

# ALLERGIES – Your questions answered

## Professor Barry Kay, Professor of Allergy and Clinical Immunology at The London Clinic, answers some common questions regarding allergies:

### Q What is 'allergy' and what are the common allergic diseases?

Allergy, or an allergic reaction, occurs when the immune system has an abnormal reaction to an external agent, which in normal people is usually harmless. Such substances are referred to as allergens. Allergens are substances commonly found in our environment. Examples are grass and tree pollens, dander from pets and dust mites. An allergy develops as a result of repeated exposure to an allergen, whereby the body tries to 'fight off' what it considers to be harmful, causing allergic symptoms in the process.

"Allergy" itself is not a disease but a mechanism which plays a greater or lesser role in conditions such as hayfever, (seasonal rhinitis), perennial allergic rhinitis, eczema and reactions to foods.

### Q What are symptoms of an allergic reaction?

- Summer hayfever is caused by the pollen of trees, grasses or weeds and produces sneezing, a runny nose, red itchy and sometimes a cough and wheeze
- Perennial allergic rhinitis has similar symptoms to hayfever, but can occur all year round and is usually due to an allergy to dust mites, cats or dogs
- Asthma results from narrowing of the airways of the lungs, causing wheezing and shortness of breath. Although allergy is a common trigger it can also be made worse by exercise, infection, cold dry air and stress
- There are two types of eczema. One is called contact eczema which is a skin allergy, often caused by a reaction to plants, nickel in jewellery and dyes and causes red, itchy blisters and swellings all over the skin. Another type of eczema is called atopic eczema and often occurs in people with asthma and hayfever. In atopic eczema an allergic cause is difficult to identify in adults, although in children food allergy is often an important trigger

### Q Can allergic diseases be prevented?

A distinction must be made between developing an allergic disease in the first place and avoidance of allergens in a person once they have developed. Research has shown that allergic diseases are caused by a complex interaction between genetic and environmental factors. For example, people with a traditional or farming way of life are far less likely to develop allergic diseases, suggesting that exposure to farm animals and possibly drinking raw milk can be protective. However advice to a mother on how to minimise the risk of her child developing an allergic disease is limited, although breast feeding and stopping smoking during pregnancy are clearly important. Once an allergy has developed it is a matter of avoiding, if possible, the relevant triggering allergens be it foods, animal dander or dust mites.

### Q I think my two year-old son might be allergic to dairy products. What symptoms should I look out for?

Cow's milk allergy is the most common cause of food allergy/intolerance in infants and children. Symptoms range from vomiting and diarrhoea to headaches and skin rashes. The best and easiest way to establish if your child may have an intolerance is to keep a food diary - cut out the suspected foods for a specified period of time and then introduce one by one, paying particular attention to any reactions. The protein in cow's milk can be found in a number of foods, so I would recommend speaking to your GP or a dietician to ensure that your child's diet does not suffer as a result.

### Q Are we having an allergic epidemic? If so, why?

Recent reports suggest that certain allergic diseases such as asthma and hayfever have almost trebled in the last 20 years with the UK having one of the highest incidences in the world. We have not changed our genetics so it's likely that there have been important environmental changes. Some researchers explain the increase in allergy prevalence on the basis of us being too 'clean', and/or because our diet has changed considerably over the years. We are no longer exposed to "allergy protective dirt" and so the immune system overreacts to pollen and dust. Climate change is also set to play a part by producing more allergenic pollens - Spring is expected to start earlier which will result in plants having a longer pollen-producing season.

### Q What new treatments are available to treat hayfever?

Although antihistamines and steroid-based nasal sprays are very effective for controlling symptoms, they do not “cure” the disease. Desensitisation injections (hayfever vaccines) have been used with great success over the years, although this form of treatment has never been particularly popular in the UK largely because of concerns about safety. Recently a desensitising vaccine in pill form (Grazax) has been introduced into the UK market. In trials it has been shown to be almost as effective as injections and with minimal side effects. The earlier medication for hayfever is started, the better the results. For example, it is recommended that a course of Grazax is started 3-4 months prior to the start of the pollen season.

### Q I have been taking antihistamines for a number of years – are there any long-term health implications I should be aware of?

Antihistamines are used to relieve the symptoms of allergies and in general are extremely safe. The older sedating antihistamines such as Piriton have been largely replaced by H1-selective non-sedating antihistamines such as ceterizine and loratidine. Patients taking the sedating antihistamines should not combine them with alcohol, nor drive when taking them.

### Common myths and facts regarding allergies:

- **Children born into families with two or more pets are less likely to develop allergies** – MOSTLY FACT  
There is some evidence that children who are born and brought up in a household with pets will be protected from developing allergies
- **There is a greater chance of ‘urban’ children developing allergies than those living in more rural areas** – MYTH  
This was possibly true 50-100 years ago but not now
- **Allergies can never be ‘cured’** – MYTH  
Desensitisation shots (or drops) are a sort of cure and also many people grow out of allergies. Children often grow out of cow’s milk allergy and hayfever is said to get better with age
- **Children will grow out of hayfever** – MYTH  
Hayfever can get worse, better or stay the same depending on a host of factors such as the pollen season, the amount of medication, desensitisation treatment etc
- **Smoking can cause asthma** – FACT  
There is an asthma risk for children whose mothers smoked through pregnancy

**The London Clinic** is located on Harley Street, in the heart of the capital’s medical community, and is internationally renowned for its medical and surgical expertise.

Launched in 2005, The London Clinic’s Allergy Service responds to the growing need for the diagnosis and treatment of allergic diseases. Main allergies treated include: allergic asthma, seasonal allergic rhinitis (hay fever), perennial allergic rhinitis, anaphylaxis, food allergies and tolerance, bee and wasp sting allergies, allergic skin disorder, drug and latex allergies.

If you would like to put any alternative questions on allergies to Professor Barry Kay to appear in print, please contact [Tracey Thompson](#) or [Jo Gulliver](#) at Trinity PR on **020 8786 3860** or alternatively email: [tracey.thompson@trinitypr.co.uk](mailto:tracey.thompson@trinitypr.co.uk) or [pressoffice@thelondonclinic.co.uk](mailto:pressoffice@thelondonclinic.co.uk)

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