

Do You Know What's Bothering You? We Do.

What's New in Allergy Diagnosis & Treatment?

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Forty-five million Americans suffer from a recurring problem called "allergy". This infamous disease expresses itself with symptoms such as itching eyes, sneezing, nasal stuffiness, nasal congestion and drainage, and sometimes headache. Some people experience hearing changes, scratchy sore throats, hoarseness, and cough.

Other less common symptoms include balance disturbances, swelling in face or throat tissues, skin irritations, and even respiratory problems and asthma. None-the-less when asked if they feel bad many of them tritely reply, "It's just allergies" yet they do not know exactly what is bothering them. Well new faster, precise, and more accurate technology is making it easier for allergy sufferers to find relief.

Gone are the days of spending hours on end in the office of your allergist or being "scratched" on your back or other part of your body. While skin testing remains an option for testing patients, it may not be the most accurate. New technology allows rapid testing through a single blood draw and is extremely accurate and sensitive for allergens such as dust, animal dander, grasses, trees, and weeds. While outdated techniques such as Scratch testing is still being utilized, other skin testing techniques such as prick testing is especially useful for allergens such as molds. Scratch testing involves making a superficial scratch on the surface of the skin followed by placement of the allergen being tested. If a reaction occurs, the patient is considered to be allergic to that particular allergen. However, the problem with skin testing and particularly Scratch testing is the number of false positives it produces. The AMA's Council on Scientific Affairs has recommended against the use of Scratch testing since 1987 calling it an outdated technique fraught with too many false positive and false negative results to be considered a reliable diagnostic test. Therefore, patients who have been receiving allergy desensitization shots (immunotherapy) based on results from Scratch testing may be at risk. Although Scratch testing is still being utilized by some physicians in the area, the use of this technique has precipitously declined since the late 1980's and will hopefully be replaced entirely by more reliable tests as time goes by.

One of the many advantages of testing patients through their blood is the time required for the patient to be in the office – it is substantially reduced. In addition, patients do not have to stop taking their allergy medications to be tested. Also, testing through the blood is much safer than testing the patient's skin with no possibility of a life threatening reaction. The only major disadvantage of testing through the blood is testing for molds. Allergic reactions to pollens (grasses, trees, and weeds), animal dander, dust and some food is through a Type I hypersensitivity reaction. Therefore, those patients who have a history of suspicious mold allergies should use skin testing.

Candidates for allergy testing include patients with year-round allergy symptoms, patients with uncontrolled seasonal allergy symptoms despite take in one or more allergy medications, patient's receiving multiple steroid injections each year, patients with recurrent episodes of sinusitis, bronchitis or ear infections, patients with uncontrolled asthma, recurrent episodes of hives or unremitting headaches.

The advantage of seeing an ENT or Otolaryngic Allergist is having a physician capable of assessing not only the physiologic (allergic) cause of symptoms but also being able to address anatomical causes of symptoms. For instance, a large adenoid pad in a child causing year-round nasal obstruction and discharge leading to chronic or recurrent sinus infections. Therefore, if these anatomic issues are not addressed, a patient may not see improvement even while receiving allergy desensitization shots. In addition they may have been needlessly exposed to these allergens during their treatment. However, it has been estimated that up to 80% of patients with chronic or recurrent episodes of sinusitis is due to allergic disease. Therefore, if just surgery alone is contemplated or preformed, improvement may be noted for awhile only to recur because the root of the problem has not been addressed. In addition, surgery may not have been necessary at all.

Not all ENT specialists are allergist or have additional training. It's important to entrust your allergy care to a dedicated specialist in your area.

Treatment of allergic disease comes down to three strategies: Avoidance of the allergen, allergy medications, and allergy desensitization shots (immunotherapy). Through being tested for inhalant allergy and food allergy (if indicated) a patient will know exactly what they are allergic to and strategies for environmental control and avoidance can be instituted. While allergy medicines are a key part to managing allergic disease, they must be used properly and certain allergy medicines (Benadryl, Tavist, and other over the counter meds) can be harmful. Also, most allergy patients are already taking one or more medicines.

The most definitive or "curative" treatment available for allergic disease today is allergy desensitization shots. A typical course of immunotherapy involves receiving injections once or twice a week for 3-5 years to achieve long lasting effects. This therapy results in down regulation of the immune system with predictable results. While patients will still have some allergic symptoms, substantial improvement in symptoms is expected. Immunotherapy has been utilized since 1911, and is effective in 90% of patients properly diagnosed and treated. Unfortunately, it is one of the least well-taught to physicians, underscoring the need to find a physician who has received additional certification.

Testing and treatment of food allergies is also a key part of the success of many allergy patients. Clinically, food allergies can be classified as immediate (fixed) or delayed. The vast majority of patients who have food allergies don't realize it because the food they are eating do not cause immediate symptoms. The delaying pattern of food allergy is also by far the most common type of food allergy, but is also the most difficult to diagnose. If you don't know what is bothering you the physicians at the Ear, Nose, Throat, and Allergy Center can find out.