



**ROBERT M. SELIG, M.D., FAAP**  
**JOANN C. COZZA, D.O., FAAP**  
**DANIEL S. SELIG, M.D., FAAP**  
**KRISTEN STEGELAND, PA-C**  
**ANDORRA PEDIATRICS**  
8945 RIDGE AVENUE  
SUITE 3-4-5  
PHILADELPHIA, PA 19128  
215-483-8558

## **Allergy Or Cold: How Can I Tell?** **Treatment Suggestions**

**\*\*\*Allergy symptoms and colds can be present at the same time.\*\*\***

**Allergy:** The symptoms include runny nose (thin, clear nasal discharge), watery eyes, and repeated attacks of sneezing and itching of the nose, eyes or skin. Allergies do not cause a fever and children may be more uncomfortable than sick. Severity of allergy symptoms may vary on a daily basis depending on changes in the pollen count.

**Cold:** The symptoms of a cold begin with a clear, yellow, or green nasal discharge and may last up to ten days. Fever over 101 degrees may be present for 1-4 days. Coughing, ear infections, sinus infections, and pneumonia are more common with a cold than with allergies.

### **In the Winter Season, Can You Have A Cold And Allergy At The Same Time?**

Winter time allergies are almost always going to be due to indoor allergens. These include cats, dogs, dust, mites and mold. If you are allergic to one of these allergens and have symptoms of allergy, these symptoms will be present all winter. If you have a cold, your symptoms will improve by 2 weeks. You can get another cold once you have recovered from the first cold, however, in between colds your symptoms will greatly improve.

You may have underlying indoor allergies and can develop a cold at the same time. This will temporarily increase nasal congestion and coughing until the cold has resolved.

With indoor allergy, your symptoms will not change unless your environment changes enough to significantly decrease the amount of allergen present - such as decreasing mold, limiting animals to certain areas of home, mattress covers, central air cleaners, etc. See our handout on changing your environment to decrease allergy symptoms. In most cases, patients with indoor allergies will be worse first thing in the morning.

On the other hand, outdoor pollen allergy symptoms can change drastically from day to day depending on the weather. Rain and colder weather decrease the pollen count while hot weather increases the pollen count.

### **What Is An Allergy?**

When the human body's natural defense system wrongly identifies an otherwise harmless substance (like pollen) as harmful and then overreacts in an attempt to protect the body, the result is called an allergy.

### **What Causes Allergies?**

Some children have a more active natural-defense that makes them very allergic. This is often passed on in families. For example, if a parent has hay fever (seasonal allergic rhinitis), there is a 50 percent chance that his/her child also will be allergic to pollen. This percent increases to 70 percent if both parents are allergic.

Allergens are substances that cause the body to overreact when defending itself. Allergens may be inhaled, eaten, or they can come in contact with the skin. Some of the more common allergens are pollens, molds, house dust mites, animal dander and saliva (cat, dog, horse, rabbit), chemicals used in industry, some foods and medicines and venom from insect stings.

### **When Do Allergies First Appear In Children?**

During infancy, some children show signs of allergic reactions to certain foods, such as cow's milk. Other children experience their first problems during adolescence. However, most children show the first signs of asthma or hay fever while in elementary school.

Some children who have severe eczema or dermatitis during infancy also will develop hay fever and asthma later in life. For many children, these problems will not continue into adulthood.

Allergy symptoms will probably reoccur every year, perhaps for a lifetime. However, not everyone is bothered by their allergies.

### **When Does My Child Need To See An Allergist?**

In some cases, prescription medicines may not be able to control the allergy symptoms or your child cannot take the medicines because of side effects. An allergist is a specialist who will evaluate your child and help determine what he/she is allergic to and help us decide on a treatment plan.

Medicines or "allergy shots" may be recommended. These "allergy shots" contain small, but gradually increasing amounts of the pollens, molds, dust, etc. to which your child is allergic. This "fools" the body's defenses and makes your child less sensitive, so there are fewer (or no) problems when your child comes into contact with these things.

Allergy shots, however, are not effective for food allergies. It is important to understand that only a small number of children require allergy shots. Allergy testing is not painful.

### **What Are The Most Common Allergic Conditions, Their Causes And Problems?**

#### **Asthma**

**Cause:** Wide range of things which could start an attack of asthma include pollen, dust mites, cigarette smoke, furry animals, viral infections (colds), changing weather conditions, exercise, and emotional stress.

**Problems:** Coughing, wheezing, and difficulty in breathing. Coughing with activity or exertion, chest tightness, and shortness of breath.

#### **Hay Fever (Allergic Rhinitis)**

**Cause:** Pollen from trees, grasses or weeds. Molds, house dust mites, and furry animals.

**Problems:** Stuffy nose, sneezing, runny nose, watery eyes, mouth breathing from a stuffy nose; purplish discoloration and swelling under eyes; rubbing or wrinkling nose to relieve nasal itching;.

**Season:** **April/May**-trees: **May/June/July**-grass: **Late August**-ragweed: **Winter**-dust and mold.

#### **Food Allergies**

**Cause:** Any foods, but among the common ones are eggs, peanuts, milk, nuts, soy, fish, wheat, peas, and shellfish.

**Problems:** Vomiting, diarrhea, hives, and wheezing.

#### **Eczema (Atopic Dermatitis)**

**Cause:** Food allergies, contact with allergens (pollens, dust mites, furry animals).

**Problems:** A patchy, dry, red, itchy rash that often occurs in the creases of the arms, legs and neck, but can occur anywhere on the body.

#### **Hives**

**Causes:** Food allergies, drugs (such as aspirin, penicillin or sulfa), and viruses, but cause is often unknown.

**Problems:** Itchy, slightly raised patches on the skin which are redder or paler than the surrounding skin; may be found on different parts of the body. **Hives will blanch** when pressed (hive will turn white when pressed and back to red when skin pressure is released).

### **Contact Dermatitis**

**Causes:** Contact with any substance that result in a reaction on the skin surface. Some children are more susceptible. Poison ivy, oak, or sumac, household detergents and cleaners, and chemicals in some cosmetics and perfumes are a few examples.

**Problems:** Itchy, red and raised patches in clusters, which may blister. These rashes are not contagious, unless they are scratched and become infected.

## **What Treatment Is Recommended For Allergies?**

Treatment with medicines is aimed at providing relief from the allergy symptoms. The treatments discussed below will provide relief for most children.

**Antihistamines** are the best treatment for hay fever allergy. Antihistamines work by blocking the allergy effects caused by pollens. Benadryl, chlorpheniramine, and brompheniramine are the most common over the counter antihistamines. The main side effect of these antihistamines can be drowsiness.

If your child becomes drowsy, changing to a different class of OTC antihistamine may help such **Claritin, Zyrtec, or Allegra**. There are prescription allergy meds available for more severe allergy symptoms (Clarinet and Xyzal).

Symptoms clear up faster if antihistamines are given at the first sign of sneezing or sniffing. For children with occasional symptoms, antihistamines can be taken on days when symptoms are present or expected.

For children with daily symptoms, the best control is attained if antihistamines are taken continuously throughout the allergy season.

### **Claritin**

(Generic: Loratidine, Alavert)

**Adults and children older than 6 years of age: 10 mg** once daily

**2-5 years old: 5 mg** once daily

#### **Available OTC as:**

1. 10 mg tablet, 10 mg RediTab, 10 mg Liquid-Gel
2. Syrup: 5 mg/tsp
3. 5 mg Chewable

### **Zyrtec**

(Generic: Cetirizine)

**Adults and children older than 12 years of age: 10 mg** once daily (5 mg for less severe symptoms)

**6-11 years old: 5-10 mg** once daily (1-2 tsp)

**2-5 years old: 2.5 mg** once daily (1/2 tsp)

**6 - 23 months: 2.5 mg** once daily (1/2 tsp)

#### **Available OTC as:**

1. Syrup: 5 mg/tsp,
2. 5 mg chewable tabs and 10 mg tabs,

### **Allegra**

(Generic: Fexofenadine)

**Adults and children 12 years old and over: 60 mg** twice a day or **180 mg** once a day.

**6 -11 years old: 30 mg** twice a day.

**2-5 years old: 30 mg** (one teaspoonful) twice daily.

**6 months - 2 years old: 15 mg** (1/2 teaspoonful) twice daily.

#### **Available OTC as:**

1. 180 mg, 60 mg, 30 mg tabs
  2. **Syrup:** 30 mg/tsp and **ODT: 30 mg** (orally disintegrating tablets)
- For children with kidney disease, a dose of 30 mg once daily (for children two and older) or 15 mg once daily (for children six months up to two years).

- Be sure to shake fexofenadine oral suspension well just before each dose.
- Fexofenadine orally disintegrating tablets rapidly dissolve on the tongue. Be sure to swallow (either with or without water) after the tablet has dissolved.
- Fexofenadine is a pregnancy Category C medicine, meaning that it could potentially harm your unborn child. If you are nursing or plan to nurse, fexofenadine may pass through your milk.

### **Clarinet**

**(Generic: Desloratadine)**

**Adults and children older than 12 years:** 5 mg Reditabs once daily or 2 tsp (5 mg/tsp)

**6-11 years:** 2.5 mg once daily

**12 months - 5 years:** 1.25 mg (1/2 tsp) once daily

**6 - 11 months:** 1 mg (2 ml) once daily

**Available by prescription as:**

1. 5 mg tabs and Reditabs,
2. 2.5 mg Reditabs
3. Syrup: 5 mg/tsp

### **Xyzal**

**(Generic: Levocetirizine)**

**Adults and children older than 12 years of age:** 5 mg once daily

**6-11 years old:** 2.5 mg once daily

**6 months - 5 years:** 1.25 mg once daily

**Available by prescription as:**

1. 5 mg tabs
2. Syrup 0.5 mg/ml

### **Allergy Eye Drops**

These eye drops contain an antihistamine that works directly in the eye to treat allergic reactions that are causing intense itching.

**Sterile eye wash** (over the counter) can be used to wash pollen out of the eye. **Artificial tears**, which also contain no medicine, are available to treat itchy, watery, and red eyes. **If used before the prescription eye drop, the combination may be more effective in producing relief.**

### **Allergy Eye Drops (OTC)**

1. **ZADITOR** (Generic) - one drop in each eye two times a day
2. Visine A

### **Prescription**

1. **Patanol** (lopatadine 0.1% eye solution): one drop in each eye two times a day
2. **Pataday**: one drop in each eye once a day

### **Nasal Steroids**

Nasal Steroids work to reduce the swelling in your child's nose. They are safe and can be used throughout the allergy season.

Nasal steroids are used in addition to an antihistamine to reduce the **allergy symptoms** when an **antihistamine does** not provide enough relief.

1. Squirted in each nostril 1-2 times a day.
2. Requires use for several days before any effects are seen.
3. Best effect seen when used during the entire allergy season.
4. **Salt water (saline) nasal spray: use to clear mucus out of nose first**—allows nasal steroid to work better.

**Examples: Flonas (>4 y/o), Nasonex (>3 y/o), Nasacort (>6 y/o) and Veramyst.**

**Decongestants** work to decrease (not cure) nasal congestion caused by either allergy and/or the common cold. Your child may be "sniffing" as mucus drains out of the sinuses and down the back of the throat (post-nasal drip) or complain that they cannot breathe through their nose.

Decongestants can increase your child's activity level and/or make it harder for your child to fall asleep.

**Phenylephrine** is in many of the over the counter cold and allergy medicines. **Pseudoephedrine** may work better. **It is over the counter, but you have to ask the Pharmacist for it.**

- Only use in children over 6 years old.
- Can be taken with antihistamines and cough suppressants.
- **Ask us for dosing (only used in children over 6 y/o).**

**Pseudoephedrine is available as:**

1. **15 mg/5ml liquid and 15 mg chewable tablets**
2. **30 mg tabs (small red tab)**

**Nasal Decongestant Spray**

1. Used to reduce severe swelling in the nose caused by viruses (common cold).
2. Limit use if nasal blockage is caused by allergy. **Overuse (greater than 6 days)** can make the nasal blockage worse.
3. Will usually provide rapid, temporary relief of blocked nasal passage allowing the sinuses to drain.
4. Can be used with an antihistamine, decongestant, and nasal steroid.
5. Use in the AM and PM as needed for relief for a **maximum of 6 days.**
6. **Pump dispenser** easier to spray in nose. To provide longer relief, use the **long-acting 12-hour spray.**
7. Example: **Afrin.** Generics are cheaper and as effective. (Generic: Oxymetazoline Hydrochloride 0.05%).

**Dextromethorphan (DM)** works to relieve coughing. It can be used alone for a dry, irritating cough or in combination with an antihistamine/decongestant for relief of a post-nasal drip.

**Robiussin DM** and **Mucinex DM** are examples of a cough suppressant.

**Expectorants (Guaifenesin)** are present in many cold/cough preparations. They provide little relief when used alone. **Robitussin** and **Mucinex** are examples of medicines that contain **guaifenesin.**

**Azelastine Nasal Spray**

**Azelastine** is an antihistamine has been approved by the FDA to treat nasal allergy symptoms in children. Side effects are minimal, but drowsiness can occur. Relief of nasal stuffiness can occur the same day. It is available by prescription.

**Azelastine** works best when sprayed in the front of each nostril. Have child look at their feet as the **Azelastine** is sprayed in the front of each nostril. **It is not necessary to sniff the medicine up into the nose. If swallowed, it has a bad taste, but will cause no harm.**

**Singular**

**Singular** belongs to a class of drugs called anti-leukotrienes. Anti-leukotrienes are used to treat asthma and allergy symptoms. Increased levels of leukotrienes are produced when a child comes in contact with an environmental allergen, like pollen. These increased levels of leukotrienes can produce the common symptoms of allergy-- **stuffy nose, runny nose, sneezing, and itchy, watery eyes.**

Singular works to block the effects of the leukotrienes, resulting in decreased allergy symptoms. Only those allergy symptoms that are caused by leukotrienes will be relieved. As such, Singular will not help every child with allergies.

**Singular is available in 4 mg and 5 mg chewable and a 10 mg tablet.**