Nothing to sniff at

It’s springtime in New York and allergies are in bloom. A Mount Sinai specialist has the lowdown on sneezing season.

The specialist: Dr. Beth Corn

As an allergy immunologist of 10 years’ standing, Dr. Beth Corn has heard every story in the book about itching, scratching and sneezing. A certified spinning instructor and native New Yorker, she lives on the upper East Side.

The big story:

It’s that time of year again: allergy season. And if this year is anything like last — where record pollen levels made hay fever rampant in New York City — we’re in for a long season of sniff-filing.

Who’s at risk:

Some 50 million Americans suffer from allergies, Corn says, and they strike both men and women, all races and socio-economic groups. In children, there is one trend that shifts in adolescence. “In the pediatric population, allergies are more common in males than females,” says Corn, “but as the population ages, it evens out.” Often, patients can outgrow their childhood allergies.

Doctors divide allergies into two types: perennial and seasonal. People with perennial allergies suffer throughout the year, and people with seasonal allergies suffer during certain seasons, usually when certain plants are pollinating.

Some patients can suffer from both types; their perennial allergies then flare up during the high season.

Seasonal allergies follow the growth cycle of plants. In spring, starting around early March, the main culprit is tree pollen, and by late April or early May, the grass will start to pollinate. Things don’t quiet down until July; the next round of ragweed and other weeds start their pollination in August. “This season continues until the first frost,” says Corn, “So a warm fall is a bad time for allergies.”

Signs and symptoms:

Allergy symptoms often manifest themselves through the eyes, nose and throat. Corn has a short list of the typical signs she sees in allergy patients: sneezing; itchy; watery eyes; runny nose; congestion; headache; itchy skin; difficulty breathing; shortness of breath, and wheezing.

“If you hear people clear their throat,” Corn notes, “that’s often the result of post-nasal drip.”

Sometimes the symptoms are more subtle. “Someone can just feel kind of lousy, lethargic for a couple of weeks in the spring or fall,” says Corn.

How can you tell the difference between allergies and a garden variety cold? “Typically, if you have a cold, it’s going to go away after a couple of days,” says Corn.

“If your symptoms persist for more than a week, chances are it’s allergies, especially during the high season of the spring or fall.”

Traditional treatment:

The good news is that doctors have effective tools for treating allergies.

The first step is to get a good diagnosis. “The most important thing you can do is find out what you’re allergic to,” Corn says. “Go to an allergist and get skin testing, where the allergist sees what you’re allergic to by putting various proteins onto your skin.”

The second step is avoidance. If you have seasonal allergies, you may need to limit your time outside during the peak pollen hours.

For itchy eyes, there are antihistamine eye drops; for post-nasal drip or a stuffy nose, there are nasal sprays, which insert a topical steroid into your nose that decreases inflammation in the nose and throat.

Two types of medication are available for systemic allergies. Antihistamines like Benadryl, Claritin and Zyrtec are available over the counter. The newest drug in this family is Xyzal, a pill you take once a day to treat both outdoor and indoor symptoms. The second type of medication is a leukotriene antagonist, which stays off inflammation and is also used to fight asthma. This type includes the drug Singular, a Merck product that requires a prescription.

If you can’t manage your symptoms with medication, then you may need allergy shots, also called immunotherapy. For the first four to six months, you would visit your allergist every week to get a shot; then, you can scale back to once a month for the next two years. “This whole process takes about three years,” says Corn. But if you stick to the regimen, you might not have to take any more allergy medicine afterward. Corn notes that “89% of people derive benefit from immunotherapy.”

Research breakthroughs:

Right now, researchers are working to target the different molecules that lead to allergic reactions so they can find ways to counter them. The research is promising, but Corn says, “This is in the labs still” — so it will be some time before findings become available to allergy sufferers.

One advance that is already available in Europe is “sublingual immunotherapy,” which involves holding a substance that includes modified allergens under your tongue. “It’s an alternative to getting shots,” Corn says, but it’s still not widely available in the U.S.

Questions for your doctor:

The first question to ask is: “Can I get skin-tested?”

“Everyone should know what they’re allergic to,” says Corn, “In fact, 90% of those people who are symptomatic discover they have allergies once they are tested.”

“How about an allergy that only shows up sometimes?”

For mild allergies, Corn suggests taking an over-the-counter antihistamine when symptoms arise or before you know you’re going to a trigger site. For persistent reactions, she says prescription-strength antihistamines and nasal sprays may work.