



Four doctors in different specialties tell SMA News how they cope with allergies in their daily lives.

ALLERGIC CONTACT DERMATITIS AND URTICARIA

By Dr Ou Yang Youheng



y personal experience with allergies started when I was in my second year of medical school, though I didn't put two and two together until much later. Back then, I was involved with a basic science research project that required me to wear latex gloves in the lab for about four to five hours each day. Over time, I developed cracked skin over my hands, feet, back and chest. Being a medical student affected by *medical studentitis*, I was at times convinced I was suffering from syphilis instead, in view of the desquamating palmoplantar rash that seemed to come and go. Year 2 was the

year microbiology was taught so the symptoms did match, what with the associated constant lethargy of medical school! Youthful ignorance!

In any case, my skin condition mercifully vanished after the project ended. It only resurfaced five years later, when I became a medical officer in Orthopaedics and had to scrub up for cases. Within the first few weeks, the rashes returned with a vengeance. However, I was much better prepared this time. Recognising the symptoms of allergic contact dermatitis, I applied some hydrocortisone cream to the affected areas. Lo and behold, the rashes disappeared within days, and the mystery behind my skin ailment was solved.

Armed with this knowledge, I now avoid all contact with latex as much as possible. Thankfully, most operation theatres' scrub rooms carry latex-free gloves that are easily accessible. These

gloves keep the allergy at bay, and I hardly ever suffer outbreaks unless I have no choice but to use the regular gloves stocked within the wards.

My other allergy is slightly more trivial – I will develop urticaria and a wheeze after eating crustaceans. These include seafood, such as prawns, crayfish, lobsters and crabs, which unfortunately rules out the best delicacies in most Chinese-style dinners! Therefore, I usually sigh a little inside when shark's fin soup laced with crab meat is served at weddings, and proffer my share to my wife who is generally just uh... delighted with this arrangement!

I am lucky that both my allergies are relatively mild and easy to work around. A simple change of gloves and modification of diet, along with supportive healthcare colleagues, are all it takes to keep me as happy as a kid in a candy store.

ALLERGIC RHINITIS AND ATOPIC DERMATITIS

By Dr Tan Eng Chun

was diagnosed with allergic rhinitis and atopic dermatitis as a young boy, and now my two older children also suffer from it. Our symptoms are exacerbated during the haze periods and from July to August annually, when the air quality deteriorates around the neighbourhood. However, my wife and I had refrained from getting air purifiers for our home, as we felt that it would be good for the children to adjust their immune systems to the environment.

This school of thought only lasted until the Southeast Asian haze in July 2013, when we finally decided to place water-based, high-efficiency particulate air purifiers in the children's bedrooms. Since then, members of my family afflicted with allergic rhinitis and eczema would apply moisturisers such as the Physiogel AI Cream nightly, and my children have also been taking Montelukast tablets at the same time. This combination of treatment seems to work for all of us.

Over at my clinic, I wear a surgical mask when I am examining patients with colds and flu. I would also use a daily nasal spray to keep my allergies at bay, as I become drowsy even with non-sedative antihistamines. (During the haze last year, I developed acute sinusitis with severe frontal headache

and maxillary tenderness, which required antibiotics treatment, so I had to rely on non-sedative antihistamines and Montelukast tablets.) Sometimes, changing the air conditioner's temperature in my consult room will improve my condition too.

Nowadays, when patients consult me for allergic rhinitis, on top of prescribing medication, I would also give them an information sheet on non-pharmacological ways of prevention, like washing clothing items and bed sheets at 60 degrees Celsius to kill the dust mites. I emphasise that these environmental measures are more likely to work if all of them, instead of just a few, are adopted. All in all, I feel that as a fellow sufferer, I can empathise with these patients and provide them with better advice.



ALLERGIC RHINITIS

By Dr Valerie Teo



ost people rejoice when they wake up to a rainy cold morning. However, such mornings usually cause me much discomfort. Feeling grumpy as my nose would be congested from allergic rhinitis, I would stumble out of bed looking for antihistamines stashed by my bedside. It usually takes two painful hours' worth of sniffling, coughing and tissues before the medication finally kicks in and the day continues as usual.

I grew up hearing about my dad's "sinus" problem from my mum. She would complain about his constant sneezing and clearing of his nose that often disrupted both their sleep. I used to help her vacuum my dad's pillow cases. He also had a separate laundry basket just for his "special" handkerchiefs.

I have never liked sleeping with the air conditioning on, finding a whirring fan more than sufficient. My parents would always ask me to turn the air conditioning on during warm nights, but I would refuse. Thinking back, it was probably because the cold temperature made me feel lethargic in the morning.

When I participated in bowling tournaments, I used to suffer bad coughing bouts, which I had always attributed to the stress from competing.

My mum often commented that I would cough so hard she was worried that I was going to expel my lungs. In hindsight, I realised it was my post-nasal drip. The air conditioning in the bowling alleys tends to be set relatively low to maintain the lane surfaces, but worsened my condition.

Now, to manage my allergic rhinitis, I keep the air conditioning at work at a higher temperature and always carry spare antihistamines. The one thing I struggle with is compliance, ironic considering it is something I tell my patients every day. I still find it rather challenging to keep to daily nasal sprays, despite keeping the medications by my bedside or next to my toothbrush. Over time, my allergy has become part of my life and I have learnt to overcome it.



ECZEMA

By Dr Kenneth Tan



have had severe generalised eczema since childhood. (Allergic rhinitis and asthma are the other parts of the triad that I experience, but thankfully they are now well controlled with medications.)

My eczema was initially a mystery that seemed impossible to unlock. During certain periods of the year, it seemed to flare up without warning. At other times, it would stay dormant for many months at a stretch with minimal treatment. It was a chance conversation with Prof Low Cheng Hock, where he shared the possibility of food allergies as a cause, and a method of scientifically evaluating the foods I was exposed to, that started my journey of identifying personal allergens.

The main triggers for my skin allergy can be divided into three categories – food, environment, and stress. Allergy triggers vary from person to person, so identification and avoidance is key. Some

of my food allergens were difficult to establish. The hardest for me to pinpoint were coffee and certain types of alcohol. Imagine the amount of those beverages I consumed during medical school!

Environmental allergens are more difficult for a doctor to control. Nothing made the point more clearly than my time in the medical officer conversion course (MOCC). During my first few weeks in MOCC, the shift from a cool clinic to the hot outdoors caused me to suffer a severe prolonged breakout of eczema. Showers were few and far between, and staying out of the teambonding activities weren't really an option. I was very close to dropping out of the course, but thanks to the understanding and encouragement from my superiors, stories of my senior similarly afflicted with eczema but made it through MOCC, and some steroids; I managed to successfully complete the course and commission as an officer.

When I was started in hospital surgical postings, I developed severe skin dryness as a result of the iodine scrub solution that I originally used. Thankfully, hospitals do stock a number of different products for staff with allergies, and the chlorhexidine scrub worked better for me.

Stress, sleep deficits and long hours on duty, part and parcel of the job description of a public doctor serving his government bond, are also triggers for people with chronic allergies. During more demanding periods at work, my skin condition worsens. Unexpected illnesses contracted from patients can also bring me down. Sometimes my allergy will affect my job performance, so I decide to stay away; at other times, I manage to soldier on and recover over the weekend. With manpower shortages in the public hospitals, being one man short in a department means someone else will be working extra hard.

I have often wondered if my body would be better served if I found employment in a more unpolluted environment with low stress levels and shorter working hours. Sometimes I also ponder why I am preaching health to others, yet am not making the appropriate choices to improve my skin condition.

Thinking about this paradox has led me to realise that success in life is about achieving your goals while overcoming obstacles encountered. By avoiding the challenges that come our way, we can never taste the sweetness of success.



Dr Ou Yang Youheng graduated from the Yong Loo Lin School of Medicine in 2009. He is a Year 2 Orthopaedic Surgery resident with SingHealth. He enjoys the practice of Medicine, photography and the world of hi-fi audio.



Dr Valerie Teo is a family physician currently practicing at Ang Mo Kio Polyclinic. She is an avid designer toy collector and is the proud owner of five rabbits. She hopes to improve elderly care and provide holistic care for her patients.



Dr Tan Eng Chun graduated from the National University of Singapore in 2000. He is currently a family physician in private practice in Toa Payoh. His other commitments include consultancy work for Procter & Gamble Singapore and teaching roles for various medical institutions.



Dr Kenneth Tan is enjoying his MOPEX posting in Singapore General Hospital's Department of Orthopaedic Surgery, and having the chance to work with the best teams. In his free time, he dabbles in West Coast swing dancing, leatherworking, guitar and violin playing, and exploring virtual reality with the Oculus Rift Development Kit 2.