

## Common Myths about Allergy and Asthma

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### Myth 1: Allergies and asthma are not common

Reality: The rapid and continuing rise of allergic diseases over the past few decades is a serious public health issue in Australia and New Zealand. Allergies and asthma are very common in Australia and New Zealand. Around one in five people will develop allergies at some time during their life, and about one in ten will develop asthma.

### Myth 2: Allergies are harmless

Allergies can have a significant impact on quality of life and are associated with other medical conditions including asthma. Severe allergic reactions (anaphylaxis) are potentially life threatening, usually caused by allergies to foods, drugs and insect stings.

Allergic rhinitis (hay fever) which is untreated can result in poor sleep quality, fatigue, and daytime sleepiness. Adults can find it harder to think, function, and may take more time off work. Untreated allergic rhinitis in school-aged children can affect their learning and reduce performance at school.

Untreated allergies can also worsen other chronic respiratory problems such as asthma, sinusitis and skin disorders such as eczema and urticaria (hives).

### Myth 3: Smoking does not trigger asthma

Reality: Smoking is a known trigger of asthma attacks. Babies who are born to mothers who smoke or are exposed to smoke have a greater chance of developing asthma than children of non-smoking mothers.

### Myth 4: Flowering plants cause hay fever

Reality: Allergic rhinitis (hay fever) is not usually caused by the pollen from flowering plants. This pollen is large and sticky, does not blow very far, and requires birds and bees for pollination. When people complain that scented flowers trouble them, it is usually due to chemical irritation from the perfume that makes them sneeze, rather than the pollen.

Allergic rhinitis is usually caused by air borne pollen from wind pollinated grasses, weeds, and trees.

### Myth 5: Moving to another region can cure allergies

Reality: Allergic rhinitis may be triggered by wind-blown pollen, mostly in spring and summer, or by other allergens such as house dust mite, animals and mould spores all year round. Moving away from the source of allergen (such as interstate, or from inland areas to the coast), may only provide short-term relief from symptoms.

Exposure to new plants or other allergens such as moulds or house dust mite can cause people to develop new allergies.

**Myth 6: Continuous exposure to animals will decrease your allergy symptoms**

Reality: If you are allergic to an animal, continuous exposure will not decrease your allergy or desensitise you. In fact, one in three people who are already allergic and exposed to indoor pets will become allergic to them as well over time.

The proteins found in a pet's dander (skin flakes, hair, fur, wool, saliva and urine) or feathers can cause an allergic reaction or trigger asthma in some people. Pet hair, fur or wool can also collect pollen and other outdoor allergens.

Keeping indoor pets is also associated with asthma and the need for more medication. If you are allergic to animals, sensitivity often worsens with ongoing exposure. To relieve symptoms:

- Minimise exposure to household pets by removing them from inside the home.
- Keep pets out of the bedroom.
- Have hard flooring.
- Wash the animal regularly to reduce the amount of allergen they shed.

**Myth 7: You cannot develop an animal allergy if you do not have pets**

Reality: Animal allergens, particularly cat and horse allergens, can be carried on clothes. This may sensitise other people who do not have pets themselves and trigger symptoms in sensitive people.

**Myth 8: Some animals are better for people with asthma and allergies**

Reality: The allergens in cats are mainly from glands in their skin and the main source of allergens in dogs is from their saliva. Even if some breeds do not shed dander, the allergen can still become attached to dust particles in the house on walls, carpets, bedding, clothing, and curtains. This does not easily break down with time. Allergens can be continuously suspended in the air, even if the animal has been removed from the house or is not in the bedroom.

The amount of allergen shed by an animal may vary with factors such as sex, whether de-sexed or not, length of hair, fur or wool, but the allergen is the same amongst species.

Allergies to other animals such as guinea pigs, horses and mice have also been reported. Even iguanas can trigger allergies. There are no hypoallergenic animals.

**Myth 9: Eliminating wheat and milk helps relieve the symptoms of asthma and hay fever**

Reality: Eliminating wheat and milk from your diet will only help your allergy if you are diagnosed with an allergy to wheat and milk by your doctor. Unnecessary removal of wheat or dairy products from your diet can affect nutrition, growth, and development (particularly in children). Dietary avoidance for food allergy should only be carried out under medical and dietitian supervision, to prevent malnutrition and other complications such as food aversion.

Scientific studies show no evidence that milk either increases mucus production or worsens asthma. More commonly, patients will react to cold drinks (such as milk), with wheezing because of the inhalation of cool dry air while it is being drunk.

Allergic reactions to foods are usually rapid onset, severe and obvious. Symptoms usually include rashes, throat swelling, vomiting and sometimes atopic eczema. Nuts, fish, shellfish, milk, and eggs are the most common food allergies in children. Bakers can develop asthma from inhaled wheat flour.

**Myth 10: Colours and preservatives are a common cause of asthma**

Reality: Preservatives like sodium metabisulfite (220, 221, and 222) in wine, dried fruits, vinegar, grapes, and some fruit salads can worsen asthma, but do not cause it. Allergy testing is unreliable for confirming sensitivity to colours and preservatives.

For more information, go to [www.allergy.org.au/patients/food-other-adverse-reactions](http://www.allergy.org.au/patients/food-other-adverse-reactions)

**Myth 11: Alternative tests and treatments are as effective as conventional tests and medicines**

Reality: ASCIA does not recommend the use of non evidence-based allergy ‘tests’ and ‘treatments’ offered by unorthodox/alternative practitioners. These include cytotoxic food testing, kinesiology, hair analysis, vega testing, electrodermal testing, pulse testing, reflexology, bioresonance, Bryan’s or Alcat tests, VoiceBio, allergy elimination techniques and Immunoglobulin G (IgG) to foods.

Skin tests and blood allergen specific IgE tests are reliable and scientifically validated allergy tests. Together with a medical history and examination, these tests can help your doctor confirm your allergens and are Medicare rebated in Australia.

Many people use dietary supplements, complementary and alternative medicines to treat or prevent various medical conditions. It is important to let your doctor and pharmacist know you are taking them because side effects and interactions with medications may occur.

**Myth 12: Allergies and asthma can be cured**

Reality: There are currently no cures for asthma or allergies, though effective treatments are available. With appropriate diagnosis and management, symptoms can be prevented and treated.

The closest thing to a cure for allergy is allergen immunotherapy (also known as desensitisation). This can be effective for treating some allergies like allergic rhinitis and stinging insect allergy.

**Myth 13: Asthma and hay fever sprays are dangerous**

Reality: Inhaled medications, including corticosteroids (preventer treatment), are commonly used to treat asthma. They are safe and effective if correctly used under medical supervision.

Similar medications (intranasal corticosteroid sprays) are often used to treat moderate to severe allergic rhinitis. There is no evidence that long term use of these medications (when correctly used) is harmful.

**Myth 14: Allergy drugs make you sleepy**

Reality: Non-drowsy antihistamines are readily available from pharmacies. These medicines have been proven to be safe when driving, and because they last a lot longer in the body, they are also more convenient to take (typically once daily).

Sedating antihistamines cause drowsiness and interfere with a person’s ability to drive or operate machinery safely. It is therefore important to check medication labels, and to consult a pharmacist or doctor before you consider using these medicines.

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