



# Allergy Medicines

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Several effective, easy-to-use medications are available to treat allergy symptoms. Some are available by prescription; others, over-the-counter. As with any medications, over-the-counter products should be used with the advice of your child's pediatrician.

## *Antihistamines*

Antihistamines, the longest-established allergy medications, dampen the allergic reaction mainly by suppressing the effects of histamine (itching, swelling, and mucus production) in the tissues. For mild allergy symptoms, your pediatrician may recommend one of the antihistamines widely available over the counter. Children who don't like to swallow tablets may prefer the medication in syrup, chewable, or melt-away form. Some over-the-counter antihistamines, in particular the "old-generation" type (diphenhydramine or Benadryl), have drowsiness as a possible side effect. For this reason, it's best to give the dose in the evening, which can relieve symptoms and help your child with allergies sleep better. However, there are "new-generation" antihistamines that do not cause drowsiness and are available over the counter (Zyrtec, Claritin, and Allegra). Ask your pediatrician whether these non-sedating antihistamines are appropriate for your child.

Antihistamines can be useful for controlling the itchiness that accompanies hay fever, eczema, and hives. Your pediatrician may advise your child to take them regularly or just as needed. However, in general, antihistamines work best when taken every day rather than intermittently. New-generation antihistamines have the convenience of once-a-day dosing, which makes it easy for children to use them daily. Antihistamine nasal sprays are also available for hay fever. They work locally in the nose to reduce symptoms. Some kids shy away from nose sprays and prefer using the antihistamines taken by mouth, but the nasal sprays are more effective. These include Astelin and Patanase.

**Your child is on** \_\_\_\_\_

## *Decongestants*

For hay fever sufferers, antihistamines help stop runny nose, itching, and sneezing, but they have little effect on nasal congestion or stuffiness. To cover the range of symptoms, an antihistamine is often given together with a decongestant, sometimes combined in a single medication. In contrast to older antihistamines, which tend to make people sleepy, decongestants taken by mouth can cause stimulation. Children taking these medications may act hyper, feel anxious, have a racing heart, or find it difficult to get to sleep. Because of these possible side effects, it is best to avoid using long-term daily decongestants to control your child's nasal congestion, and instead, use another type of medication, such as a nasal corticosteroid spray (see below).

Decongestant treatment can be given topically with nose drops or sprays, but these medications have to be used carefully, and only for a short while, because prolonged use can lead to a

rebound effect. The resulting stuffy nose is more difficult to treat than the original allergy symptoms.

Be careful as decongestants may be combined with your antihistamine without you realizing it! These include Zyrtec-D, Claritin-D, and Allegra-D. The D stands for decongestant.

## *Cromolyn*

Cromolyn sodium is sometimes recommended to prevent nasal allergy symptoms. This medication can be used every day for chronic problems or just for a limited period when a child is likely to encounter allergens. The medication is available without prescription as a nasal spray; it is taken 3 or 4 times a day. Nasal cromolyn has almost no side effects, but it's potency is not high, and because it requires frequent administration, it is hard to use on a regular basis in a consistent way.

## *Steroids*

Corticosteroids, a category of medications also called steroids or cortisones, are highly effective for allergy treatment and are widely used to stop symptoms. They are available as creams (ointments), nasal sprays, asthma inhalers, and pills or liquids. Steroid creams are a mainstay of treatment for children with eczema. As long as they are used sparingly, at the lowest strength that does the job, steroid creams are very safe and effective. They control the rash when applied twice a day, or even once a day if the rash is not severe. Nasal sprays that contain a compound derived from cortisone have become the most effective form of treatment for patients with nasal allergy problems. Once-daily dosing is usually enough. These medications work best if used on a regular daily schedule, rather than with as-needed, interrupted dosing. No problems have emerged so far over many years in patients using cortisone nasal sprays over the long term. Corticosteroid asthma inhalers are frequently used for treatment of asthma; like steroid nasal sprays; they are highly effective in controlling symptoms.

Steroid pills or liquid are sometimes used for short periods to bring allergy or asthma symptoms under control so that other measures can have a chance to work. In rare cases, a child may have to take oral steroids every day or on alternate days to control severe allergy problems. Steroid pills and liquid should be used sparingly because they carry a higher risk of side effects, including weight gain, high blood pressure, cataracts, and slowing of growth.

**Your child is on** \_\_\_\_\_

## *Allergy Immunotherapy*

Immunotherapy, or allergy shots, may be recommended to reduce your child's sensitivity to airborne allergens. This form of treatment consists of giving a person material he is allergic to, by injection, with the goal of changing his immune system and making him less allergic to that material. Not every allergy problem can or needs to be treated with allergy shots, but treatment of respiratory allergies to pollen, dust mites, and outdoor molds is often successful.

Immunotherapy for cat (and possibly dog) allergy can also be very effective, but allergy specialists advise that avoidance is the best way to manage animal allergies in children.

Immunotherapy takes some time to work and demands patience and commitment. The treatment is given by injecting gradually stronger doses of allergen extract once or twice a week at first, then at longer intervals—for example, once every 2 weeks, then every 3 weeks, and eventually every 4 weeks. The effect of the extract reaches its maximum after 6 to 12 months of injections.

After a number of months of immunotherapy, the youngster usually feels his allergy symptoms are better. Allergy injections are often continued for 3 to 5 years, and then a decision is made whether to stop them. Many children do fine after the shots are stopped and have little or no return of their symptoms.

*Source Guide to Your Childs Allergies and Asthma (Copyright © 2011 American Academy of Pediatrics)*

### Your Child’s Medications:

**Oral Antihistamines**

Zyrtec (Cetirizine) 5 mg/5ml, 5 mg tab, 10 mg tab  
Claritin (Loratidine) 1 mg/ 1 ml, 10 mg tab  
Allegra (Fexofenadine) 30 mg, 60 mg, 180 mg tab

Directions

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**Nasal Antihistamine**

Astelin  
Patanase

Directions

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**Nasal Steroid**

Flonase  
Nasonex  
Rhinocort  
Veramyst

Directions

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