

Snifflin', Sneezin', and Snortin'

Lots of us have allergies, more than a third of Americans by some counts. These run the gamut from life-threatening respiratory obstruction to minor rashes. This column focuses on one specific condition, which we call "seasonal allergic rhinitis" but you probably know as "hay fever."

Allergic rhinitis is the presence of one or more of these complaints: clear runny nose; nasal congestion; red, itchy eyes; scratchy throat; sneezing or cough. While symptoms such as these are also seen with simple colds, the absence of fever and the fact that the symptoms recur point to allergy. When this pattern develops at a predictable time of year, the "seasonal" modifier is appropriate.

Seasonal allergic rhinitis is the response of the body to contact with some airborne substance. That substance is often pollen, so the "seasonal" variable is driven by whatever plant happens to be reproducing at the time. We call these substances "allergens." Depending on size, allergens may remain airborne for a while, or may settle quickly to the ground. Ground allergens can become resuspended by activities like mowing or raking.

The only way of determining which specific allergens are to blame for an individual is formal allergy testing. While this is extremely valuable in some situations, it is not typically done for uncomplicated seasonal allergic rhinitis.

Some specific aspects of seasonal allergic rhinitis can be of importance to the wilderness hiker or camper. The first thing to understand is that the plant ecology of the backcountry is quite different from that in an urban or suburban environment. Someone who has a great deal of difficulty with domestic grasses in summer, for example, may be relieved when canoeing in the St. Regis area

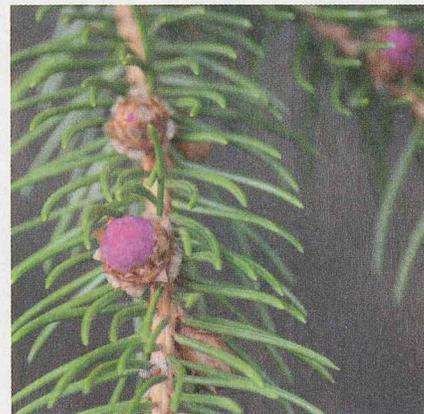
to find symptoms much improved. Alternatively, someone with conifer pollen sensitivity may have only mild symptoms while barbecuing in a well-manicured backyard at home, but walking through the typical Adirondack spruce-fir lowland may be a miserable undertaking.

The lesson from this is to be sure to bring along your usual hay fever remedies when heading to the backcountry, even if it is during a time in which you don't typically have difficulty.

The second issue is what to do if one experiences unexpected allergic rhinitis while on a trip—if, for example, an individual who has never had a full-blown attack has her first significant episode a day away from the trailhead. Most of the time, the diagnosis will be pretty easy: the above symptoms in the absence of other signs of an upper respiratory infection.

The first step in such a scenario is ensuring there are no hives, wheezing, or other breathing difficulty. Rarely, a severe allergic reaction (anaphylaxis) may commence with milder complaints. Any evidence of such complicating factors merits immediate evacuation (or even a call out for help).

As long as the symptoms continue to be mild, self-medication with an oral antihistamine is appropriate. As mentioned in earlier columns, I believe that everyone's first aid kit should contain a preparation such as diphenhydramine (Benadryl®). In addition to allergic rhinitis, this drug can help with itching from plant or insect contact, as well as being a mild



"Flower" of a Norway spruce in pre-pollen stage; this will mature into a pine cone. Courtesy of Dr. Michael Parker

sleep aid.

Most of the time, treatment of seasonal allergic rhinitis can be managed with your primary physician or even your pharmacist. For the vast majority of patients, the cornerstone of treatment is either an oral antihistamine (such as cetirizine [Zyrtec®]) or a steroid nasal spray such as fluticasone (Flonase®). Current practice guidelines favor the latter.

Seasonal allergic rhinitis is a real nuisance. It can be managed, however, and should never cause one to limit outdoor activity!



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