

Allergies and problems in the ear, including hearing loss, are a fairly common combination, notes Dr. Judge.



## Is Your Cat Making You Dizzy?

Is it possible that an allergic reaction to your cat or dog can make you so dizzy you'll lose your balance and perhaps even fall?

"It's absolutely true that allergies can be related to ear, hearing, and balance disorders in a variety of ways—and certainly can contribute to vertigo," notes Dr. Dave Judge of the Allergy, Asthma and Sinus Center in Cary. Dr. Judge is board-certified both as a pediatrician and as an allergist-immunologist, with additional offices in North Raleigh and Wake Forest.

"Allergies also can cause fluid behind the eardrum in the middle ear, and lead to frequent middle ear infections and conductive loss of hearing. Sometimes, allergies play a role in dizziness, ear pressure, tinnitus—noise in the ear—and hearing nerve loss in the inner ear."

*Health&Healing: Is there, perhaps, a connection between allergies and Ménière's disease?*

**DR. JUDGE:** Ménière's disease is a disorder of the inner ear that may be aggravated by allergies. It often involves periodic episodes of vertigo or dizziness, fluctuating, low-frequency hearing loss, tinnitus, and a sensation of fullness or pressure in the ear. About half of the patients with Ménière's disease who receive allergy treatment do, in fact, experience complete or nearly complete control of their vertigo, and more than half experience improvement of hearing loss and a reduction in tinnitus. The relationship between Ménière's disease and allergies, in terms of treatment, is clear.

*He&H: Would you therefore advise patients with this condition to have an allergy evaluation?*

**DR. JUDGE:** Testing for allergy problems is appropriate for patients who have repeated ear infections that are unresponsive to medical treatment; and to others who fail to respond to traditional medical and surgical treatment of ear and balance problems. Patients with Ménière's disease in both ears, and those who experience an increase in Ménière's disease symptoms with food ingestion, season or weather change, are also well-advised to have an allergy evaluation. And patients with these symptoms who have a family history of allergies are also well-advised to seek allergy evaluation.

*He&H: When it comes to allergies, you emphasize avoidance, medications, and immunotherapy. Which approach is most effective?*

**DR. JUDGE:** Avoiding allergic triggers is a critical key. But sometimes that is impossible to achieve. Medications for

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allergy symptoms are better than ever, and provide millions of people with relief. And immunotherapy is a treatment that has the potential to lead to a renewed balance in the system and not simply the relief of symptoms. Proper injection therapy in the allergic asthmatic patient is essential. Asthma due to dust and pollens is almost always well-controlled. And injection therapy prevents the progression of hay fever into asthma.

The patient who requires only an occasional antihistamine or develops an occasional mild attack of asthma is not a candidate for injection therapy. But the patient whose condition worsens, who develops severe hay fever or persistent asthma, requires treatment.

Patients can be treated with injections of house dust, the house dust mite, molds, pollens and stinging insects. Injection therapy consists of starting with a small dose—no greater than the amount needed to obtain a positive skin test—and building to a very high dose, usually given at weekly intervals. The higher the dose, the greater the relief.

Once the arbitrary top dose is reached, injections can be given every two to four weeks for most patients. After three to five years of treatment with pollens and other allergens, treatment can usually be ended. Some patients remain in good balance for the rest of their lives. Some regress, and need to resume injection therapy. **h&h**

### WHEN TO SEE A SPECIALIST

If you have asthma, be aware of its progression and ask to see a specialist if you meet any of the following criteria. The National Institutes of Health recommends that your primary care physician refer you to a specialist if:

- You have a life-threatening asthma episode
- You are not responding to treatment after three to six months
- You experience any of the following symptoms: ongoing sinus infections; difficulty breathing through your nose, nasal congestion, runny nose, or sneezing (even after taking medication); feeling "choked up" or constricted in your throat; heartburn or regurgitation after eating or at night; and breathing problems that are not improving with your usual asthma medication
- You need additional testing such as an allergy skin test, rhinoscopy, complete breathing test studies, or bronchoscopy
- You need additional education and guidance on asthma treatment or allergen avoidance
- You are being considered for allergy shots
- You have severe persistent asthma with continual symptoms, limited physical activity, frequent flare-ups, and current medicines are not helping
- You need continuous oral corticosteroid therapy medicine or high-dose corticosteroids by inhaler, or you have required more than two occasions of oral corticosteroids in one year
- You want to know if occupational or environmental allergens you inhale or substances you swallow are provoking or contributing to your asthma

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

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