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MARCH 2009

# Asthma & Allergies

YOUR GUIDE TO ASTHMA & ALLERGIES



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## MEDIA PLANET

### ASTHMA & ALLERGIES

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# Your Life Without Limits

There's More Hope than Ever for People with Asthma and Allergies

**A**ll across America, people have life-threatening diseases that restrict their abilities and limit their quality of life. But only a few diseases have reached such epidemic proportions that one out of every 4 people is affected. This is the state of asthma and allergies today.

According to the Asthma and Allergy Foundation of America (AAFA), more than 60 million Americans have asthma or allergies. The number of people with these diseases in the U.S. has more than doubled over the past 20 years. Asthma is the #1 chronic disease among children, the #1 reason

kids are absent from school each year and costs the U.S. economy \$18 billion annually. There is currently no cure for asthma.

Allergies are also among the most common chronic diseases for children and adults. Food allergies, nasal allergies, skin allergies and a wide variety of other types threaten the health and well being of millions of people, which costs Americans more than \$6 billion each year in medical expenses alone. There is also no cure for allergies.

Despite these alarming statistics, the good news is that, today, people don't have to be limited by asthma or

allergies. Through proper management in partnership with their doctor, people can live full and active lives. In fact, many world leaders, Olympic medalists, professional athletes, movie stars and many others don't let asthma or allergies get in their way.

Leading the fight against these diseases is AAFA, a national nonprofit voluntary health agency (VHA). Since 1953 AAFA has been educating patients, advocating for patients' rights and providing funding for research to find cures. Every year AAFA reaches millions of people around the U.S. through:

- Health education programs for patients, families and health professionals,
- Thousands of pages of free information on their Web site,
- A network of regional chapters and local support groups,
- Awareness campaigns to inform people about these diseases, and
- Funding for research to find cures.

For more information, visit  
[www.aafa.org](http://www.aafa.org).



## Q&A

### What is THRIVE Allergy Expo about? Who should attend?

**W**hen it comes to welcoming consumers and patients who suffer from all types of allergies, asthma and food intolerances, Thrive is the event to attend, April 18-19 at McCormick Place. This is a family friendly and positive approach to help people access education, cutting edge information, and expert resources on these issues, while at the same time having fun and trying new things. Some activities include free asthma screenings by the American College of Allergy Asthma and Immunology; cooking demos with free from and gluten free chef Jules Shepard; Twinject will be providing hands-on learning sessions for their products; performances by Rock'O, the peanut-sniffing service dogs from Angel Service Dogs; Sico, the artificial robot from Sciele

Pharmaceuticals; Eucerin is offering free skin cream samples and assessments for everyone, gift basket raffles, as well as toy giveaways for kids; Borders will be providing a special selection of allergy, asthma and gluten titles; McCormick Place will offer free-from concession stands; and of course an incredible line up of expert speakers, including the Asthma and Allergy Foundation of America, American Lung Association, MedicAlert Foundation, Children's Memorial Hospital, the University of Chicago Celiac Disease Center and the Gluten Intolerance Group, to name just a few.

We know these are serious issues and there needs to be an affordable way to access all of these resources and do so with a positive and uplifting message. All ages are welcome and encouraged. Tickets for the entire event are \$10 per day or \$15 for the weekend pass at [www.thriveallergyexpo.com](http://www.thriveallergyexpo.com) and your ticket provides you access to ALL of the show activities. It's important that we make this affordable for families and individuals, so all kids 12 and under accompanied by an adult are free of charge. Please get your tickets

early and print at home to avoid lines on show day. Tickets sales may be limited based on space availability, so reserve your tickets now to ensure you and your family do not miss out on this opportunity.

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# Who is at risk for asthma?

BY: MARLENE PITURRO, PHD

Over 20 million Americans have been diagnosed with asthma, which occurs when the airways in your bronchial tubes become inflamed and constricted. Bronchial walls tighten and your airways produce excess mucus that blocks airways. Symptoms range from mild wheezing to fatal attacks. In 2007 asthmatics made 217,000 trips to emergency departments, missed 40,000 days of work or school, and 3,384 of them died.

Andrew Liu, MD, a pediatric immunologist at National Jewish Health identifies allergies and a parental history of asthma as the most potent predictors of asthma. He notes infants with eczema and food allergies are at risk. By toddler age children show some immune system susceptibility to triggers including colds, bed mites, cats, dogs, and mold. "By school age we know who's at risk," says Dr. Liu.

Later in childhood new risk patterns emerge. "Obese girls age eight to 13 with early onset of puberty are at risk. And boys, who are more asthma-prone than girls before age 11, are less likely for new onset asthma than girls," adds Dr. Liu. Female teenage asthmatics also have a higher prevalence of autoimmune diseases such as thyroid disorders and lupus. Then, for some adolescents asthma improves, disappears for a year, and even goes into remission.

National Institute of Health-sponsored researchers at multiple medical centers in the U.S. and Canada are trying to unravel the genetic, autoimmune, and hormonal factors that contribute to asthma risk. Dr. Liu hopes that through this research biomarkers will be identified that will help physicians and their patients better understand asthma.

## Asthma Risk Factors At A Glance

**The World Health Organization, Mayo Clinic, and Centers for Disease Control cite genetic risks:**

- About 70% of asthmatics also have allergies
- 29% of children with a food allergy also have asthma
- 40% of children with asthmatic parents develop asthma
- Male children have a higher incidence than girls; adult women are more prone to asthma and are at greater risk of a fatal asthma attack
- Low birth weight
- Frequent childhood respiratory infections


**Environmental risks include:**

- Exercise-induced asthma
- Air pollutants and irritants
- Airborne allergens-pollen, animal dander, mold, cockroaches, and dust mites

- Sulfites and food preservatives
- Cold air
- Smoking, exposure to second-hand smoke
- Strong emotions and stress
- Medications including beta blockers, aspirin, and non-steroidal anti-inflammatory drugs

**Multi-factor risks are:**

- Obesity
- Population differences-African-Americans have higher rates of asthma and fatal attacks than other ethnic groups; lack of access to optimal health care and polluted urban environments may contribute to their higher risks. Asthma rates vary widely among different populations regardless of socioeconomic or other factors. For example, Latinos in New York and Maine have higher asthma rates than Latinos in Los Angeles and the southwest.



“...for some asthma improves, disappears for a year, and even goes into remission.”

▶▶ for more information visit [www.aafa.org](http://www.aafa.org)

# Is it an Allergy or a Cold?

BY: KIRK VAN HYNING

A lingering cold or persistent allergy may be bearable and only slightly irritating. But left untreated, either condition can become much more chronic and damaging. Despite having similar symptoms, nasal allergies and colds have different causes, durations and treatments. While colds result from viruses, allergies are triggered by airborne allergens, such as mold, fungi, pollen, dust mites, and pet dander (particularly from cats). Typically, colds will subside within a week, unlike allergies which persist as long as one is exposed to allergens. Ear infections can result from a cold as well, but the treatment differs. Due to overlapping symptoms, similar approaches may apply.

If cold-like symptoms persist or worsen, a visit to an allergist or immunologist is recommended. According to Neil L. Kao, MD at the Allergic Disease and Asthma Center in Greenville, S.C., cold and allergies affect the same organs: eyes, ears, nose,

sinuses, and throat. "The signs and symptoms definitely overlap," says Dr. Kao. Detailed historical information, physical examinations, and the assistance of diagnostic tests are needed to accurately understand what is happening, he adds. Family histories are another important indicator that the sneezing, coughing, watery eyes and other symptoms are due to allergies. If one parent has allergic disease, the child has an estimated 48% chance of having allergies. The risk factor grows to 70% if both parents have allergies.

Sinusitis, one common ailment that can result from both lingering colds and allergies, should be treated so as not to become chronic and to effect daily functioning. Dr. Kao explains that allergy-related sinusitis can be treated with Singulair, a leukotriene modifier, or corticosteroid sprays, while cold induced viral upper respiratory infections are not effectively treated with the same medications. Either way, a differential diagnosis and treatment

from a specialist should resolve the problem.

Once a physician has determined that your symptoms are caused by allergens, he will discuss treatment alternatives such as medication and immunotherapy (allergy shots). He may also suggest various techniques for limiting exposure to airborne allergens and other environmental triggers. Tips for preventing allergies, besides maintaining a clean, dust-free living environment, are to store food in airtight containers to prevent mold, which can attract bugs, and to brush pets regularly. Preventing colds can be accomplished by sanitizing hands regularly, disinfecting surfaces and limiting the spread of germs when coughing or sneezing. Whether you've got a cold or allergies, effective management is a partnership between you and your physician.



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# THE INSIDE SCOOP: Indoor Allergens

BY: MARLENE PITURRO, PHD

The 50 million Americans with allergies and 20 million with asthma have more to contend with than seasonal allergens that trigger reactions ranging from annoying to life-threatening. Year round, they must rid their homes of indoor allergens that exacerbate their conditions. The Asthma and Allergy Foundation of America (AAFA) estimates that between 60 to 80 percent of adults and children with asthma have one or more positive skin tests to environmental allergens (www.aafa.org). The worst indoor culprits as measured in home dust samples by international researchers are cockroach (87%), mite(79%), and cat allergens (60%). These allergens, alone or in combination, can cause bronchial spasms and asthmatic symptoms severe enough to require emergency room visits.

House dust mite exposure is much greater in bedding than anywhere else in the home. A.A.A.A.'s Working Group on Environmental Allergens and Asthma, chaired by Peyton Eggleston, MD, a Baltimore-based pediatric allergist/immunologist found that the most effective method to reduce mite allergen levels in bedding is to install impervious covers over all bedding. The group advised asthma sufferers to wash sheets, pillow cases, blankets and mattress pads at temperatures of 130 F or more at least weekly to kill environmental allergens that can trigger reactions. Yair Altman, CEO of

Montreal-based SmartSilk, a manufacturer of bedding, duvet and pillow coverings that are 'asthma friendly' certified, explains that the products encase bedding so that it is impervious and even repels bed mites. "Because it is 100 percent silk on the inside and 100 percent cotton outside, it can be washed and dried weekly as recommended by physicians," says Mr. Altman.

Managing allergies and asthma involves physicians, patients and caregivers developing a multi-pronged strategy starting with mite, cockroach and feline allergen avoidance at home. Adherence to such a program takes diligence, as health care professionals find on home visits. Patients think they're compliant but dust still abounds in the majority of patients' homes. For example, National Institute of Health researchers found that without formal educational programs, no patients had installed mattress covers as advised. With one office-based educational session, 17% of patients installed mattress covers; repeat sessions boosted the percentage to 27%, and web-based instruction yielded 39% compliance. The researchers found that educational efforts got 95% of patients to adhere to their medication regimes, but only 48% tackled indoor allergens diligently. Housecleaning may be repetitive but it's essential to keeping indoor allergens at bay. Learn more about how to keep your house asthma & allergy friendly at www.asthmaandallergyfriendly.com.

# Allergy: OTC or Prescription Drugs

BY: MARLENE PITURRO, PHD

There are so many medications for relieving allergy's congestion, sneezing, and itching that sorting through the OTC (over the counter) and prescription remedies is mind boggling. Here's a summary of some popular drugs allergy sufferers choose:

**Table: Over The Counter Allergy Medications**

Category	Effect	Chemical Name	Brand Name	Form
Antihistamine	Inhibits histamines that trigger allergies	Diphenhydramine	Benadryl-D*	Pill
Antihistamine	Inhibits histamines that trigger allergies	Centriline	Zyretc-D*	Pill
Antihistamine	Inhibits histamines that trigger allergies	Chlorpheniramine	Chlor-Trimeton*	Pill
Antihistamine	Inhibits histamines that trigger allergies	Loratadine	Claritin-D*	Pill
Antihistamine	Inhibits histamines that trigger allergies	Phenylephrine	Neo-Synephrine	Spray
Antihistamine	Relieves scaling and itching	Hydrocortisone	Cortaid	Cream
Antihistamine	Reduces swelling and itching	Naphazoline	Visine	Drops
Decongestant	Relieve nasal and sinus swelling	Pseudoephedrine**	Sudafed	Pill
Mast cell stabilizers	Prevents release of symptom-triggering histamines	Cromolyn sodium	NasalCrom	Nasal Spray

\* D-denotes antihistamine + decongestant

\*\* Pseudoephedrin-the pharmacist will register you since this is an ingredient in producing methamphetamine

**Table: Prescription Allergy Medications**

Category	Effect	Chemical Name	Brand Name	Form
Antihistamine	Inhibits histamines that trigger allergies	Fexofenadine	Allegra-D	Pill
Corticosteroids	Prevent and relieve severe symptoms	Fluticasone; Triamcinolone	Flonase; Nasacort	Nasal Spray
Corticosteroids	Prevent and relieve severe symptoms	Dexamethasone; Prednisone	Decadron; Pred Forte	Eye drops
Leukotriene modifiers	Block the effects of inflammatory chemicals released by immune system	Montelukast; Zileuton	Singular; Zylfo	Inhaler; Pill
Mast cell stabilizers	Prevents release of symptom-triggering histamines	Cromolyn sodium	Tilade	Inhaler



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# Treating Asthma **SUCCESSFULLY**

BY: MARLENE PITURRO, PHD

Joseph Spahn, MD and Medical Director of Pediatrics at the Denver-based National Jewish Health says he and his colleagues only benchmark a patient's asthma severity once, the first time they see that patient. From then on, whether the patient has intermittent, mild, moderately persistent or severe symptoms, physicians carefully monitor medications according to guidelines updated periodically by the National Heart Lung and Blood Institute division of the National Institute of Health ([www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)). The medications critical to asthma management work in a variety of ways to keep airways open and not in spasm (see sidebar).

"Every persistent asthmatic needs an inhaled steroid. If symptoms are not controlled we step up therapy, adding a LABA or other medications

as needed," says Dr. Spahn. After a first visit, the physician follows up with the patient six weeks later; if his asthma symptoms are under control he's seen again in six months.

In addition to medications, physician and patient discuss asthma triggers. "In children 80% of attacks are triggered by viral infections, the common cold. We can't prevent colds but keeping youngsters on inhaled steroids protects them and reduces the severity of attacks," says Dr. Spahn. Exercise also triggers asthma; albuterol should be taken as a preventive. For asthmatics at all life stages, allergens, particularly dust mites, should be avoided.

#### Measuring severity

Allergists and immunologists treating asthma rely heavily on patients' subjective reports of symptoms in prescribing

medications. Although they also use peak flow meters and spirometry to stratify symptoms by lung function: 80% or more of function is categorized as mild impairment, 60-80% as moderate, and less than 60% lung function as severe; they run a risk of misdiagnosing because of patients' inaccurate subjective impressions of lung function.

Dr. Spahn is excited about office-based systems that measure exhaled nitric oxide (eNO) to help physicians measure airway inflammation quickly and accurately. eNO systems detect trace amounts of nitric oxide molecules in one breath, providing results in less than a minute, thereby helping physicians optimize medication therapy. "Because asthma is not clinically active every day we've never been able to measure airway inflammation easily until now.

eNO machines, which are affordable, easy to administer and accurate are great for clinicians who see patients every day," adds Dr. Spahn.

Although asthma's persistent and troublesome coughing and wheezing can last a lifetime, Dr. Spahn offers encouragement. "Some asthmatics go into remission in adolescence or as young adults. Because their lungs and airways are bigger they are less constricted than those of little children," he concludes.

#### Sidebar: Inhaled Medications

Asthmatics use inhalers to help control both short and long-term asthma symptoms. Popular medications include:

- Short-acting bronchodilators-albuterol (Proair, Proventil, Ventolin) provide immediate relief and are used

before exercising as a precaution in exercise-induced asthma

- Long-acting bronchodilators (LABA)- (Serevent, Foradil)-relieve asthma symptoms for longer periods of time
- Corticosteroids-used long term to prevent asthma attacks (Qvar, Flovent, Pulmicort, Azmacort, and Aerobid)
- Cromolyn-nonsteroidal medication used long term to prevent inflammation
- Leukotriene receptor antagonist- (Singulair) block the effects of inflammatory chemicals released by the immune system
- Corticosteroid + LABA-combines a corticosteroid with a long-acting bronchodilator (Advair, Symbicort)

▶▶ for more information visit [www.aafa.org](http://www.aafa.org)

## The Allergic March: Can it be Halted?

Clinical research has identified in many allergy sufferers, a natural progression that starts with eczema in preschool years, then progresses to allergic rhinitis (hayfever) during the early school years. By the end of the first decade of life or sooner, asthma often appears. Risk factors for allergy are covered elsewhere in this edition but what steps can a parent take when environmental controls and medications have failed?

Allergy Immunotherapy (aka allergy shots) has been available for the treatment of allergic rhinitis and asthma for

almost one hundred years. No other treatment for prevention of allergic breathing problems has surpassed the effectiveness of allergy shots. For several years allergists have observed young patients on allergy shots experience healthier living with respect to their asthma and sinus disease.

Recent research in asthma suggests deep seated inflammatory processes begin early on in the allergic asthmatic child (perhaps within the first three years of life). Intervention with steroidal inhalants has improved asthma control but has yielded little evidence for

establishing a sustained remission. Allergy shots are generally reserved for those of school age or older.

Perhaps more aggressive allergy care, early on, may reduce the risk of asthma development, or slow the progression of airway inflammation. A comprehensive program which includes allergy/asthma education, environmental controls, medications and allergy shots may give one the best chance to halt or delay the Allergic March.

Want more details on this topic? Visit: [www.allergy-asthmacorner.com](http://www.allergy-asthmacorner.com)

James A. Thompson, MD

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# 2009 SPRING ALLERGY CAPITALS™

AAFA has revealed its 2009 rankings for the Spring Allergy Capitals – the most challenging places to live for people with allergies in the spring. The Allergy Capitals ranking is an annual research project to compare cities based on the impact of key environmental and medical factors in each metro area. AAFA looks at pollen counts, medication usage and the number of specialists in each metro area to compare cities and compile the rankings. This year, the top five Spring Allergy

## Capitals are:

1. Louisville, KY
2. Knoxville, TN
3. Charlotte, NC
4. Madison, WI
5. Wichita, KS

For complete ranking and methodology, visit [www.AllergyCapitals.com](http://www.AllergyCapitals.com).

## Make your home asthma & allergy friendly™

When purchasing household products to reduce indoor allergens, look for this certification mark. These products have been scientifically tested in independent laboratories and proven to meet or exceed the stringent standards adopted by AAFA to be deemed more suitable for those with asthma and allergic sensitivities. Current certified products include plush toys, bedding, vacuum cleaners, washing machines, air filters, flooring and paint. For more information, visit [www.asthmaandallergyfriendly.com](http://www.asthmaandallergyfriendly.com).

## 5 Tips to Control Allergies

1. Reduce dust mites. Bare floors and walls are best. If you must have floor coverings, use throw rugs that can be washed. Put zippered encasements on bedding. Wash stuffed toys and bedding in hot water regularly.
2. Clean to reduce allergens. Use a vacuum with a HEPA filter. Wear a face mask while cleaning. Use allergen-trapping cloths for dusting rather than feather dusters or wet rags. Look for unscented low-odor or VOC-free cleaning products.
3. Decrease animal dander. People allergic to animal dander should keep pets off of furniture and wash pet bedding frequently. Ban pets from the bedroom and keep the door closed. Cover vents with a dense cloth.
4. Prevent pollen entry. Keep windows and doors closed. Air conditioning in warm weather is best and also helps control dust mites by reducing humidity. Change filters often in window units.
5. Avoid mold spores. Dehumidifiers will help reduce mold in the bathroom, kitchen and basement. Fix leaks and other causes of dampness. Clean moldy surfaces with a bleach-based solution.

## About AAFA

The Asthma and Allergy Foundation of America, a not-for-profit organization founded in 1953, is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient group in the world. For more info, visit [www.aafa.org](http://www.aafa.org).

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