

Breathe Easy

It's not just your imagination: Rates of seasonal allergies are soaring. Protect yourself by getting the facts straight on how—and how not—to stop the sneezing. **by BARBARA BRODY**

Runny nose, watery eyes... Oh, no—it's hay fever time again! Allergic rhinitis (aka seasonal sniffing) has doubled in each of the last three decades, and about 40 million Americans now have it, according to the American College of Allergy, Asthma, and Immunology (ACAAI). Many factors may explain this trend, including air pollution and climate change, says Leonard Bielory, M.D., an allergist at Rutgers University. "Environmental shifts affect the pollination patterns of plants, and irritants in the air can cause inflammation that exacerbates allergies and asthma." Improved hygiene practices play a role as well. We're exposed to fewer germs, so our immune systems are more apt to overreact when in contact with allergens.

Whatever the cause, if you're among those who suffer every spring and fall, you know all too well what this means: discomfort, congestion, and fatigue. It doesn't help that there's a lot of misinformation out there about how you should treat, or prevent, an allergy attack. We asked the experts to help debunk eight common misconceptions.

MYTH #1

Seasonal allergies are nothing serious.

REALITY They might not seem like a big deal, but allergies can make it difficult to sleep and raise the risk of respiratory infections. And, uncontrolled, they can trigger asthma—which can be life-threatening. Allergies may take a toll on your lifestyle too, as many sufferers miss out on social and recreational activities because they think they must stay indoors, says Jennifer Collins, M.D., an assistant



professor of allergy and immunology at the New York Eye and Ear Infirmary. They're also a major cause of absenteeism and presenteeism (meaning you show up for work or school but can't get much done).

MYTH #2

If you've reached adulthood without allergies, you're in the clear.

REALITY A reaction to pollen or other triggers can happen at almost any age. Allergies do have a genetic component, but your environment can determine when those genes might be expressed. "We're seeing a lot of patients developing hay fever for the first time in their 20s and 30s," says Neal

Jain, M.D., a board-certified allergist in Gilbert, AZ, and a fellow of the American Academy of Allergy, Asthma, and Immunology. Trying to distinguish a cold from allergies? You might need to see a doc to nail it down (a skin test can reveal which allergens might be plaguing you), but here are two clues: The typical cold resolves within two weeks and won't make your nose, eyes, or the roof of your mouth itchy.

MYTH #3

Once you start sneezing or itching, hit the meds ASAP.

REALITY If last year was a sneeze-fest, don't delay—you'll get best results by treating seasonal allergies *before* you feel lousy.

"It's much harder to get symptoms under control once your nasal passages are swollen and inflamed," says Jain. Antihistamines—including OTC options such as Allegra, Claritin, and Zyrtec—should be initiated a few days before allergy season hits; they'll block the release of histamines, the chemicals that make you feel itchy. If you're using prescription nasal sprays, you'll want to begin at least one to two weeks ahead—just about when you see trees starting to bud. To figure out the exact timing, consult your doctor or the allergy forecast at Pollen.com.

MYTH #4

Allergy shots are useful only for severe cases.

REALITY Getting a series of injections, called immunotherapy, helps about 80 percent of patients with allergic rhinitis. They build up your tolerance to offending substances by exposing you to small amounts of them, explains Jain. "Shots can potentially cure you, so in most cases you won't need other medication," he says. "Plus, there's some evidence that they can keep you from developing additional allergies and asthma." The main downside is that the injections are time-consuming; most patients will need shots every week for the first six months, then monthly for about three years. And, of course, there's a slight ouch factor (though some allergists now offer sublingual immunotherapy, which involves placing drops under the tongue).

MYTH #5

If I stay indoors on high-pollen days, I'll feel fine.

REALITY Even if you limit your time outside, allergens can infiltrate your home. Remember to keep windows closed, vacuum regularly, and change the filters on your air conditioner and air purifiers as directed by the manufacturer. If you do want to be in the great outdoors—say, for a run—try to head out in the early a.m. (before 10), when pollen counts tend to be lowest, says Collins. On your return, leave your shoes at the door, then shower and change right away, as pollen can cling to your hair, skin, and clothing.



40 percent of people with seasonal allergies are bothered by grass, while only 9 percent are sensitive to tree pollen. *Source: ACAAI*

MYTH #6

Locally produced honey is an effective cure.

REALITY There's no solid proof to support this theory, which holds that honey produced by the bees in your neighborhood contains a small amount of allergens, and that consuming it can help diminish your reaction. Researchers at the University of Connecticut Health Center put the idea to the test and found no significant difference among those who ate local honey, mass-produced honey, or an imitation-honey syrup. "Local honey might not contain enough pollen or protein to 'desensitize' someone," says Jain. "Also, bees collect pollen from flowers—not the grass, trees, and weeds that cause most people problems."

MYTH #7

The more often you irrigate your sinuses, the better.

REALITY It's possible to overdo it, says Jain. Using a neti pot or squeeze bottle

filled with a mixture of salt water and baking soda will flush out pollen and mucus, which can reduce congestion and postnasal drip. "But we need *some* mucus to help protect against bacteria," he explains, "and if you wash away too much it could potentially make you more prone to infection." He suggests limiting nasal irrigation to a few times a week (or daily for one to two weeks at the peak of the season). Remember to use water that has been distilled or microwaved for one minute to sterilize it. If you prefer, you can use saline nasal sprays; just steer clear of anything with a decongestant, as those can be addictive.

MYTH #8

Moving to a drier state can eliminate symptoms.

REALITY You can run, but you can't hide from allergens! "You could have trouble anywhere in the country; you'll just have different triggers," says Collins. "A lot of patients say, 'If I move to Arizona, I'll feel better,' but the desert has cactus flowers, sagebrush, and mold, and those could prompt symptoms too."