

Did You Know?

Allergies are one of the most common diseases in the U.S.



Food Allergy Research & Education (FARE) celebrates Food Allergy Awareness Week from May 12th-18th, 2024



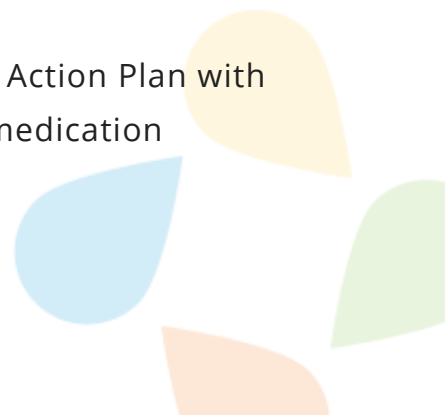
- 33 million Americans live with life-threatening food allergies
- 1 in 13 children have life-threatening food allergies
- In the U.S., the most common food allergens include: milk, eggs, peanuts, tree nuts, soy, wheat, fish, and shellfish

In the U.S., over 100 million people experience various types of allergies each year

- Most people with allergies have more than one type of allergy
- The air inside your home or work can be 2-5 times more polluted than the air outside

Over 27 million people in the U.S. have asthma, about 1 in 12 people.

- Where you live can have an impact on your asthma
- If you have asthma, work with your doctor to create an Asthma Action Plan with information about your asthma triggers and how to take your medication



Getting Kids Through Grass Allergy Season



The Mid-Willamette Valley has clocked some of the highest levels of grass pollen in the world during what locals call grass seed season. MOM Magazine interviewed Katheryn Birch, DO for some insight and advice on this area's most troublesome allergen.

Is it true that babies don't typically have seasonal allergies? When do pollen allergies typically show up in children?

Yes, it typically takes at least two years for seasonal allergies to develop, and that is also the case if you are moving to a new area. Children under age 2 can start to develop indoor allergies, because they are exposed to those more frequently than outside allergies. Pollen allergies can start to show up in 3 to 4 year-olds then there is a peak age range of 6 to 9 year-olds. Children can continue to develop allergies until around 13 to 14 years of age.



Katheryn Birch, DO
Oregon Allergy Assoc. - Praxis Health
Eugene, OR

What are the first signs/symptoms of allergies in kids, as well as some of the lesser known ones?

The most common symptoms are runny nose, sneezing, nasal congestion and itchy red eyes. Kids can also have "allergic shiners," which is swelling with a purple hue under the eyes. They can also experience post nasal drip, which is hard for most children to explain or understand. The post nasal drip can lead to a lot of clearing of the throat or cough.

The Willamette Valley has a lot of allergy-induced asthma. These types of symptoms are similar to a common cold, however the common cold typically lasts about 5 to 7 days, while allergies last several weeks to months depending on what you or your child may be allergic to.

Can you try your child on an over-the-counter allergy medication and see if it helps?

Allergy medications are typically very safe and have few side effects, so they are safe to try if you are uncertain if you are dealing with allergies. The over-the-counter (OTC) allergy medications can be helpful for some, but the most effective are the intranasal steroid sprays, antihistamine nasal sprays and antihistamine eye drops. These medications are acting directly at the source of the reaction.

My children get some minor improvement with oral antihistamines, however they really see improvement with the intranasal steroid sprays. Initially they did not like the nasal spray and made a fuss. However, after they started to see the effects a couple weeks later, they stopped fighting it and now that's the first thing they ask for when they start to have nasal symptoms. One of my children really struggled with a cough, even with all the OTC medications, and we did eventually have to start some prescription medications to help.

At what point do you go from pediatrician to allergist, and what is the benefit of seeing an allergist?

If you're using all the OTC medications and still struggling to get symptoms under control, that's when seeing the pediatrician can be helpful. There are a couple medications they may be able to prescribe for you. However, even with these, symptoms can still be bothersome. At that time it can be helpful to visit an allergist to see other medication options, and for potential testing that may be helpful in identifying what your child may be allergic to. I would also especially suggest evaluation by an allergist if your child is coughing a lot or having breathing issues with their allergies.

Talk about the value of testing: is it specific to what grows here?

Allergy testing is helpful for us to identify what the problem is and how to avoid it more effectively. We typically test for multiple different types of indoor and outdoor allergens. Allergists test for the type of pollen seen in their region. There is different pollen in different regions of the country, and there is variation in their season lengths. Trees, grass and weeds all have their specific time of the year they pollinate.

In western Oregon, we don't have a lot of weeds and subsequently, not a lot of weed allergies, especially when compared to the Midwest. In the Willamette Valley, we have an unusually high grass pollen season, due to grass seed farms. For that reason, grass is one of the most common outdoor allergens here, and the most troublesome.

Allergy shots can be a hard sell to kids. Are there any other types of treatments, like under-the tongue droplets?

Allergy shots, or subcutaneous immunotherapy, is very effective in school-aged children. It has even been shown to help decrease the development of asthma when started in 4 to 5 year-old children. However, we recognize that trying to convince a young child to come in weekly for several months to get a shot is not an easy sell. There are several different techniques that can be used to help ease the process such as cold packs, numbing creams and vibrations that help distract from the injection. The other key point for allergy shots is that they are subcutaneous so they are not going into the muscle, so they do not hurt as much and there is not a lingering pain after.

The other option that we have is sublingual tablets. In the U.S. there are ragweed, dust mite and grass tablets that are FDA approved. These are great options for those who are really averse to injections. The biggest downside is they do not cover all other allergens and pollens if your child is polysensitized. However, for many in the Willamette Valley, grass is so much worse than the other allergens. The symptoms seem like nothing in comparison and treatment for the grass is a game changer.

You may see some things out there for other types of allergy treatment such as liquid sublingual immunotherapy or intralymphatic immunotherapy, but these are not FDA approved yet and have not had as much research done on them.

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Quick Facts About Our Provider


- Victoria has a special interest in Women's Health and Family Practice.
- She passionately believes in providing the most up-to-date, comprehensive care, delivered in a warm and caring way.
- She is an advocate of consistently providing education and support in addition to evidence based care.
- In her free time, she enjoys sourdough baking, gardening, and playing with her three cats.

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