

Allergy overview

Here's what to look for and what you can do if you are one of the 25% of people in the UK who has an allergy

An allergy is an overreaction by the immune system to certain substances that may be inhaled, eaten or touched. In most people, these substances cause no response. But if you are allergic, your immune system launches an attack against what it perceives to be a harmful invader.

The substances that trigger attacks are called allergens, and the response causes symptoms from uncomfortable to severe or life-threatening.

Exactly why some of us get allergies and others don't is not clearly understood, but family history, environmental factors and exposure to allergens early in life seem to play a part. Nor is it clear why allergies are on the rise: research published in the *British Medical Journal* found that between 1990 and 2001, some types of allergy had increased sevenfold.

Although allergies often appear in childhood, they can occur and subside at any age. The most common culprits

include house dust mites, pets, mould spores, insect stings, medications, foods (see page 11) and the pollens that cause hayfever.

How does it work?

The immune system protects the body against harmful agents, such as parasites, bacteria, toxins and viruses. In the case of an allergy, the immune system sees the allergen as a threat and produces an antibody, called immunoglobulin E (IgE), to fight it. This provokes certain cells, called mast cells, to release the chemical histamine, which triggers an allergic response.

What are the symptoms?

Allergic responses can include itching, swelling, inflammation and mucus production which are typically unpleasant, but, in severe cases, they can cause death. Some reactions occur instantly, while others are delayed or develop over hours after exposure to the allergen.

'If you suspect you or your child has an allergy, have it checked by accurate tests performed by a suitably trained medical practitioner. Diagnosis of non-existent allergies or misdiagnosis can lead to a lifetime of unnecessary allergen avoidance or malnutrition resulting from elimination diets. Make sure you carefully check any practitioner's credentials and allergy training.'

Dr Adrian Morris



**check
it Out**

If you have allergies, speak to your Boots pharmacist, who can recommend treatments to help relieve your symptoms

Allergic responses: their causes and treatments

Options
to
consider

RESPONSE AND SYMPTOMS	USUAL ALLERGENS	TREATMENT
<p>Allergic rhinitis: Frequent sneezing; stuffed, runny nose – discharge is usually thin and clear; itchy, red, watery eyes; itchy throat, ears and face; headache.</p>	<p>Airborne particles including grass, tree, flower and weed pollens; dust mites; pet dander (skin flakes); mould spores.</p>	<p>Oral antihistamines, nasal sprays, steroids, eye drops.</p>
<p>Rash and urticaria (hives): A red rash anywhere on the body. Urticaria is an itchy rash with raised red (sometimes white) lumps. May be small or widespread. Often occurs with angioedema. May be an early sign of anaphylaxis.</p>	<p>Latex rubber; pet dander; foods such as nuts, seafood, strawberries and eggs; some medications such as aspirin and some antibiotics; insect bites and stings.</p>	<p>Often disappears within hours, but may persist for several weeks. Oral antihistamines and calamine lotion can help to relieve itching.</p>
<p>Angioedema: Sudden swelling of large bumps beneath the skin, most often affecting lips, face, tongue, throat, hands, feet and genitals. Difficulty in breathing, speaking or swallowing due to swollen tongue, mouth or airway. Often occurs with urticaria.</p>	<p>Foods such as nuts, strawberries or seafood; some medications, some antibiotics; insect stings; occasionally, a family disorder called hereditary angioedema.</p>	<p>Seek medical help right away. If the airway is blocked, this can be life-threatening. In extreme cases, an urgent injection of epinephrine (adrenaline) is needed; in milder cases, corticosteroids or antihistamines can help reduce swelling.</p>
<p>Anaphylaxis or anaphylactic shock: Extreme, potentially fatal reaction affecting the whole body: swelling of the face, lips, tongue and throat; sudden anxiety; difficulty breathing; change in blood pressure and heart rate; confusion; itchy skin, rash or hives; pale or blue skin; cramps; nausea; vomiting; diarrhoea; dizziness; unconsciousness.</p>	<p>Insect stings; latex rubber; some medications such as aspirin or some antibiotics; nuts; seafood; eggs; dairy products; fruit such as kiwi, citrus and strawberries.</p>	<p>Seek medical help immediately. An urgent injection of adrenaline must be given to raise blood pressure, relieve breathing difficulties and reduce swelling. Antihistamines and corticosteroids are also given intravenously. You may be given syringes of epinephrine to carry with you at all times, to self-inject in the case of anaphylaxis.</p>

Breath taking

Affecting one person in every five households in the UK, asthma can be treated but should never be ignored

Asthma is a respiratory disorder where the airways swell, narrow and produce excess mucus, causing wheezing, breathing difficulties and a dry cough. These symptoms vary and are usually worse at night.

Around 5.2 million people in the UK are currently receiving treatment for asthma, which can start at any age. Most people with asthma who take appropriate treatment live normal lives. But untreated, asthma can cause permanent damage to the airways. Very rarely, a severe asthma attack can be fatal.

While there is an inherited tendency to develop asthma, in some people it is triggered by an allergic response to, for example, pollens, dust mites, pets or certain foods (allergic asthma). People who have asthma often suffer from eczema, too.

Allergic asthma generally occurs in childhood, and asthma that starts in adulthood

usually doesn't have an allergic basis. If your child has asthma, it is important to have allergy testing to determine possible triggers. While asthma attacks may have a number of triggers, avoiding the allergen is a vital part of controlling symptoms.

There is no cure for asthma, but medicines can help control it. Most effective is using inhalers so the medicine goes straight into your lungs. There are two main types:

Relievers – (usually blue or green) work by relaxing muscles around the narrow airways and are vital in treating asthma attacks.

Preventers – (usually brown, red or orange) control the swelling and inflammation in the airways, and reduce the risk of severe attacks.

It is important that your doctor or nurse has explained how to use inhalers so every dose you take gives you the most benefit.

Other medicines such as steroids can be used in addition to your inhaler if your asthma is severe. Your doctor or nurse can advise you on these.

Many people with asthma try complementary therapies such as homeopathy, hypnosis, Buteyko and other breathing techniques. There is little scientific evidence that these are effective on their own, so these treatments should only ever be used alongside conventional medicines. It is very important that you never stop taking your prescribed asthma medicines unless your doctor advises you to.

Is your asthma under control?

Answer the four questions below to find out...

In the last month, have your asthma symptoms – cough, wheeze, chest tightness or breathlessness:

- woken you at night?
- made you take time off work, school or college?
- made you use your reliever inhaler more often?
- made you feel you can't keep up with your usual level of activity?

If you notice any of these symptoms you should follow your personal asthma action plan to help you to get your symptoms back under control. If this doesn't work, you should see your doctor or asthma nurse. This may involve looking at your medicines, triggers and lifestyle to see if anything can be changed.

Skin tight

Eczema or dermatitis is a highly individual condition with no cure but it can be managed successfully

Eczema is another condition related to allergies. In its mild form the skin is dry, hot and itchy, in more severe forms skin can become cracked, bleed and be infected. One person in 12 will have it at some time in their life, usually in childhood – it affects up to 20% of school-age kids in the UK.

The causes of eczema 'flare ups' vary depending on the type (see table). They include chemical irritants and allergens such as dust mites, nickel and yeast growth and, some think, foodstuffs such as dairy. Stress and temperature changes can also play a part.

The first step is to see your GP who may refer you to a specialist dermatologist. Treatments include emollients, steroid creams and tablets, and antihistamines. Dietary changes can help in young children but their effects on older children and adults is less conclusive. Some people opt for complementary therapies, but it's always wise to check with your pharmacist before you start using them. Minimising allergens found in the home can also really help with the condition.

check
it Out

Your Boots pharmacist will be able to advise you on products and treatments to soothe your skin

What type do I have?

TYPE AND CAUSES

Atopic eczema: the commonest form, caused by hereditary sensitivity to allergens. Closely linked to asthma and hayfever

Allergic contact dermatitis: a reaction to a substance eg nickel, perfume or rubber in contact with the skin

Irritant contact dermatitis: caused by everyday substances such as detergents and chemicals irritating the skin

Infantile seborrhoeic eczema: or cradle cap affects the scalp and nappy areas of babies under one. Cause unknown. Not itchy or sore

Adult seborrhoeic eczema: affects scalp, face, ears and chests of adults in their 20s to 40s. Believed to be caused by yeast growth

Varicose eczema: affects the lower legs of adults in later years. Caused by poor circulation. If left untreated, ulcers can result

Discoïd eczema: usually found on the trunk or lower legs. Appears as coin-shaped areas of red, itchy skin and weeping fluid

TREATMENT

Emollients to maintain hydration, steroids to reduce inflammation

Prevent repeat reactions, by avoiding contact with the irritant

Avoid the irritant and keep the skin moisturised

Normally clears in few months but oils and moisturising creams can help

If the condition becomes infected, an anti-fungal cream may help

Treatment is with emollients and steroid creams (if necessary)

Treatment is usually with emollients and steroid creams (if necessary)

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