



Meet Your Doctor

By Chris Motola

Albert S. Hartel, M.D.

Allergy and immunology doctor says Rochester is one of the worst regions in the nation for seasonal allergies. He explains why we develop allergies and talks about his own daughter's battle with food allergy

Q: What sparked your interest in allergies?

A: Allergy has always fascinated me. I grew up in Rochester, which is pretty much a hotbed of allergies and asthma. I had a lot of friends and family who suffered from those problems. What really fascinated me the most was just learning about how the body reacts to all these harmless substances and causes so much suffering and misery completely unnecessarily. And so what really got me interested in it initially was learning that desensitization and shots were possible, and that they could turn these reactions off, where with so many other medical conditions we just kind of end up piling on drugs. With allergy, we can learn what to avoid and even teach our bodies to stop reacting to them, get off the medicine and live great lives.

Q: What makes Rochester such a hotbed for allergies?

A: Good question. We have a pretty intense pollen mix here. One of the big issues is we're trying to pack a whole year's worth of pollen into six-and-a-half months because of these long

winters. Places like Florida may have just as much pollen, but it's stretched out over the course of a year so it's not as intense. Here we have a pretty good growing season and a lot of water, so when it does grow, we get a big amount of pollen packed into a short amount of time. And as things start to get warmer here, the pollen season also get more intense. So Rochester is just climbing up the charts. We were eighth worst in the country this year for seasonal allergies.

Q: What was your medical experience in Florida like in comparison? Do people get a substantial amount of relief from relocating?

A: What I found is you can run but you can't really hide from allergies. If you're an allergic person, wherever you go, about two to three years after you get there your body will find something to react to. Even in the Southwest, where there are a lot fewer allergens, people still develop allergies, though they may not be quite as severe. In Florida there were a whole different set of allergens. People who moved there were good for a couple years, but then their bodies started reacting to a different set of

allergens. There's a lot more mold, more dust mites and with the longer growing season the pollen might not be as intense, but there's always something in the air. So similar picture, different players and time-frames. If you're an allergic person, your body will find something to be miserable about.

Q: What kinds of allergies respond best to desensitization?

A: Unfortunately we're still looking at ways to desensitize people to food allergies, but that still isn't ready for prime time. What really works the best is the environmental allergens that cause most of people's nasal and asthma symptoms. Those respond really well. The allergens that cause eczema. And one of the biggest ones that respond well is bee sting allergies. With bee sting allergies we take someone at 60% risk of having a serious reaction, put them on shots, and get the risk down to about 3%. So it takes a potentially life-threatening disease and makes it in much more manageable and less scary.

Q: Why are foods so hard to desensitize?

A: I think some day there'll be a way to handle them, but the problem with foods is there are so many reactions to the desensitization that about 30% of people have a full anaphylactic reaction to it. So it's just too dangerous to do on a large scale.

Q: At what point does it make sense to put someone on a desensitization regimen as opposed to just keeping them on Claritin, for example?

A: If symptoms are mild and easily managed by an over-the-counter medication, and isn't causing a lot of debilitation, I think treating with an over-the-counter antihistamine with some environmental measures in your house might be all you need. But if you're using multiple medications every single day and it's still breaking through — or a kid is committing to a daily inhaled steroid, the best thing to do is address that problem and turn it off rather than keeping them on it for the next 80 years. I think if you're thinking about inhaled steroids daily or the OTC medicine isn't cutting it, then it's worth thinking about an allergy shot.

Q: Is it best to catch them young or can you still get a good result with adult patients?

A: They do show they work well at any age, but it's more likely to be a permanent fix with younger patients. Adults you can still get long-term benefits, but they're more likely to drift back into symptoms are you stop the shots. So it is beneficial to do it younger, but there's no bad age to start.

Q: Why do we develop allergies?

A: It's a good question and no one has a 100% answer. They say the allergy system used to be geared toward fighting off parasites and worms, so when things weren't as clean we didn't have a lot of allergies because the system was busy doing those things. But as we became industrialized, people stopped being exposed to those things, so that side of the immune system got bored and started targeting harmless things like pollen and food. What's interesting is, if you look at Ethiopia or other countries that don't have the same levels of sanitation, allergies

'If you're an allergic person, your body will find something to be miserable about.'

are almost non-existent, whereas here it's about 40% of the population. If you take Ethiopian people and bring them here, those people still have the same risk, but their kids have a risk profile that's the same as anyone else born here. So it's largely an environmental issue. So we're not exactly sure what it is, but we're probably just too clean. We're sanitizing everything, bleaching everything, and our immune systems never get the chance to activate. It's looking for something to do. Even here, kids who grow up on farms and around a lot of dirt and animals tend to have fewer problems with allergies.

Q: You've taken a very family-oriented approach to your practice. How do you balance work and raising your family?

A: I think these days a lot of doctors are getting burned out, or a lot of people aren't going into medicine in the first place. When you're at work you need to give your patients all your attention, but you have to be able to separate that and still have time for your family and kids. If you're happy and well-rounded you can come to work and gives your patients 100% instead of just going through the paces. We started taking Fridays off and having a three-day weekend every week. That's made a humongous difference. It's finding that perfect balance.

Q: Have you been able to apply your professional knowledge to your family with regard to allergies?

A: Nobody's immune. I have one daughter with asthma. Another daughter with peanut allergies and some other food intolerances. I just recently had my fourth daughter. My oldest is 21, my youngest is 2. I thought we'd avoided the whole epi-pen situation, but my youngest daughter has peanut allergies, so I'm experiencing the patient side of it.

Lifelines

Name: Albert S. Hartel, M.D.
Position: President of Allergy Asthma Immunology of Rochester
Hometown: Henrietta
Education: Bachelor's degree in psychology from University at Buffalo; medical degree from SUNY Upstate Medical University; specialization in pediatric and adult allergy and immunology at the University of South Florida
Organizations: American Academy of Allergy, Asthma, and Immunology; American College of Allergy, Asthma, and Immunology; Monroe County Medical Society
Family: Wife, four daughters, two stepsons
Hobbies: Camping, swimming, travel, barbecuing, archery, bike riding, building the family's annual Halloween display

