



THE FAMILY PHARMACIST

A QUICK READ FOR YOUR OTC NEED!

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OTC TREATMENT FOR SEASONAL ALLERGY

When your immune system overacts to something in the environment, usually during spring, summer, or fall when pollinating plants are doing their thing, it's known as "seasonal allergy." Your doctor might refer to seasonal allergy as "intermittent allergy." Some people are also affected seasonally during December and January because of the prevalence of mold. There is also "perennial allergy" (now called "persistent allergy") which occurs year round and can be caused by exposure to inhaled allergens like dust mites, fungal spores, animal dander, insect droppings, and so on.

Both seasonal and perennial allergy produce what physicians call *allergic rhinitis*. Rhinitis is inflammation of the nasal mucous membranes. Substances that trigger an allergic reaction are called *allergens*. The symptoms of allergic rhinitis are itchy nose, mouth, and throat; sneezing, runny nose, nasal congestion, and sometimes red and watery eyes (known as *conjunctivitis*, mostly with seasonal allergy).

I'll use the term allergic rhinitis in this article because it's the condition that medicines are designed to treat for allergy. These drugs are available both over-the-counter (OTC) and on prescription.

Allergic rhinitis is widespread. In the US, about 40% of children and up to 30% of adults claim to have some of the symptoms of allergic rhinitis. 50% of people with allergic rhinitis say that these symptoms affect their daily lives by having to take increased medications, experiencing work absenteeism and decreased productivity, sleep disturbance, daytime sleepiness and fatigue, irritability and depression, impaired social and physical function, and attention and memory problems.

Sometimes, particularly in children, allergies are incorrectly identified as simply a nuisance condition. But if the symptoms of allergic rhinitis are not well controlled, they may result in serious consequences, such as poor school attendance, poor sleep, learning impairment, and reduced functioning in social and home settings.

Both adults and children who have only mild symptoms may not know the reason for their discomfort and never complain or seek the help of a physician. But when the symptoms described above become more than just a nuisance, you may want to seek relief in the following ways: 1) eliminate or avoid the things that cause your symptoms, like grass pollen and other seasonal triggers, 2) try an OTC medication, and 3) see an allergist to discuss prescription medicines and ways to identify and reduce your sensitivity to specific allergens. This newsletter is about the second option, using OTC medicines.

In the not too distant past, a person suffering from allergies had few OTC choices when it came to treating the symptoms of seasonal and perennial allergies. Older drugs, primarily referred to as *first-generation* antihistamines, while very effective in treating allergy symptoms, have numerous unpleasant side effects. But fortunately, in recent years, many drugs previously available on prescription have gone OTC. The newer antihistamines (called *second-generation*) obtainable as both oral drugs and nasal sprays and steroid nasal sprays are very effective in self-managing the symptoms of seasonal allergy with very few undesirable side effects.

National medical allergy organizations make the recommendations for the management of seasonal allergy and suggest the treatments in the box below, but not necessarily in the order they are listed. The OTC treatments are available as various tablets and nasal sprays. An explanation of the OTC choices follows this box.

Oral antihistamine OR Antihistamine nasal spray
Steroid nasal spray
Antihistamine nasal spray combined with steroid nasal spray (this combination is available only on prescription)
Oral antihistamine plus decongestant

Oral Antihistamines. Newer antihistamines, referred to as *second-generation*, have fewer side-effects of drowsiness, dry mouth, and constipation compared to older antihistamines. This makes them useful as first-line daytime medications, but only for mild to moderate symptoms of seasonal allergy. You have four options: Zyrtec® (*cetirizine*), Xyzal® (*levocetirizine*), Allegra® (*fexofenadine*), and Claritin® (*loratadine*). Generics for these brands are also available on pharmacy shelves. All of these drugs are taken once a day. *Cetirizine* and *levocetirizine* performed better in clinical studies than did *fexofenadine* and *loratadine*.

Antihistamine Nasal Sprays. For mild to moderate symptoms of seasonal allergy these are also recommended as a first try. Nasal spray antihistamines are at least equal to and may be superior to oral antihistamines in relieving nasal symptoms. Two nasal spray antihistamines are approved for use in the US. Astepro® Allergy (*azelastine*) is available OTC and Patanase® (*olopatadine*) is prescription only. One advantage of nasal spray antihistamines over steroid sprays is that they work more quickly and can be used as needed rather than every day, which is helpful for mild symptoms of allergic rhinitis. Antihistamine nasal sprays also seem to be better at relieving eye symptoms (watery eyes and swelling) compared to steroid nasal sprays when used for seasonal allergy.

Steroid Nasal Sprays. Steroid medicines sprayed into the nostrils are considered the most effective for the symptoms of allergic rhinitis. Intranasal steroids usually begin to give relief within 3 to 12 hours, so while you can get some relief in the very first day, full benefit may take up to a week or longer of continued use. That's why it's important to begin these medicines before or early in the season, before trees, grasses, and pollinating shrubs become fully active.

Some people might be thrown off by the use of a "steroid." But you may be re-

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lieved to know that, *in adults*, the drugs used in nasal products for allergy have little absorption into the body and do not cause the risks and side effects of steroids that are taken orally for other illnesses. However, some local side effects may include burning, stinging, dryness, and nasal bleeds. Side effects can be related to the way a particular brand is formulated. Preservatives or alcohol can affect odor and taste of the product. Three brands are currently on store shelves. Flonase® (*fluticasone*), Nasonex® (*mometasone*), and Nasacort® (*triamcinolone*). Flonase® and Nasacort® have generic versions available.

All of the nasal spray steroids are similarly safe and effective, but a study comparing patient preference rated the steroid in Nasacort, *triamcinolone*, significantly better than the others available OTC.

Oral Antihistamine Plus Decongestant. The only effective decongestant for the symptoms of allergic rhinitis available OTC is the ingredient, *pseudoephedrine*. When used for allergic rhinitis the recommendation is to use a product like Zyrtec-D or Claritin-D, since these combine a second-generation antihistamine with *pseudoephedrine*. Due to abuse of pseudoephedrine, these products are kept behind the pharmacy counter and you will need to sign for them. Another disadvantage of using a product with *pseudoephedrine* is that it shouldn't be used if you have high blood pressure, heart disease, and other medical conditions. Read the

label carefully and ask the pharmacist to help you decide if it is appropriate for you.

Use in Children. Almost all of the medications included in this newsletter are approved for use in children but the dose and age limits depend on the specific product. It's best to check with your pediatrician before using any of these products, especially in children under 6 years of age. And, of course, follow the directions given by age on the package or package insert included with the product.

Alternative Therapies. There are a number of large studies that have looked at alternative medicine methods to treat allergic rhinitis of seasonal allergy. Herbal medicine, homeopathy, acupuncture, and physical techniques (breathing control, yoga, and chiropractic spinal manipulation) are all mentioned in the medical literature. While alternative medicine is widely used by up to 40% of patients in one form or another, it's difficult to find convincing proof that these methods work for seasonal allergy. More work needs to be done. That being said, if you find that an herbal product or a technique works for you and your symptoms are relieved, it seems reasonable to keep it up.

Summary. Use the box on the first page to check your options for treating allergic rhinitis due to seasonal allergy. Start simple with either an oral antihistamine (Zyrtec® seems to be the best performer in clinical studies) or the antihistamine nasal spray, Astepro®. These work quickly

and can be used as needed, even though the best results are noticed when used daily throughout allergy season.

If antihistamines don't alleviate your symptoms, switch to an OTC steroid nasal spray. Since these take longer to kick in, you should spray according to directions once daily beginning before the allergy season begins and throughout the entire allergy season to realize the maximum benefit of these products.

Finally, if you have an aversion to using nasal sprays or you experience annoying side effects and you have no health issues that would prevent you from taking an oral antihistamine *plus decongestant*, try a combination product like Zyrtec-D.

If you've tried all the OTC medications for seasonal allergy or you suspect you have perennial (year round) allergies, it may be time to see an allergist. There are a few more medication options that are available only on prescription. Also, *allergen immunotherapy* is a way to desensitize your response to allergens. A high percentage of patients experience a cure or at least a significant reduction in symptoms of allergic rhinitis after desensitization. Being prepared for allergy season means doing something now.

For more information check out the American College of Allergy, Asthma, and Immunology's website at <https://acaai.org/allergies/allergic-conditions/seasonal-allergies/>.

OTC Brand Products for Seasonal Allergy

Product	Ingredient	Type	Adult Dose	Child Dose	Generic
Astepro® Allergy	<i>azelastine</i>	Antihistamine Nasal Spray	Can be used once or twice daily; 1 or 2 sprays each nostril.	1 spray each nostril twice a day. Don't use in children under six years.	No
Flonase® Allergy Relief	<i>fluticasone</i>	Steroid Nasal Spray	2 sprays each nostril once daily.	Depends on age. Check with your pediatrician.	Yes
Nasonex® 24HR Allergy	<i>mometasone</i>	Steroid Nasal Spray	2 sprays each nostril once daily.	Depends on age. Check with your pediatrician.	No
Nasacort® Allergy 24HR	<i>triamcinolone</i>	Steroid Nasal Spray	1 to 2 sprays each nostril once daily.	Depends on age. Check with your pediatrician.	Yes
Zyrtec® Allergy	<i>cetirizine</i>	Antihistamine tablet 10mg	1 tablet once daily.	See package directions	Yes
Xyzal® Allergy 24HR	<i>levocetirizine</i>	Antihistamine tablet 5mg	1 tablet daily in evening.	See package directions	Yes
Allegra® Allergy 24HR	<i>fexofenadine</i>	Antihistamine tablet 180mg	1 tablet daily.	Do not use in children under 12 years of age	Yes
Claritin® Non-drowsy	<i>loratadine</i>	Antihistamine tablet 10mg	1 tablet daily.	Don't use in children under 6 years.	Yes