

HEALTHY LIVING



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It's sneezin' season, but we've got remedies

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Jacqueline Higgins dresses for battle when she plays in the dirt. "I have to be all suited up just to go outside," says the Stockbridge, Ga., woman of the mask, long sleeves, long pants and other protective gear she wears to plant flowers in her yard. Her enemies: trees, weeds, grass, molds, mites, insects and animal dander.

"It's a shame for a person like me who likes to work in the yard to be allergic to everything under the sun," she says. "It's miserable to have severe allergies."

Most of the 40 million Americans with allergies have mild ones "and never need

to see a doctor," says Dr. Dawn Zacharias of the Allergy & Asthma Centre of Dayton, Ohio. Over-the-counter antihistamines keep their symptoms in check.

But as trees begin blooming for spring and grasses shed their pollen in the summer, that leaves millions whose noses still drip, eyes still itch, throats still tickle, skin still reddens and sneezes still reverberate.

Many will suffer through peak pollen periods from March through May, with the highest pollen counts occurring in the morning. The adverse immune reactions to everyday substances also produce wheezing and chest tightness and can contribute to sleep apnea and snoring.

"The symptoms won't kill you, but they can be very disabling," says Alpen Patel, an allergy specialist at Emory Crawford Long Hospital in Atlanta.

A variety of prescription and over-the-counter drugs are available to combat allergies. The correct one depends not only on a person's symptoms but also on his or her particular body chemistry, says Dr. John H. Boyles Jr. of Washington Twp, Ohio.






Straight antihistamines — without the "D" for decongestant in their names — are the safest allergy drugs, Boyles says. But in the years since Claritin became available without a prescription and more cheaply,

insurers often have required patients to base their medication choices on cost, rather than effectiveness and safety.

"That's really bad because different ones work differently in different people," Boyles says. "Penicillin kills a strep infection in everybody. But antihistamines aren't like that. A person who doesn't get results from one antihistamine should try another one. That one might work."

The best defense against allergies is to avoid the allergen. It helps to use air-conditioners instead of opening windows, to stay inside as much as possible from 10 a.m. to 4 p.m. and to keep clothing, hair and skin clean when pollen levels are high. ■

COMPARING DIFFERENT ALLERGY REMEDIES

TYPE OF DRUG	WHAT THEY ARE*	WHAT THEY DO	HOW TO USE THEM	WHAT TO WATCH OUT FOR	WHAT ELSE?
Antihistamines (long-acting) 	OTC: For price and effectiveness, Consumer Reports recommends loratadine under that generic name or as Alavert and Tavist ND. Claritin also is loratadine. The generic version of Allegra, fexofenadine, went on sale in the fall despite a court battle between the two manufacturers. Rx: Zyrtec, Allegra and Clarinex, which is virtually identical to Claritin. Astelin is a prescription nasal spray.	The main trigger of allergy symptoms is histamine, a chemical messenger from the immune system. Histamine responds to an allergen just as it would to a virus — by enlarging blood vessels and causing redness, swelling, itching and increased fluid in other tissues, especially the nose, eyes and sinuses. Antihistamines disable these processes and the symptoms they cause.	Allergy symptoms start small and get bigger, faster and more destructive. Most people wait to take antihistamines until symptoms are unbearable, but it's more effective to take it early and keep it up. Antihistamines can safely be taken long-term. The recommended dose of these second-generation drugs lasts 12-24 hours. Higher or more frequent doses increase risk of drowsiness without increasing effectiveness.	Antihistamines are typically the safest allergy drugs, unless they have a "D" added to their names, which stands for decongestant. Long-acting antihistamines are less sedating than short-acting ones, but can cause drowsiness, especially at high doses. (See decongestants.) Use only one type at a time. Don't take with the antibiotic erythromycin or the antifungal Nizoral, which could unsafely increase antihistamines' potency. These drugs can rarely cause rapid heartbeat or heart palpitations.	There is "no medical reason" to use Clarinex over loratadine, says Public Citizen's www.worstpills.org site. All antihistamines are also effective against hives. Grapefruit, apple and orange juices can make them less effective, as can antacids such as Maalox that contain aluminum and magnesium.
Antihistamines (short-acting) 	OTC: Benadryl, Chlor-Trimeton, Dimetapp, Dimetane, Tavist, Tavist-1.	These first-generation antihistamines work the same way as newer ones and are equally effective in general. The difference is they cause side effects more often. Different people respond to different drugs, so this group is more effective for some.	Doses last only four to six hours. Otherwise, like long-acting antihistamines, they are more effective before symptoms are bad and safe for long-term use unless side effects appear.	The same warnings apply as with long-acting drugs, except these are more likely to cause drowsiness and also learning problems in children. The drug in Benadryl, diphen-hydramine, often is used in skin creams and other medications, posing risk of overdose.	A sedative effect can be dangerous. Research shows a higher risk of auto and other accidents, and a decreased reaction time, even for those who don't feel drowsy.
Prescription steroid nasal sprays 	Rx: Flonase, Nasonex, Nasocort, Beconase and Rhinocort are nasal corticosteroids for allergy symptoms. Inhaled corticosteroid sprays are for treating asthma and include Beclovent, Pulmicort, Flovent, Azmacort and, in combination with another drug, Advair.	Nasal sprays reduce inflammation, which contributes to the allergy symptoms of nasal stuffiness, sneezing and itchy, runny nose. Histamine is just one of immune-system chemicals that cause inflammation. Corticosteroids prevents their release.	This is usually the first drug tried if an allergy is bad enough to see a doctor and isn't relieved by antihistamines alone. Begin medication two weeks before allergy season starts because they can take that long to start working. Like antihistamines, nasal sprays should be used daily throughout the season, even if symptoms are gone.	Oral corticosteroids have many potential side effects, but nasal sprays make them much safer. Common side effects are headache, sore throat and nose bleeds. But watch for weight gain, fluid retention and high blood pressure, which are associated with taking the drug orally.	While waiting the week or two it takes for the drug to become effective, neither increase the dose nor stop taking the medication.
Decongestant pills and liquids 	OTC: Afrinol, Cenfed, Chlor-Trimeton Nasal Decongestant, Decofed, Dimetapp Decongestant, Drixoral Non-Drowsy, Efidac, Genaphed, Peditacare Drops, Ridafed, Sudafed, Sudrine, Suphedrin, Triaminic A.M. Decongestants with antihistamine include: Benadryl Allergy and Sinus, Tylenol Allergy and Sinus. Rx: Zyrtec-D and other antihistamines with "D" suffix.	When blood vessels swell in response to an allergen, they crowd the nasal passages and make it harder to breathe. Swelling in other tissues produces redness in the eyes and fluid in the nose. Decongestants are chemically similar to epinephrine and norepinephrine, hormones that constrict blood vessels to focus and maximize energy. Shrinking the vessels back to a more comfortable size relieves congestion.	Decongestants work best when taken sparingly. People who use them regularly can develop some tolerance. Limited use is also much safer. Pills and liquids don't just constrict blood vessels in the eyes and nose, but everywhere, creating heart and vascular risks, among other things.	Decongestants can cause problems for people with high blood pressure, enlarged prostates, diabetes, heart disease, glaucoma, urinary difficulties or hyperthyroidism, and even raise the blood pressure of healthy people. They also can cause people to become jittery, shaky, dizzy or drowsy. Combined with antihistamines, they increase the risk of headaches and trouble sleeping.	Although nonprescription, decongestants must be dispensed by a pharmacist because their active ingredient, pseudoephedrine, is used in making methamphetamine drugs. People have told local doctors they were unable to buy decongestants during their allergy attacks because a pharmacist wasn't on duty.
Decongestant nasal sprays 	OTC: Afrin, Afrin Nasal Sinus, Allerest, Neo-Synephrine, generic oxymetazoline	Decongestant nasal sprays have the same effect as pill and liquid decongestants, but they are safer because they constrict blood vessels only in the nose and not in the rest of the body. The drugs are best used for relieving congestion that has gotten out of control and begin working within several minutes.	Using longer than three to five days can lead to "rebound" effect and chronic congestion. Constricting the blood vessels for too long deprives the nasal tissue of blood and the oxygen it carries. Tissue, therefore, expands to soak up more oxygen, which plugs up the nose even more.	These sprays can cause increased nasal discharge or an altered sense of taste, but the biggest worry is the rebound effect. As the decongestant wears off and blood vessels expand again, nasal and sinus membranes naturally swell. Even if the swelling is just back to normal size, it can feel like congestion is returning. Problems occur when people keep using decongestants, requiring steadily higher doses and building tolerance to larger doses until the medication is always needed.	To apply nasal spray, keep your head upright while spraying, then sniff hard for a few minutes. For nasal drops, lie on your back with your head hanging over the edge of the bed. Stay in this position for several minutes after administering the drops, then gently turn your head from side to side.

*OTC = available over the counter
*Rx = requires a prescription

Sources: Dayton, Ohio, physicians Dr. Susan Barde, Dr. John H. Boyles Jr., Dr. Dawn Zacharias; Consumer Reports at CRBestBuyDrugs.org; Public Citizen's Health Research Group at WorstPills.org; www.webmd.com; www.healthcentral.com; www.drugs.com