Hay fever is caused by allergy to various pollens such as grasses, trees, and weeds. Symptoms often include sneezing, runny nose, itchy watery eyes, shortness of breath, and occasionally, wheezing. Allergy to ragweed pollen causes severe hayfever symptoms during the late summer months. Ragweed pollen enters the atmosphere between the first and second week of August and ends after the first good frost in the fall. Methods to control hayfever include environmental control methods, medication, and allergy shots (immunotherapy).

**Environmental Control Methods**

Environmental control methods are the cornerstone of therapy. It is critical that the house be closed up and the air conditioning remains running throughout these fall months. Air filtration systems, such as a HEPA filter, remove microscopic pollen from the air and are quite effective. Even on cool nights, the pollen count can be extremely high and the house must remain closed. HEPA filters are ineffective if the windows are left open. Bedroom doors should be closed at all times and pets should not be allowed in or around the bedroom.

**Medications**

Allergy medications used to treat hayfever work best when taken regularly. Inhaled nasal steroid sprays effectively treat all symptoms of nasal allergy. Prescription nasal sprays are not “addicting” and are often used in conjunction with other medications. Short-term side effects include sneezing, nasal burning, and occasionally a bloody nose. Newer non-sedating antihistamines block many allergy symptoms. Over-the-counter non-prescription antihistamines should be avoided because of their side effects, which can cause difficulty with school, work, driving, and operating motorized equipment. Allergy medications are best taken on a regular basis and not “as needed”. It is best to start medications just prior to the beginning of hayfever season and continue until the pollen counts drop significantly.
**Immunotherapy**

Allergy immunotherapy (allergy shots) is sometimes recommended to control hayfever symptoms. Allergy immunotherapy can be very effective, but takes several months to improve symptoms and must be continued for several years. Although allergy immunotherapy will not “cure” hayfever, it can significantly improve many symptoms and decrease medication use.

**Oral Corticosteroids**

In severe cases, corticosteroid preparations (such as prednisone, Pediapred, or Orapred) lead to marked improvement. When taken as prescribed, these medications are highly effective and relatively safe.

Oral corticosteroids are usually prescribed as an initial “burst” in a moderately high dose for five days followed by a lower dose, to be taken on alternate days and until the end of the hayfever season. Hayfever season ends after the first good frost, usually by the end or early October. Marked improvement is usually felt after the first two or three days of therapy and is sustained over the entire course of treatment. It is best to take the medication in the morning after breakfast, and not on an empty stomach.

**Side Effects**

Oral cortisone (prednisone, Pediapred, or Orapred) can have a number of side effects including water retention, weight gain, mood change, flushing of the face, and heartburn. It can also raise blood sugar and blood pressure. When used properly, however, these medications are quite safe. Most of these side effects are only seen after a prolonged course (greater than 14 days) of continuous daily therapy and rarely occur after a short burst or while on a low-dose alternate-day course of therapy. By taking small doses on alternate days, you will not only be assured of continued control of your allergy symptoms, but we will be able to eliminate most of the side effects. Injectable corticosteroids are not recommended by our office (yearly allergy shots, long-term steroid injections) because of the side effects and lack of effectiveness. It is felt that these shots may prolong blood levels of steroids and they are often not strong enough to control symptoms. When taken as prescribed, alternate-day, low dose therapy, preceded by a short burst, has been found to be effective and safe. Since ragweed pollen counts only remain elevated for 6-8 weeks in Northern Indiana, long-term side effects from alternate-day therapy are unlikely. Although alternate-day therapy is highly safe and effective, this should only be reserved for patients who have failed to be adequately controlled with environmental control methods, antihistamines, and inhaled steroid nasal sprays.
**Important Information**

Please stop your medication at once if you experience any fever or infection such as a sore throat, sinus infection, ear infection, bronchitis, or if you have any other medical or surgical illness. If you experience upset stomach or water retention, there are medications available to counteract these symptoms. If you notice any of these side effects or have worsening of your hayfever symptoms, please call our office at once. If symptoms worsen during the course of therapy because of increased ragweed counts, your steroid dose might need to be adjusted.

**Please do not adjust the dose yourself at any time**

Symptoms of hayfever often vary with the severity of one’s allergy as well as the pollen count. Symptoms often lessen during periods of rain when the pollen count is lower and frequently increase during sunny and windy weather causing worsening symptoms. Ragweed pollen becomes easily airborne and can spread over large areas blanketing the entire region. Pollen counts can remain high at night and in the early morning.

Remember, alternate-day steroid therapy should be stopped at the first good frost. This usually occurs at the end of October or early November, but varies from year to year. If you are not sure when to stop your medication, please feel free to contact our office.