

Estimates are that as many as 35 million people suffer from hay fever or allergic rhinitis, common springtime health problems, and a good many of them live right here in North Carolina, notes Dr. Dave Judge, an allergist-immunologist, pediatrician, and founder of the Allergy, Asthma & Sinus Center in Cary. He also maintains offices in North Raleigh and Wake Forest.

“In fact, Raleigh and the Triangle area now rank about midway among the 100 most challenging places to live in the country for people with asthma and allergic conditions,” he says.

“Each year, the Asthma and Allergy Foundation of America ranks cities on 12 factors in three groups: prevalence factors, including morbidity and mortality statistics; risk factors, including air quality, pollen, smoking laws, and poverty; and medical factors, evaluating medication usage and access to specialists. St. Louis this year is the Asthma Capital of the country.

“For the past several months we have been seeing a host of patients with the early signs of allergic reactions: sneezing, coughing, wheezing, irritated eyes, and more. We counsel them, offer them testing as necessary and medication, and teach them avoidance techniques.

“Of course many types of pollen are difficult to avoid,” he says, “so we encourage our allergy patients to stay inside during peak pollen times. Tree pollens and mold spores are deposited during the early morning hours, and grass pollen later on during the day. Staying in an air-conditioned environment is a wise choice.

“For people who know they are coming into a difficult allergy season, we encourage them to start their allergy medication—which may be antihistamines



Dr. Judge, an allergist-immunologist, queries this young lady about her allergy symptoms.

## Late Spring in Carolina: *A Sneezing Time for Many*

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or nose sprays—a week before the season begins, continuing with its use during the entire season.”

Most often, says Dr. Judge, treatable allergy conditions include allergic rhinitis—“known to most people as hay fever, even though it has nothing to do with hay. It takes two different forms: seasonal and perennial. Symptoms of seasonal allergic rhinitis are most common in the spring—at this very time of year—as well as in the summer and fall. The most common triggers are pollens from trees, grasses or weeds, or airborne mold spores.

“Other people experience symptoms year-round—perennial allergic rhinitis—generally caused by sensitivity to house dust, house dust mites, animal danders, and mold spores, as well as food allergies.”

### DISCOVERING ALLERGIES

It is a very good idea, and a simple process, to find the cause of an allergic reaction, says Dr. Judge. “The skin testing that we do is the easiest, quickest, most sensitive, and generally least expensive way of making the diagnosis,” he notes. “It’s possible to test for a great array of possible causes of an allergic condition, and to know the results of that testing within minutes.”

Less frequently, Dr. Judge will use a special blood test for allergens.

There are three key elements in Dr. Judge’s treatment plan for people who seek to manage an allergy problem effectively.

“First, of great importance, there is *avoidance*,” says Dr. Judge. “A single ragweed plant may release a million pollen grains in one day, and the pollen from the ragweed, grasses, and trees is so small and buoyant that it may float on the wind many miles from its source. Mold spores and other sources of allergy problems are also in the environment with amazing abundance. Still, it is possible to lessen exposure—especially when you know precisely what the source of the problem is for your individual condition—and the problem may be right in your own yard.”

Among avoidance ideas Dr. Judge shares with his patients are staying indoors as much as possible during the height of the pollen season, and the use of high energy particulate air filters or other devices to help clean pollen and mold from indoor air. Air-conditioning, in the home and in the car, is also useful. He also suggests that his allergy patients wear a face mask when mowing the lawn or doing other yard work, among many other strategies and interventions.

“*Medications* are usually the first option for treating allergic conditions,” says Dr. Judge, “when avoidance measures don’t control the problem. Antihistamines and decongestants are the most commonly used medications for allergic rhinitis. Newer medications inhibit the release of chemicals that cause allergic reactions, and help alleviate nasal congestion, runny nose, sneezing, and itching. They are available in many forms, including tablets, nasal sprays, eye drops, and liquids. Side effects from these medications, such as drowsiness, are markedly less of a problem than they were a few years ago, especially with non-sedating antihistamines.”

However, he adds, “one has to be very careful not to get addicted to over-the-counter nasal sprays and monitor blood pressure when using oral decongestants.”

Another approach to treating allergic reactions is *immunotherapy*, “a safe and effective alternative for patients who do not respond well to other options,” says Dr. Judge. Allergy injections are usually given at variable intervals over a period of two to five years.

“There are many ways of treating allergies,” Dr. Judge finds, “and each person’s treatment must be individualized based on the frequency, severity, and duration of symptoms and on the degree of allergic sensitivity. We encourage our patients to ask questions. When it comes to managing allergies, knowledge really is power.” *h&h*

### THE IMPACT OF ASTHMA

Several professional organizations provide startling information about the impact of asthma every day of our national life:

- 40,000 people miss school or work due to asthma
- 30,000 people have an asthma attack
- 5,000 people visit the emergency room due to asthma
- 1,000 people are admitted to the hospital due to asthma
- 11 people die from asthma

An estimated 20 million Americans suffer from asthma, and 50 percent of asthma cases are “allergic-asthma.” The prevalence of asthma has been increasing since the early 1980s across all age, sex, and racial groups. It remains the most common chronic condition among children. The prevalence of asthma increased 75 percent from 1980 to 1994.

For more information about diagnostic and treatment options for allergies, asthma, and sinus conditions, contact:

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