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**Congratulations to the 2009-2010 Academic year recipients of the AAFA-TX Kareem Bacchus Memorial Scholarships: Kaitlyn Vance, Sachse, TX; Dalton L. Guinn, Iredell, TX; Nikkiah R. Guerra, Richardson, TX. Please refer to [www.aafatexas.org](http://www.aafatexas.org) for more information on these fine students.**

## **ALLERGY AND EAR INFECTIONS**

\* Allergy symptoms caused by environmental allergens can range from mild to debilitating. **Allergy symptoms** include sneezing, cough from post nasal drip, itching ears, nose, throat or eyes, headache, rhinitis (runny nose), congestion or stuffiness, hoarseness, red eyes or blurry vision, fatigue and sleeplessness. But did you know that **severe allergy symptoms can lead to sinus infections and ear infections** caused by constant nasal drainage?

\* **Middle ear infection**, or Otitis Media, can be caused by **either bacteria or a virus** and usually happens from complications with a cold, sinus or throat infection, enlarged adenoids or from allergy. For the most part, middle ear infections don't cause long term problems.

\* **Middle ear infections** are the **most common childhood illness beside the common cold** and approximately 25% of all kids have repeated middle ear infections. Babies and toddlers 3 months to 3 years are most affected but kids up to 8 years can also have repeated middle ear infections as can some adults. Five to ten percent of kids who get them will develop a small hole in their eardrum as a result of the pressure caused by these infections.

\* What should you look for signaling your child might have a **middle ear infection**?

- ⊗ fever between 100' and 104'
- ⊗ yellow, white or brown drainage from the ear
- ⊗ cold-like symptoms (sneeze, cough, congestion, rhinitis)
- ⊗ fussiness
- ⊗ diarrhea
- ⊗ rubbing the ears
- ⊗ sleeplessness both at night or at nap time
- ⊗ refusing to eat or drink (due to pain)
- ⊗ dizziness
- ⊗ the child doesn't respond when called (because they can't hear as well)

\* If you see these symptoms, **take your child to your healthcare provider** and they will examine the ears with a light scope and/or check for fluids in the middle ear. **Treatments include** antibiotics if it's determined the infection is bacterial and not viral and/or prescription eardrops. Sometimes antihistamines or decongestants will also help with the symptoms. Your physician may also prescribe acetaminophen or ibuprofen for earache pain or fever. As always, **follow your healthcare provider's instructions exactly**, including a follow-up visit to ensure all signs of infection are past. If fever or pain hasn't improved within 48 hours after starting an antibiotic, call your physician. This may indicate the infection is viral and other treatment may be needed. If fever breaks but the overall symptoms don't start to improve within 3 days, let your physician know. If your child develops a stiff neck or symptoms get worse at any time, call your healthcare provider immediately. This could indicate serious complications.

\* **How can you help prevent frequent middle ear infections** in young children? **Breastfeeding** for 6 to 12 months **helps** as does **holding the infant while bottle-feeding** (rather than propping the baby up with the bottle) to prevent air from being trapped in the ear canal from improper swallowing. Follow your baby's **vaccination** schedule and **try to prevent their exposure to colds**. Wash hands before handling the baby, keep siblings or adults with colds away from an infant. **Don't** let anyone **smoke around an infant**. When they're toddlers, teach them to blow their nose gently: hard blowing will cause fluid to move to the middle ear.

\* If the child shows signs of environmental **allergy**, **keep them away from their triggers since allergies can cause nasal drainage** leading to these ear infections. Be a detective and observe when your child has allergy symptoms. If their symptoms are worse when they awake, they may have dust and dust mite allergy. If they start sneezing around the family pet, it may be a dander allergy. Runny nose when outdoors? It may be a pollen allergy. Ask us for tips to control allergens around the house.

\* If allergy symptoms persist, ask your physician to have your child allergy tested. Young children often make the best candidates for immunotherapy with the best long-lasting results and recent studies have shown that allergy **immunotherapy** given to **young children can prevent those with nasal allergy from developing allergic asthma**. For more information on allergy and asthma, see [www.aafatexas.org](http://www.aafatexas.org) or email [info@aafatexas.org](mailto:info@aafatexas.org)

**Upcoming AAFA-TX programs: 1) May 22, 11 am- 2 pm POSTPONED until July 17th – SAFER Houston first annual Parent's Conference – Beck's Prime Restaurant, Memorial Loop, Houston. 2) June 14 "Asthma Management & Education" a continuing education program for nurses, respiratory therapists and educators worth 3 CEU. Dallas. Pre-registration required with Dallas ISD or AAFA-TX. Questions? Visit [www.aafatexas.org](http://www.aafatexas.org) for complete symposium details or contact [info@aafatexas.org](mailto:info@aafatexas.org) 3) Do you have food allergies? Do you have questions about various restaurants and your food allergies? Visit a new website tailored to answer food allergy and restaurant questions: <http://www.allergyeats.com>**

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