ABOUT ALLERGY TESTING

Your doctor or provider has determined that skin testing for common inhaled allergens will be helpful in the diagnosis and treatment of your sinus, nasal, throat, ear or respiratory symptoms. Tree, grass and weed pollens common to our region will be tested in addition to a wide variety of mold spores and household irritants like house dust, dust mites, and pet dander. If suspected, food allergens are also evaluated. Separate blood tests may be required if serious or life-threatening food reactions are suspected.

Why Test for Allergies?

Allergy testing determines the likelihood that inhaled allergens are contributing to your symptoms. Some non-allergic conditions (e.g. non-allergic rhinitis, food allergy, infection or acid reflux disease) produce symptoms similar to allergic rhinitis and can be difficult to distinguish from allergic disease without allergy testing. Another important reason for testing is to identify your specific allergic triggers. Avoiding allergic triggers is a mainstay in the treatment of allergic disease. Knowing your allergic triggers will allow you to take the necessary steps to reduce your exposure to potentially life-threatening allergens. Allergy testing is also the first step in formulating an alternative therapy to traditional allergy medications called desensitization therapy, which may offer effective long-term suppression of allergic disease.

How is Skin Testing Performed?

Skin testing is done in multiple steps and each step uses a different technique. The first step is called skin prick testing and involves the application of small pronged devices with specific allergens to the forearm(s). The device has no needles and allows placement of specific allergens on the surface of the skin. Several allergens may be placed on the skin at once, as well as a small amount of histamine and glycerin to insure your skin is capable of producing a normal skin reaction. The skin reactions are measured after 20 minutes. Itching, redness and wheals (small lumps) indicate sensitivity to a particular allergen or a normal response to histamine. If no response is seen to histamine, the test cannot be interpreted and your insurance will not be billed. The most common reason for a negative histamine response is use of antihistamines or medications that block the normal histamine response. You will be given a list of medications that may interfere with testing. Be sure to alert the clinic if you are taking any of these medications.

The next step is called intradermal testing. This test measures the degree of sensitivity you may have to a particular allergen. This test is more sensitive than skin prick testing and can identify an allergen sensitivity not detected on the skin prick test. Intradermal testing involves the injection of a small volume of allergen underneath the skin on the upper back. The injection is similar to the skin test for tuberculosis, called a PPD test. The skin reaction at the injection site is measured for each allergen after 10 minutes.

What Allergens Does Our Clinic Test and Treat?

Trees: Most trees pollinate from February until June. The trees tested are juniper, box elder, American elm, cottonwood, alder, oak, ash, walnut, pine and Russian olive.
Grasses: Grasses pollinate from May until July. Grasses peak in May and June. If you have a reaction when mowing the grass, you may be reacting to the grass turpines - the chemicals released that cause the smell rather than the grass pollen. The grasses tested are timothy, bermuda and johnson grass.

Weeds: Weeds pollinate from late July and continue until the first hard freeze. Weeds peak during August through October. The weeds tested are dog fennel, cocklebur, lamb’s quarters, pigweed, mugwort, English plantain and sheep sorrel.

Dust Mite: House dust mites are microscopic organisms that thrive on human skin cells. They are found in pillows, mattresses, and carpets throughout the year. The protein in their waste and saliva is the cause of irritation. The house dust mites tested are D. farinae and D. pteronyssinus.

Molds: Molds live and thrive indoors where it is moist and dark. Molds also occur outdoors from August/September to the first hard freeze of winter. The molds tested are Alternaria, Hormodendrum, Aspergillus, Penicillium, Helminthosporium, Mucor, Grass smut, Curvularia and Phoma. In addition, certain yeast-like organisms that colonize the skin are tested, specifically Trichophyton, Oidiomycetes and Epidermophyton (TOE).

Animals: The protein in animal dander, feces and saliva is the cause of irritation. The animals tested are cat and dog.

Are There Any Side Affects to Skin Testing?

Skin testing is generally well-tolerated and not painful. We will provide a soothing topical agent for your arm after testing. Occasionally, large reactions may take a few hours to clear. Rarely, positive reactions take a couple of days to clear. Let us know if a delayed reaction occurs (a wheal that develops after 2-3 days where one was not seen before). Wheezing, cough and flaring of allergy symptoms are possible with testing, especially if large skin reactions occur. People taking beta-blockers and asthmatics are more likely to have these severe reactions.

Who Should Not Have Allergy Skin Testing?

If you are pregnant or trying to become pregnant, you should not undergo allergy skin testing. People taking beta-blockers (e.g. Toprol, Metoprolol, Inderal, Atenolol) for blood pressure control or a heart condition should inform the clinic prior to skin testing because of the increased risk for a severe allergic reaction called anaphylaxis. People with asthma that is difficult to control (frequent wheezing, shortness of breath or frequent inhaler usage) also should not undergo allergy skin testing. Laboratory blood testing may be done instead.