatigue and recurrent sinus infections are also common. Asthmatics and eczema sufferers may also find they are more likely to have flare ups from allergens, temperature and humidity changes.

Unfortunately for many children with allergies, winter can also bring its own set of challenges. That's because both [indoor allergens](#) and cold-weather irritants can trigger symptoms, too. Irritants such as dry, cold outside air, and recycled particle-filled indoor air can lead to congestion, sore throat and sneezing. Being inside so much in the winter can also lead children to be exposed to other allergens such as pets, indoor mold and dust mites. If your child's symptoms worsen when they enter your home or their school, they may also suffer from indoor, environmental allergies.

At what point should parents take their child into an allergist?

The first thing you want to do is control your child's symptoms by

avoiding suspected allergens and irritants. Parents should keep windows closed, run central air or heat, take time to wash your child's hands and face when they come inside, and use high-efficiency particulate air (HEPA) filters in bedrooms. It's also wise to invest in dust mite covers, while making sure to wash sheets in hot water and taking care to keep pets out of certain rooms. Make sure your pediatrician is aware of the issue. They may prescribe medications such as oral antihistamines and nasal steroids. If medications and avoidance have not controlled your child's symptoms, they should be evaluated by an allergist.

How can you tell the difference between a cold and allergies?

This can be hard for parents to decipher. The average child can contract viral colds as often as ten times per year. These infections typically last for a week or two and then go away. But chronic allergy symptoms linger for weeks and often aren't accompanied by a fever. Exposure to specific triggers such as pollen, pets and dust can often make your child's symptoms worsen quickly. But allergy symptoms typically fade when the trigger is removed. If your child is constantly being treated with antibiotics without any obvious benefit, it's important to have them evaluated for allergies.

What are the most common mistakes parents make when it comes to preventing allergies?

Addressing allergies earlier can significantly improve your child's quality of life. But too often parents and physicians assume their child is too young to be tested. That's simply not true. While outdoor allergies usually manifest after a [child](#) is three- or four-years-old, indoor triggers can develop in the first couple years of life. Allergists can accurately test for triggers at an early age. Meanwhile, many children can start receiving allergy shots (a type of immunotherapy) when they're young to control allergy symptoms. Immunotherapy can alter an immune system's

reaction to allergens without effects of steroids or antihistamines. We can start this at any age, but we've found that the older the kids get, the longer they have suffered from allergies, which in turn means they need more medication to manage their illness.

Provided by University of Chicago Medical Center

Citation: Q&A: What patients should know about fall and winter allergies (2020, November 16)
retrieved 14 December 2022 from

<https://medicalxpress.com/news/2020-11-qa-patients-fall-winter-allergies.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.