



The Children's Asthma and Allergy Network  
@ The Children's Medical Institute

### WHAT TO DO TO AVOID ALLERGENS AND TRIGGERS?

- Your child's doctor may suggest allergy test to determine what your child is sensitive (allergic) to. Skin prick test are most useful and commonly performed (see our pamphlet on allergy tests).



- If your child is allergic to house dust mite allergens, wash your beddings (bedsheets, pillowcases and covers) in hot water (60°C) at least fortnightly. Minimise the use of carpets or thick curtains. The house should be kept dust-free by damp cleaning. Vacuum only when the allergic patient is not at home, and let the air settle for about two hours before allowing the child to enter the room. Dust mite proof covers may be helpful but are expensive.

- If your child is allergic to pet allergens, avoidance of animal is recommended. However, it is advisable to have a proper allergy test and consultation with your physician before doing so. If avoidance of the pet is not possible, reduce exposure by preventing it from entering your child's bedroom.



### WHAT ARE THE COMMONLY USED MEDICINES IN ALLERGIC RHINITIS?

- Anti-histamines are safe and effective, even in very young children. They sometimes need to be taken over a prolonged period of time. Some may cause your child to be sleepy while the new generation drugs are minimally/non-sedating antihistamines.

- Topical (nasal spray) steroids are often prescribed. These are generally safe and should be used prescribed over a period of time and not on an as needed basis. They are particularly helpful in reducing nasal blockage or congestion.



\* See pamphlet on nasal spray technique

- Other medicines such as nasal decongestants, mucolytics (medicines that thin the mucus) and even leukotriene antagonists are sometimes used.

### WILL ALLERGIC RHINITIS DEVELOP INTO ASTHMA?

Many parents are worried that prolonged cough will develop into asthma. This is a myth. Coughing does not cause asthma. Your child may be coughing because he / she already has mild asthma. Allergic rhinitis and asthma can and often do co-exist, so it is not surprising that someone with allergic rhinitis later get diagnosed to have asthma.