

Hay fever can send work productivity down the drain

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Employers can blame hay fever for the loss of millions of hours of work productivity this spring. A new study of nearly 600 people with hay fever symptoms, including sneezing, watery eyes and runny and itchy noses, found that workers missed an hour of work per week during peak hay fever season.

While missing an hour of work a week may seem small, consider that 20 to 50 million Americans suffer from at least some symptoms related to hay fever, or allergic rhinitis, said Sheryl Szeinbach, the study's lead author and a professor of pharmacy practice and administration at Ohio State University.

“That means the potential loss of millions of hours of work productivity, not to mention the associated economic costs,” she said. Some estimates suggest that nearly 4 million days of missed work each year due to allergy symptoms.

Hay fever symptoms can disrupt all areas of life, and study participants cited a lack of sleep and a negative impact on their overall health as the two main reasons for missing work.

Szeinbach suggests that people who suspect they have hay fever get an allergy test, either from a family doctor or an allergist. In previous work, she found that some people with allergy-like symptoms don't actually have allergies. Almost anything can cause allergy-type symptoms - perfumes, sinus infections, exercise, dust, cold air – even if a person

doesn't have an allergy.

“Diagnostic testing followed by the right kind of treatment may mean less time out of work,” she said.

The study currently appears on the website for the Primary Care Respiratory Journal.

Szeinbach and her colleagues collected questionnaires from 577 people whose medical and prescription records showed a diagnosis of allergic rhinitis. Participants were asked about the severity and type of allergy symptoms they had, and whether or not they had seen a physician for treatment.

The researchers placed participant responses into one of three groups: 240 patients received care from a family physician; 172 patients saw an allergist for treatment; and 165 chose to self-manage their symptoms (most of the patients in this latter group had been formally tested for allergies by a physician.)

Work time missed due to allergy symptoms ranged from zero to 32 hours a week. Although collectively the participants missed an average of one hour of work per week during the year-long study, most hours were missed during peak hay fever seasons – namely spring and fall. In reality, this may result in missing a couple to several days of work a week during allergy season.

People under the care of a family physician reported a greater severity of symptoms than did patients treated by an allergist as well as those who self-managed their allergy symptoms.

“Family physicians tend to be the gatekeepers to allergists, and as such are more likely to have initial contact with allergy patients,” Szeinbach

said. “So it makes sense that family physicians would see patients with a broad spectrum of allergy symptoms.

“Both kinds of physicians have access to thorough diagnostic tests, and can also prescribe heavy-duty allergy drugs, such as steroids that help block the body's natural reaction to allergens,” she continued.

Participants who self-managed their allergies relied on over-the-counter products to control their milder symptoms.

A lack of sleep and a decrease in quality of life had the greatest impact on a person's ability to work, regardless of the treatment group they were in. Participants also cited watery eyes and sneezing as having a moderately negative effect on their productivity at work.

While hay fever may remain a fact of life for millions of people, Szeinbach points out the importance of a proper diagnosis. The majority of study participants (405) had a traditional skin-prick test, in which a drop of allergen is placed on a patient's arm or back. The physician then pricks the skin through the drop, which lets the allergen enter the body. The doctor and patient then wait for a reaction, which could indicate an allergy.

About one out of five participants in the study underwent a blood test that evaluates the reaction of immunoglobulin E (IgE) to specific allergens, such as pollen from grass and trees. IgE is an antibody that triggers allergic reactions. In a previous study, Szeinbach found that the ImmunoCAP IgE blood test was more accurate in diagnosing allergies when compared to other specific IgE blood tests.

While IgE testing is traditionally the realm of allergists, more and more family physicians are starting to use it, she said. But patients who think they may have allergies need to ask if their family doctor has access to this test.

“Managed care protocols still need to be changed to allow for the increased use of this test,” Szeinbach said. “The change in practice could result in far fewer missed workdays.”

Source: Ohio State University

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