

What doctors want patients to know about seasonal allergies

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Each year, as temperatures rise and plants begin to bloom, millions of people across the U.S. find themselves dealing with a familiar set of symptoms—sneezing, congestion, itchy eyes and fatigue. Seasonal allergies, also known as allergic rhinitis, can disrupt daily life, affecting sleep, work and overall well-being.

For many patients, though, it is not always clear what is triggering these symptoms, how to manage them effectively or when to seek care. With longer allergy seasons and higher pollen counts reported in recent years, it is important to understand seasonal allergies and how to manage your symptoms whether it is spring, summer, fall or winter.

More than 40 million people in the U.S. experience seasonal allergies. In fact, 18.9% of children have seasonal allergies, affecting about 20% of boys and 17.7% of girls. Meanwhile, about 21.3% of children who are Black and 20.4% who are white experience seasonal allergies. Additionally, 25.7% of adults have seasonal allergies, which are more prevalent in women than men. More than one-quarter of adults who are white are also more likely to have seasonal allergies compared to 24% of adults who are Black, 18.8% who are Hispanic and 17% who are Asian, according to the Allergy and Asthma Network.

The AMA's What Doctors Want Patients to Know™ series gives physicians a platform to share what they want patients to understand about today's health care headlines.

In this installment, [Khurram Naqvi, MD](#), an internist in Vancouver, Washington with Northwest Permanente, took time to discuss what to know about seasonal allergies.

[Northwest Permanente](#) is part of the [AMA Health System Member Program](#), which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

Seasonal allergies are an immune response

“With seasonal allergies, you have this particle that is foreign to the body,” said Dr. Naqvi. “It enters the body and the body says, ‘What are you?’ So, the immune system—our defense system—goes after it. And in this response, whether it’s a weed, a certain pollen, a dust mite, mold, it triggers the body to go into self-defense mode.”



Khurram Naqvi, MD

“That’s why we end up getting the sneezing, congestion, nasal dripping and sometimes nasal fullness,” he said. “When that is happening, that means our body is working to defend us.”

There are many triggers of seasonal allergies

Each season there are different triggers that can affect seasonal allergies. For example, “more trees and flowers in the spring and more grass and weeds to the last part of spring and summer, and maybe into fall a little bit,” said Dr. Naqvi. “If you live near farms, you’re going to have a different set. In the fall, when harvesting is more at a peak, other triggers include hay.”

In the winter season, “it depends on where you live. Geographically, most of us are in environments where it’s not a problem,” he said. “The ones that are acting up during late fall and winter are the indoors allergies such as dust or mold. Less common seasonal allergies are pine pollen. These pine trees produce large amounts of visible yellow pollen in late winter and early spring. Very few patients show a reaction to it.”

Allergies occur with the seasons

The key with seasonal allergies is that they happen during set periods of time, particularly in different seasons. For example, “I have nonallergic rhinitis. I have constant stuffiness, but I’m not reacting to anything in the environment,” Dr. Naqvi said. “What’s happening with me is because of the temperature changes. For some people, exposure to perfumes or even having a glass of wine sets off the system.”

“Seasonal allergies are very clear because ... if we know environmentally these are the species of plants and trees that are now pollinating again and blooming and you are one who is afflicted with symptoms between March and June of every year, we know that is a seasonal allergy,” he explained. “If you are afflicted between September and October of every year, that’s a seasonal allergy.”

Know the difference between a cold and seasonal allergies

While “there is some overlap” between cold and seasonal allergy symptoms, “there are some distinguishing features,” said Dr. Naqvi. “Some of the overlap is the congestion, runny nose, sometimes the sinus headache.”

“Some of the differentiating factors include the throat. Allergies you have more of a tickle. Not scratchy, but a little tickle as if someone’s taking a feather and teasing you and you’re having to clear your throat,” he explained. “What you would experience if you were afflicted with a nonspecific respiratory tract infection is more of a sore throat, so a little bit more pain, not an irritation.”

“Low-grade fever, chills, sweating and ear pain are more of an infection, not so much allergies. Fullness transcends both, but pain and discomfort are more of an infection,” Dr. Naqvi said. “As a general rule, there’s a low-grade fever, some chill, sweat, loss of appetite, sore throat, anything to do with discomfort and pain is more of an infection.”

Seasonal allergies can run in families

“In terms of who gets affected by seasonal allergies, there are some risk factors,” Dr. Naqvi said. “Genetically, we’ve known that it can run in certain families.”

So, if you have several family members with seasonal allergies, you’re at higher risk as well.

Additionally, “if you have maternal tobacco use in the first year of life, you can run high risk for repeated infections in kids,” he said, including developing allergic rhinitis, or seasonal allergies.

An exam is key for diagnosing seasonal allergies

“Listening to a patient really gives you the diagnosis and allergies will fall under that category,” Dr. Naqvi said. For example, if a patient visits their doctor and explains that every year from August to October they get a stuffy nose, itchy eyes and are clearing their throat at work and coughing, but are fine the rest of the year, that could be seasonal allergies.

“The art of listening to a patient and what they are telling me gives me the diagnosis most of the time,” he said.

There are tests for seasonal allergies too

When it comes to testing for seasonal allergies, “there are two types,” Dr. Naqvi said. “There is blood testing, and I have the ability to run a panel of almost 30 different allergens.”

“Then at an allergist’s office, they can do skin testing where they introduce that non-native particle and look for a reaction on your skin,” he said. “Food allergy testing is also conducted with both blood and skin testing.”

The preferred and most common testing method for seasonal allergies, such as pollen, mold and dust mites, tends to be the skin prick test. It is often favored for its high accuracy, speed and safety in identifying immediate allergic reactions.

Treatment includes oral medicine or nasal sprays

“If we think about what’s happening in the body, this non-native particle comes in, the body says you don’t belong here,” Dr. Naqvi said. “It sets off this defense reaction. At the end of that pathway is a certain type of cell releasing histamine.”

“That’s why we call allergy medicines antihistamines because what we’re trying to do is when that cell gets triggered, it releases the histamine. We’re trying to stop that trigger,” he explained. “So, there are antihistamine medications that come in the oral form—so a tablet.”

“If I have a rash all over my body, I want to take an oral tablet, so it works all over my body,” Dr. Naqvi said. “That antihistamine also comes in a nasal spray. If I’m having the histamine and the body reacting in my sinuses, it doesn’t make sense for me to take a tablet that works through my whole body. Use that nasal spray that releases the medication in your nose.”

“The most potent anti-inflammatory medicine is steroids. There’s a steroid nasal spray, which is now over the counter, and you’re catching that downstream. The antihistamines are upstream, meaning stop the cell from reacting,” he said. “The few that sneak through and release the antihistamine, then you have this inflammatory response downstream, so you use steroids.”

“These are things that a lot of primary care physicians and pediatricians have access to and can recommend,” Dr. Naqvi said. “When you get to a point where we need a little bit more, then the allergist, the specialist, they can do immunotherapy.”

While rare, severe seasonal allergies can trigger anaphylaxis, requiring an EpiPen, which should be carried with you at all times in case you are exposed to an allergen.

Use proper technique with nasal sprays

“What’s really important is our nasal passages do not go straight up. A lot of people use nasal sprays perpendicular,” said Dr. Naqvi. “A proper technique is going into the nose at an angle. So, bend over and use your right hand to take the nasal spray and put it in your left nasal pass and you want to go up at an angle. And you want to plug your nose at that angle and breathe it in.”

“There’s a continuous passage to your sinuses, so if you really want to get up there, if you are doing that and it’s dripping in the back of your mouth, you went up too far,” Dr. Naqvi said. “You don’t want to have that medicine in the back of your mouth. It’s one thing to have a little bit of distaste, but if you feel something dripping in the back and you’re swallowing it, then you went a little too far.”

Follow these preventive steps

With mold allergies, it is important to be “quite vigilant and consistent with cleaning out your bathroom and kitchen. You want to reduce any growth of mold,” Dr. Naqvi said. “Although we love the smell of fresh air, keeping your windows and doors closed during spring or pollen season” can also help prevent seasonal allergy triggers.

“Some people still hang dry their clothes outside. Don’t do that” during seasons where your allergies are heightened, he said. “During certain times of the year, buying certain HEPA filters for the home or for your A/C is a good option.”

“Wearing masks will also help. Same with allergy proofing your mattress, putting specific covers on them, reducing indoor humidity, things like that,” Dr. Naqvi said. “A lot of us have family members who have four legs, so bathing them regularly.”

“My late dog—I call him my firstborn—he loved being in bed, but for those who have allergies, it may not be a good idea to let your four-legged children in the room in bed, especially,” he said. “Again, symptom-wise, avoidance, nasal sprays and then seeing your physician for a prescribed nasal spray and go from there.”

When in doubt, talk to your doctor

“A lot of people can go attempt commonsense and grab an oral antihistamine or use a nasal spray” to treat their seasonal allergies on their own at home, said Dr. Naqvi. That’s OK, but “I tell my patients this all the time. We are a partnership, so if you’re ever in doubt, there are no silly questions, you tell me what’s going on and we’ll put our heads together to determine if it’s A, B or C.”

“If there is any doubt, contact your primary care physician and then work to determine what to do,” he said. “The second thing I would say is ... if it doesn’t work or it gets worse, let us know because there are some [over-the-counter nasal sprays](#) that if you use it for more than three days, it worsens your symptoms.

“That’s another reason to get in touch with your doctor because certain nasal sprays are good if you’re going to use it for one or two days just to get through a cold. It’s not really for allergies,” said Dr. Naqvi, emphasizing that it is important to contact your primary care physician “if you’re in doubt or what you’re trying is not working.”