



Allergies: Frequently Asked Questions

Community Pediatric Asthma Service

How do I know if my child has allergies?

You should consider that your child may have allergies if he/she has one or more of the following symptoms:

- nasal congestion and sneezing
- red, itchy, watery eyes
- hives
- anaphylaxis: Swelling of the facial features, throat closing, sudden difficulty breathing, vomiting/diarrhea, fall in blood pressure (symptoms may vary for each person and from one reaction to another)



Having asthma and/or eczema puts your child at a higher risk of developing allergies than a child who does not have either condition.

Should my child have allergy testing? If so, at what age?

Allergy testing can be done as early as 6 months old in the case of milk or other food allergies. Food allergies can and should be tested for once the child starts showing symptoms to certain foods. Environmental testing is also a good idea when the child starts to show symptoms.

Will my child outgrow their allergies?

It depends on the type of allergy. Many children will outgrow food allergies like milk and egg allergies. Even peanut allergy can be outgrown, although this does not happen frequently. We like to test kids periodically to see if food allergies have resolved as they get older. Children are not likely to outgrow environmental allergies and some may get worse rather than better with time. We do see some older adults who outgrow environmental allergies.

Is there anything I can do to help my child with allergies?

First, meet with your doctor and ask for a referral to an allergist. In some cities, it may take a year or so to get an appointment with an allergist. In the meantime, there are things you can do to help your child.

- **Environmental control** measures are key to managing allergies. Learn to avoid your child's triggers while still having them lead a normal, active life
- **Antihistamines:** For signs of environmental allergies like sneezing, nasal congestion, itchy, red watery eyes or asthma, it is important to control the level of histamine in the body with antihistamines. Avoid taking Benadryl as this is a sedating medicine and since it is short-acting, it means you must give multiple doses throughout the day. Children who take Benadryl regularly, can have poor attention, poor school performance and have more playground accidents. Instead, try children's formulations of Reactine, Claritin or Alerius which are all in liquid form and are long-acting so only one dose per day is typically needed
- **Special eye drops** by prescription, may be needed to control the redness and itching of the eyes. Patanol particularly effective as it is composed of antihistamine. Regular use of over-the-counter decongestant allergy drops is not recommended
- For **nasal congestion**, antihistamines and flushing with a saline rinse can give some relief. These are over-the-counter options. If these are ineffective, a prescription from your doctor for a nasal steroid spray may be needed. Nasal steroid spray is incredibly safe as very little enters the bloodstream, yet it can be very effective to decrease the swelling in the nose. Avoid the regular use of nasal decongestants like Otrivin because your child could develop a dependence on them

- In some cases, where medicines are not working well, immunotherapy (allergy shots) could be considered, but this must be done under the supervision of an allergist
- Carry an epinephrine autoinjector at all times if your child has a true food, medicine or insect sting allergy which has a risk of causing anaphylaxis. This is a life-saving device which will reverse the symptoms of anaphylaxis. Ask your doctor if your child should carry one and make sure you are taught how and when to use it properly. Epinephrine autoinjector dosing includes:
 30 kg (66 lbs) and over .3 mg. 15-30 kg (33-65 lbs) .15 mg
 –Remember, the **medicine will expire** so the device needs to be renewed every year even if you don't use it
- Wearing a **medical alert bracelet** (www.medicale.ca) if your child has serious life-threatening allergies like a food or medicine allergy is important. A medical alert bracelet will ensure your child will not be given something they are allergic to and that they will be treated quickly and in the right way, if they have a medical emergency

We have a pet, but my child's asthma triggers are viral colds and grasses. Should we find a new home for our pet?

This depends on the importance of the animal to each individual family member and the severity of the allergy. You could seek the advice of an allergist before making this decision. If the child's asthma is mild, you could take steps to keep the animal out of the bedroom and take measures to control the level of allergen in the home. If there is a history of oral steroid use, severe persistent symptoms, hospital visits or hospital admissions, then consideration should be made to protect the child's health and find a new home for the pet.

ALLERGY RESOURCE WEBSITES:

ORGANIZATION	WEBSITE
Allerject Canada	www.allerject.ca
Allergic Living Magazine	www.allergicliving.com
Allergy/Asthma Information Association	www.aaia.ca
American Academy of Allergy, Asthma and Immunology	www.aaaai.org
Canadian Society of Allergy and Clinical Immunology	www.csaci.ca
EpiPen Canada	www.epipen.ca
Food Allergy Canada	www.foodallergy.ca
MedicAlert Canada	www.medicalert.ca
World Allergy Organization Allergic Diseases Resource Center	www.worldallergy.org