

How to tell a cold from an allergy in winter

January 2 2015, by Danielle Braff, Chicago Tribune

If your "common cold" has been hanging around for more than a week, it may not be a cold at all. It might actually be an allergy disguised as a cold.

Dr. Stanley Goldstein, director of Allergy and Asthma Care of Long Island, in New York, said fall and winter allergies are just as common as spring and summer allergies. What's different about the allergies this time of year, he added, is that most people simply don't know they have them.

"These just don't bring patients out of the woodwork, complaining because many of them are just living with them," Goldstein said. "If you walk around congested very early in life, you don't realize what it means to feel normal."

Or many people may simply think that they're getting a [cold](#) - over and over and over again, said Tonya Winders, president and [chief executive officer](#) of the Allergy & Asthma Network Mothers of Asthmatics, based in Virginia.

"The most confusing aspect of telling the difference is that the symptoms are so similar," Winders said.

Airborne allergies and common colds both can produce coughs, sneezing, a stuffy nose and a runny nose, she said.

But there are a few differences.

A cold should last less than 7 to 10 days, while [seasonal allergies](#) tend to last through the entire season. The [allergy](#) usually will start at the onset of the season, while the cold could begin at any time, Winders said.

Other ways to tell them apart would be that a cold may start with a sore throat and may be accompanied by a low-grade fever or body aches, while recurrent "colds" that aren't associated with a fever would be allergies, said Dr. Cristina Porch-Curren, allergist with Coastal Allergy Care in California.

Itchy eyes or an itchy nose - or both - also would be hints that the ailment actually may be an allergy, said Dr. Timothy Craig, professor of medicine and pediatrics at Penn State University College of Medicine.

"Thus seasonal distribution, sneezing and itchy eyes often point toward allergies," Craig said.

Winders suggests seeing a primary care physician who can point you in the right direction, and if over-the-counter allergy medications don't work, then an allergist can do a full work-up to figure out exactly which allergies are triggering a reaction.

Even those who haven't had allergies in the past could be subject to new fall or winter allergies, Winders said.

"We know that allergies change and develop over time because they're driven by exposure, so you have to be exposed to the allergen more than one time to have that allergy," she said.

Hormones or relocation also can play a role in later allergy onsets that cause more than 50 million Americans to suffer from some form of allergies, and that number has been increasing since the 1980s, according to the U.S. Centers for Disease Control and Prevention.

In the fall, the most common allergy is hay fever, which is caused by ragweed, while winter allergies tend to be to mold, dust, mites and animals because people spend more time inside in small spaces, Winders said, adding that these allergies are more common in the parts of the United States that have more dramatic seasonal differentials, such as the Northeast and Midwest.

"Where there's a very significant fall and a defined winter, you'll see more seasonal allergies," Winders said.

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