

No.1/May 2010

We make our readers succeed!

**MEDIA
PLANET**

ASTHMA & ALLERGIES

MAKING A CHAMPION FROM A CHALLENGE

Kevin Martin: The Canadian Olympic curling champion that didn't let asthma get him down.

3
TIPS

TO LIVING WITH
ALLERGIES

World Asthma Day
Learn how you
can control your
asthma



Food allergies
Eat well, live well
everyday



PHOTO: PRIVATE

THE TEST

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CHALLENGES



Question: Why is asthma, which is becoming more common by the day, still not getting the attention it deserves?
Answer: It is not a “sexy” enough disease.

Canada needs to change its mindset about asthma

Experts say that asthma is more prevalent, yet is still not taken seriously enough, and University of Toronto associate professor Dr Mark Greenwald has a theory.

“It is not sexy. It affects mainly young children with young parents, who are usually not well-established economically. This is partly the reason why it has not attracted the attention and funding as heart disease, which tends to strike in late middle age.”

Asthma is a chronic inflammatory disease of the airway, and causes wheezing, shortness of breath, chest tightening and coughing. The strongest risk factors for developing asthma are a family history of asthma and/or allergy. Allergic triggers include mold, dust mites, animal dander and pollen.

Dr Greenwald, who chairs the medical and scientific committee of the Asthma Society of Canada, says 60 percent of the three million diagnosed asthmatics in Canada are enduring a sub-optimal quality of life.

A national asthma plan

Canada needs a national asthma plan that would aim for early intervention of asthma across the board.

Studies have shown that treating mild asthma early can significantly improve quality of life. There is a “golden window of opportunity” for asthma sufferers to achieve a symptom-free existence and normalised lung function, and that is two years from the first onset of symptoms. “But patients have to be treated aggressively and appropriately,” Dr Greenwald explains.

However, most patients with asthma are managed by busy general practitioners who may not be able to offer the one-on-one counselling that chronic disease management requires.

Consequently, “patients have got used to a new kind of normal, one which includes wheezing, coughing, waking up at night, missing work and school,” Dr Greenwald says.

Asthma patient educator Meridene Haynes, who is director of programming at the Asthma Society of Canada, agrees. “Patients can reel off their symptoms, saying they experience



Mark Greenwald, MD, FRCPC
“We need a national asthma plan.”

FACTS

Life—sans symptoms

1 You can and should strive for a symptom-free life. But this requires effort on your part.

Consistency is key

2 Recognise and accept that asthma is a chronic disease requiring routine, daily management. Don't wait for symptoms to strike.

Read the labels

3 Use prescribed medication properly. Follow instructions.

them all the time, yet accept them as part of their daily life.”

Haynes, who received her certification as a Certified Asthma Educator, in 1999, is one of 880 asthma educators sprinkled around Canada. She is director of programming at the Asthma Society of Canada.

“We at the Asthma Society believe in empowering patients, to live an active and symptom free life. The crucial first step is proper diagnosis through spirometry (breathing test), after which comes detailed patient education,” she said.

Asthma medications are also poorly understood. Haynes has counselled patients who have brought in three inhalers with them without understanding the differences. It is not all doom and gloom though. She says the majority of patients who receive asthma education learn to control their asthma.

The Asthma Society of Canada offers a toll-free service that patients can call to speak to a certified asthma educator. Patient details are kept confidential.

What is World Asthma Day?

World Asthma Day is organized by the Global Initiative for Asthma (GINA) in collaboration with health care groups and asthma educators to raise awareness about asthma and improve asthma care throughout the world.

Each year GINA chooses a theme and organizes preparation and distribution of World Asthma Day materials and resources. World Asthma Day activities are organized in each country by health care professionals, educators, and members of the public who want to help reduce the burden of asthma.

The first World Asthma Day, in 1998, was celebrated in more than 35 countries in conjunction with the first World Asthma Meeting held in Barcelona, Spain. Participation has increased with each World Asthma Day held since then, and the day has become one of the world's most important asthma awareness and education events.

World Asthma Day 2010 will take place on Tuesday, May 4. The theme of World Asthma Day 2010 will be “You Can Control Your Asthma.” This continues the focus on the positive theme introduced for WAD 2007, consistent with the emphasis on asthma

control set out in the latest versions of the GINA guideline documents. In addition, this year GINA plants to launch a campaign to reduce asthma hospitalizations worldwide by 50 percent in the next five years. This builds on the “You Can Control Your Asthma” theme, as better asthma control means fewer hospitalizations.

Activity Ideas: Education

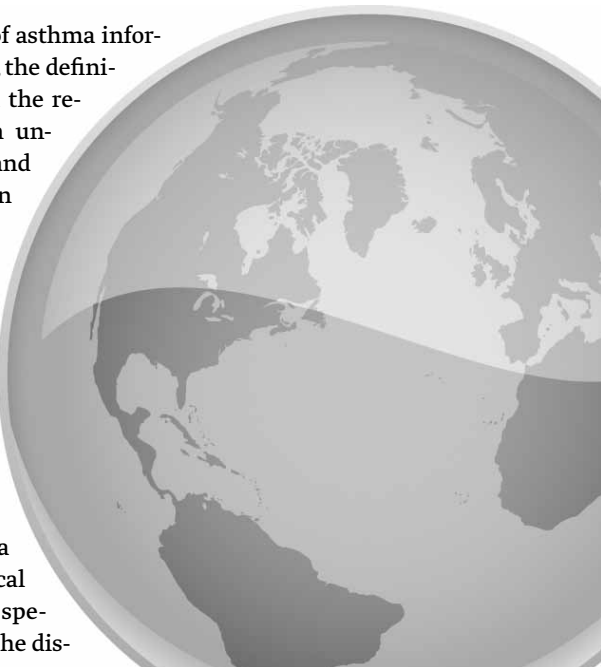
- Hold a public open day or a free-of-charge asthma screening clinic at your local hospital or surgery—secure sponsorship from a newspaper or pharmaceutical company.
- Stage a meeting of general practitioners and other health professionals to update on latest knowledge in prevention, diagnosis and treatment. Discuss implementation of GINA guidelines.
- Produce a radio advertisement highlighting World Asthma Day, the meaning of asthma control, strategies to improve control, and the relationship of asthma control to hospitalization.
- Organize debates about local issues affecting asthma control—e.g., pollution, smoking, access to asthma care and medication.
- Organize a diagnosis, education, and treatment bus tour to reach remote areas—or arrange a special

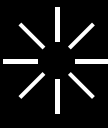
bus service bringing patients to the clinics.

- Organize a hike for people with asthma and their friends, led by a health care provider who can educate the group about managing asthma in an outdoor environment.
- Arrange school visits on or prior to World Asthma Day—educate children about asthma and offer on-the-spot peak flow meter testing. These activities could be combined with plays, concerts, or poetry competitions highlighting the concept of asthma control.
- Set up a display of asthma information, treatments, the definition of control, and the relationship between uncontrolled asthma and hospitalization in your surgery or hospital.
- Host a panel discussion group for parents and teachers in which two or three parents of children with asthma discuss their experiences with asthma control. Invite a local pediatric asthma specialist to be part of the dis-


cussion.

- Launch a Website offering educational information and advice—including details of regular asthma clinics.
- Set up a telephone helpline for patients and the public, with free calls if possible to maximize access for all.
- Make learning about asthma control fun by creating games for children that will educate them about asthma control, or invite physicians to compete in a quiz about GINA's recommendations for asthma control.





WE RECOMMEND



Going for gold
Olympic athlete Kevin Martin shares his struggles with asthma.
PAGE 5

“Martin credits his asthma control to his physical fitness.”

Like mother, like daughter p. 4
How a mother manages her food allergies—and her daughters.

Don't self-diagnose p. 6
The importance of seeking professional advice versus self-diagnosis

MEDIA PLANET

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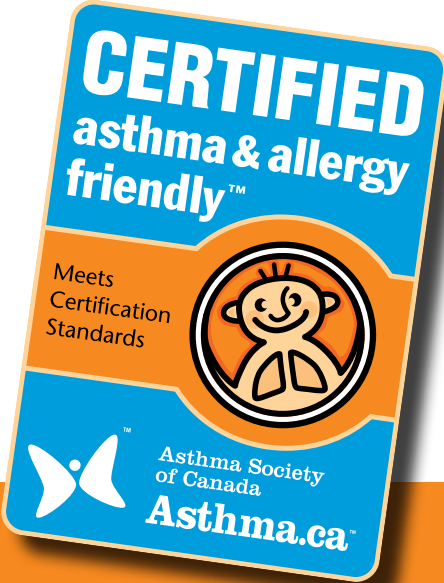


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PERSONAL INSIGHT

When I was growing up, I didn’t know anyone else with food allergies and there was little public awareness of anaphylaxis*.

Like mother, like daughter

However my family was very well informed because as a baby I was diagnosed with life-threatening food allergies to fish, shellfish, peanuts and tree nuts. In those days, user-friendly epinephrine auto-injectors were not available, and food ingredient labeling was limited. I did the best I could to avoid obvious allergens, but I had many reactions. I realize now how fortunate I am to be here today and how my mother (a nurse) had her work cut out for her. No matter which small Maritime community we lived in, she always seemed to have a good link to our family doctor, who often made house calls. There were also many emergency room trips. A generation later, my teenage daughter also has multiple food allergies and, like me, she shows no sign of outgrowing them. She is allergic to milk, eggs, peanuts and tree nuts. Between the two of us, our food

options are limited. As there is currently no cure for food allergies, strict avoidance of allergens is the only way to prevent a potentially life-threatening reaction. For us, the reading of food ingredient labels is a necessary routine and we always have an epinephrine auto-injector readily available. **The day-to-day** Food seems to impact everything my family does, from attending school to travelling for sporting events or family vacations. There are even medications, dental products and cosmetics that require inspection. We try to find a healthy balance so that we can live as normal a life as possible. Sure there are restrictions and adaptations on our part. Sometimes we will opt to avoid situations that we perceive as too risky, or too much work to prepare for. But overall, my daughter and I have managed well. We have active and busy lives and feel lucky to have had a lot of support from family and community.

DAILY LIFE

“Food seems to impact everything my family does, from attending school to travelling for sporting events...”



Ruth and Jillian Roberts
Living a normal life is quite the exercise for a young girl and her Mom. But they didn't quit.

A team effort Networking with others who are dealing with similar allergies has been a great support. I run a local support group in Halifax and I am the Allergy/Asthma Information Association’s Atlantic regional coordinator. Today there are many more online resources which are also a great help. When my daughter attended preschool, she ate her own snack from home, and all the kids washed their hands before and after they ate. The transition to regular school was probably most overwhelming for us. It is so difficult to hand over the monitoring of your allergic child’s environment to a school full of people who don’t know her. I coped by becoming a volunteer, and by adopting a flexible work schedule, I was available for almost all field trips. **Thinking ahead** With preparation and planning, school has been manageable—with a lunch always brought from home and an auto-injector always at hand. Each

day seems easier. The challenges, of course, change with the age and grade level, but we assess each challenge, and plan accordingly. As I write this I think about the upcoming band trips that my daughter will soon be taking...must make plans. Would life be easier for us without food allergies? Absolutely! However, we feel fortunate to lead an otherwise healthy life. I am very proud of my daughter. She has had to take on a lot of responsibility at an early age, which hasn’t always been easy. I expect what she has learned will benefit her for years to come. **Anaphylaxis is a severe allergic reaction, an immune system reaction, where a normally harmless substance is viewed as foreign by the body. This can result in a cascade of symptoms, ranging from mild and uncomfortable to life-threatening.* **RUTH ROBERTS**
Atlantic Regional Coordinator
Allergy/Asthma Information Association
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Tips for drug-free allergy relief

For some, spring’s sunny skies and budding trees are signals that another agonizing allergy season is upon us. And, while there are many prescription and over-the-counter medications available to treat the symptoms of seasonal and year-round allergies, sufferers often ignore other easy, effective ways to maximize relief. “The first step in managing allergies is to avoid triggers, and to do that you need to know what you’re allergic to,” says Dr Alan Kaplan, chair of the Family Physician Airways Group of Canada. “Skin-prick tests and blood tests that measure allergen-specific antibodies are the common methods used to diagnose allergies.” Widespread allergens that trigger reactions in Canada, Kaplan explains, include pollens, dust mites, molds and pet dander. Once your specific allergens are identified, a simple avoidance plan can be employed to limit exposure to them.

- Microscopic dust mites are everywhere—in pillows, bedding, stuffed animals and more—and their feces contain proteins that can cause allergic reactions. To kill mites, regularly wash sheets and blankets in water hotter than 120 degrees Fahrenheit, or place them in a freezer for 24 hours. Use impermeable mattress and pillow covers that will prevent inhalation of mite waste while you sleep, and keep household humidity below 40 percent.
- The best way to avoid pet dander is not to have pets, Kaplan says. If that’s not an option, regularly bathe cats and dogs, and keep them out of the sufferer’s bedroom.
- Keep windows closed during times of high pollen/spore counts, and stay indoors at peak times (early in the morning and in the late afternoon).
- Vacuum regularly and thoroughly, and use good furnace filters (changing them as necessary) to remove dust, dander and pollen particles.
- Banish smoking from the home, and if you are both a smoker and an allergy sufferer, consider quitting.

“Cigarette smoke irritates the nose and throat, and smokers often require significantly higher doses of allergy medications for them to be effective,” Kaplan says. Once an allergen avoidance plan is in place, allergy sufferers can also look to several non-drug approaches to improve allergy symptoms. Among them: ■ Adding moisture to the air with a humidifier or steam vaporizer can moisten dry tissues in the mouth, throat and lungs. “It’s important to keep steamers and humidifiers clean to avoid the development of harmful molds,” Kaplan stresses. ■ Saline irrigation products are widely available for rinsing sinus tissues to remove built-up secretions in nasal passages that prevent sinus drainage. ■ External nasal dilator strips manually open nasal passages to improve airflow and ease congestion. They are also useful at night, when nasal congestion can lead to frequent awakenings and snoring that disrupt sleep.

“Spring doesn’t have to be a season of misery,” Kaplan concludes. “Most people who make the effort to avoid triggers and who properly use the available pharmacological and non-pharmacological tools we have to treat

symptoms can cope with allergies and enjoy an excellent quality of life.” **INDRANI NADARAJAH**
editorial@mediaplanet.com





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INSPIRATION



THE OLYMPIAN
An athlete and family man, Kevin Martin doesn't let his Asthma get in the way of going for gold!
PHOTO: PRIVATE

Manage your asthma for a full life

■ **Question:** Can you be a top sportsman when you have asthma?
■ **Answer:** Yes, if you're Kevin Martin.

LEADER-TO-LEADER

Canadian Olympic champion curler Kevin Martin lives with asthma but he has not let that stop him from rising to the top in international sports. As a child, Martin lived on a grain farm in Alberta, and harvest time was an especially difficult time with the dust swirling around. The only way he survived was to wear a mask as there were no puffers available to him. He was about 10 or 11 years old before he got his first puffer.

Breathing easier today
Martin struggled with his asthma and being competitive at sports. His breathing was frequently laboured. Today, the struggle to breathe is just a memory. Martin credits his asthma control to his physical fitness. His asthma is now so well-managed that he only ever uses a puffer about once a fortnight. He does not need to manage his asthma on a daily basis and sees his doctor for his annual physical.

I have to manage my asthma
Life turned around for Martin when he embarked on a strenuous cardiovascular fitness regime in 1999 and he trained extremely hard. He recognises that he cannot relax from pursuing physical fitness. He does not see himself as asthmatic, but knows that if he gets lazy and stops working out, it will show up in his breathing. It will not be as sharp. "I have to look after myself, it is my job, and that includes commonsense things like staying away from my parents' farm in the fall," Martin says.

It runs in the family
Asthma and allergies run in Martin's maternal side of the family. His son, who is now 20 years old, had asthma as a young boy, but was treated aggressively by being put on a ventilator machine three to four times a day. He seems to have outgrown it. His two daughters, who are 17 and eight years old, do not have asthma.

Chess game on ice
One of the things that attracted Martin to curling was the thinking and the strategy behind the sport. "It's like a chess game on ice. You get better at it as you get older. It's not a sport that young people can be very good at because they just haven't made enough mistakes to learn from." He says he has achieved his major goals in curling. Martin has other, non-curling goals which he declined to share, only saying, "You have to have goals. It is important that you wake up excited every morning."

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Kevin Martin
Olympic Men's Curling Gold Medalist, Vancouver 2010
PHOTO: PRIVATE

5
KEY RECOMMENDATIONS

First line of defense
1 Epinephrine is the first line medication that should be used for the emergency management of a person having a potentially life-threatening allergic reaction.
But remember...
2 Antihistamines and asthma medications must not be used as first line treatment for an anaphylactic reaction.
See a professional
3 All individuals receiving emergency epinephrine must be transported to hospital immediately (ideally by ambulance) for evaluation and observation.
A second dose...
4 Additional epinephrine must be available during transport to hospital. A second dose of epinephrine may be administered within five to 15 minutes after the first dose is given IF symptoms have not improved.
Feeling faint?
5 Individuals with anaphylaxis who are feeling faint or dizzy because of impending shock should lie down, unless they are vomiting or experiencing severe respiratory distress.
SOURCE: www.allergysafecommunities.ca

You'd never do this in real life.
So why aren't you carrying an EpiPen?

Anaphylaxis is a severe allergic reaction characterized by symptoms brought on by a reaction to food or other allergen. It can lead to circulatory collapse, coma and death, if not promptly treated. Even if you've only experienced mild symptoms in the past, you're still at risk. And avoiding your allergens won't always work. In an allergic emergency, EpiPen® could give you time to get to a hospital, which could mean the difference between life and death. So, if you're at risk, you should always carry an EpiPen.



SEVERE ALLERGY RISK TEST

I had a reaction shortly after exposure to even a small amount of:

- ☐ Peanuts
- ☐ Tree nuts
- ☐ Fish
- ☐ Shellfish
- ☐ Sesame
- ☐ Milk
- ☐ Soya
- ☐ Egg
- ☐ Wheat
- ☐ Insect stings
- ☐ Medications

* Some symptoms can be life-threatening.

It included the following symptoms:

- ☐ **MOUTH:** itching, swelling of the lips and/or tongue
- ☐ **THROAT*:** itching, tightness, closure, hoarseness
- ☐ **SKIN:** itching, hives, redness, swelling
- ☐ **GUT:** vomiting, diarrhea, cramps
- ☐ **LUNG*:** shortness of breath, cough, wheeze
- ☐ **HEART*:** weak pulse, dizziness, passing out (due to low blood pressure)

If you checked at least 1 box in each column, you could be at risk for anaphylaxis.

Your risk is even higher if you:

- Have had a previous reaction (even if mild)
- Have asthma

Your reaction could be more severe if you:

- Have asthma
- Have cardiovascular problems

Take this test to your doctor to find out if you should be carrying an EpiPen. For more information about anaphylaxis, go to EpiPen.ca.

Additional Resources:

EpiPen Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions and for patients determined by a physician to be at increased risk for anaphylaxis. EpiPen is not a replacement for subsequent medical care. Following administration of EpiPen, call 911 or go immediately to the nearest emergency room. To ensure this product is right for you, always read and follow the label. Please consult the Consumer Information leaflet in your product package for complete dosage and administration instructions.

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Emergency response at hand.

NEWS

Question: With growing awareness of severe food allergies, are Canadians taking it seriously?
Answer: Not seriously enough, according to the latest nationwide survey findings.

TIP

2

GET CHECKED

Don't self-diagnose: see your doctor

Many Canadians are diagnosing their food allergies themselves, according to data from a comprehensive national survey.

Researchers surveyed 4,000 random households across Canada between June 2008 and March 2009 for SCAALAR, (Surveying Canadians to Assess the Prevalence of Common Allergies and Attitudes to Food Labelling and Risks) and information on 10,000 individuals was collected.

The initiative was supported by Health Canada and the AllerGen NCE.

Lead researcher Dr Ann Clarke, professor of medicine, within the division of Clinical Immunology/Allergy and Clinical Epidemiology at McGill University, said individuals were probed for information on five types of severe food allergies: peanut, tree nuts, fish, shellfish and sesame.

The researchers found that many people had not had their allergy diagnosed by a physician. They might have had a bad reaction to a certain food or dish and had consequently avoided it.

“Reaction to peanut is not always fatal, but it can be very severe and unpredictable. If your first reaction was mild, it does not necessarily mean that future reactions will be mild,”

Dr Clarke said.

“Accidental exposures” a problem

The fact that self-diagnosis and a lack of proper information were affecting an individual’s life was reflected in other research conducted by Dr Clarke and her team. Accidental exposures to the relevant food allergen appeared to crop up fairly frequently.

“What this means is that people are either not exercising proper vigilance, or that food labelling is an issue,” she said.

Peanut allergy prevalence in Canada

The survey data also established that in Canada, 17 children in 1,000 are allergic to peanuts, while seven adults in 1,000 have the allergy.

The results for the prevalence of peanut allergy in children were in line with previous surveys done on school children in Montreal, between 2000-2002, and again in 2005-2007, Dr Clarke said. “This gives us a reliable estimate of the prevalence of peanut allergy.”

What is anaphylaxis?

Anaphylaxis is a serious allergic

reaction that can be life threatening. It can involve several body systems: skin, upper and lower respiratory, gastro-intestinal and cardiovascular and can lead to death without proper treatment.

Food is the most common cause of anaphylaxis, but insect stings, medicine, latex, or exercise can also cause a reaction.

Be informed

Beatrice Povolo, director of marketing & communications for Anaphylaxis Canada, a non-profit organisation dedicated to advocating the needs of individuals living with severe allergies, says, “Food allergies are a growing public health issue in Canada. While they can be challenging, they can be managed. It’s extremely important that people at risk of anaphylaxis follow basic strategies to self-protect and relatives and caregivers know how to respond in an emergency.”

Although the onus is on the allergic individual, they also need the support of those around them, especially children. They should educate themselves to be savvy food label readers, and to ask questions about food preparation and cross-contamination.

It advises members that there is no such thing as allergen-free environment, but there are simple steps to manage the risk. Always carry an epinephrine auto injector, the association advises. “Equally important, know when and how to use an auto-injector before a reaction occurs. Wear medical identification, eg. MedicAlert) and get credible information.”

SCAALAR's next step

The information that SCAALAR gathered has established an important foundation but more work needs to be done.

The survey will be repeated to target a different sector of the population, one encompassing new Canadians and the more vulnerable parts of society, Dr Clarke said.

Work will begin in September this year and is expected to be completed by August 2011.

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Asthma: it's all in your head

1 Asthma is not imagined or faked. It occurs because of airway inflammation and constriction of the bronchi and bronchioles in your lungs. Triggers such as stress, crying, or laughing can all provoke an asthma attack.

Asthma can be cured

2 There is no cure for asthma, but there are safe, effective ways to control it so you can live a normal and active life.

Asthmatics are the same

3 Asthma varies from one person to another both in its severity and the degree of treatment it requires.

“I only have asthma when I have trouble breathing”

4 Asthma is a chronic disease with an underlying inflammation of the airways that causes asthma symptoms. Your asthma has not gone away just because you don’t have symptoms. Daily control with anti-inflammatory medication is needed. Left untreated, asthma can be a serious and life-threatening disease.

“I only need to take my medication when I have trouble breathing”

5 The chronic inflammation of the airways needs daily treatment with your controller medication. Take your controller medication regularly as prescribed. The benefits of regular use far outweigh any risks.

“I can stop taking my controller medication as soon as I feel better”

6 Your anti-inflammatory medication is doing its job, which is why you are feeling better. If you stop taking it, the airway inflammation that leads to attacks may return. Always consult with your doctor before you stop taking your medication.

“My child will outgrow her asthma.”

7 Asthma is a lifelong condition that will always require attention. Her asthma may get less severe as she gets older but it can return at any time.

“Steroids are dangerous”

8 Steroid controller medications act locally where they are needed and they are not absorbed throughout the body. Furthermore, they are corticosteroids, not the anabolic steroids used by bodybuilders. Studies have shown that, when correctly used, inhaled corticosteroids are safe to take over time.

Steroids will stunt growth

9 Studies have indicated the use of inhaled corticosteroids does not alter normal growth in children. Untreated asthma, however, can result in permanent lung damage and have an adverse effect on normal growth patterns. You should work with your doctor or asthma educator to find the right medications for your child’s asthma.

“I have to avoid sports and physical activity”

10 Having asthma does not mean that you should limit physical activity. Many professional athletes have asthma but they have learned to control it. If you have any limitations in your physical activity, your asthma may not be well controlled. Consult with your doctor to assess your asthma control level.

SOURCE: Asthma Society of Canada

Nut-Free Wheat Germ Cookies

RECIPE

Prep time
Approximately 30 minutes

Cooking Time
8-10 minutes

Servings
Makes about 5 dozen cookies

Ingredients

- 1 cup butter or margarine
- 1 tsp. salt
- 1-1/2 cups brown sugar (packed)
- 1/2 tsp. cinnamon
- 2 eggs
- 3 cups rolled oats
- 1/2 tsp. vanilla
- 1/2 cup wheat germ
- 1-1/2 cups whole wheat flour
- 3/4 cup Wheat Nuts (coarsely chopped)
- 1 tsp. baking soda

Directions

- Cream butter or margarine and brown sugar
- Beat in eggs and vanilla
- Mix flour, soda, salt, and cinnamon
- Add rolled oats, wheat germ, and Wheat Nuts
- Shape dough into two rolls about 1 1/2-inch thick
- Wrap in foil or waxed paper and freeze until firm (at least 15 mins)
- Cut into 1/4-inch slices and place on ungreased cookie sheet
- Bake at 350 degrees, 8 to 10 mins.



SOURCE: www.peanutallergy.com
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NEWS



TIP
3
GET SERIOUS

AN ALLERGIC REACTION
Talk with your doctor
about your symptoms and
possible treatment for
asthma and allergies.
PHOTO: ISTOCK PHOTO

When asthma & allergies lock horns

■ **Question:** Allergies often have an impact on asthma but what does this mean for those with severe food allergies?
■ **Answer:** It puts them in a much higher risk category.

The statistics are staggering: four in five people with asthma have underlying allergies. In many cases, the two can be considered as an allergic inflammation of the airways, says Dr Harold Kim, a specialist in allergy and clinical immunology at the Universities of Western Ontario and McMaster.

Dust mite allergies seem to be most commonly linked to asthma, along with mould and household pet allergies. Pollen can also be a factor that causes allergic rhinitis. In fact, allergic rhinitis is present in up to 80 percent of patients with asthma.

“We know for a fact that asthma patients will improve if we treat the allergic rhinitis properly,” says Dr Kim, who is also the former chair of the Canadian Society of Allergy and Clinical Immunology.

Severe food allergies a high risk

Asthma is often present in patients with potentially severe food allergies. If their asthma is not adequately controlled when an accidental food ingestion occurs, there is a greater risk of life-threatening anaphylaxis, or a whole body multi-system allergic reaction. However, food allergies



Harold Kim, MD, FRCPC
Is your asthma linked to allergic rhinitis?
“Asthma is often present in patients with severe food allergies.”

on the whole rarely cause chronic asthma.

As food is a daily necessity, “we are most concerned about it, especially peanuts,” explains Dr Kim. The most

FACTS

■ According to the World Health Organisation, asthma is now a serious public health problem with more than 100 million sufferers worldwide. There are three million Canadians diagnosed with asthma, and this figure has been increasing over the past 20 years.

■ World Asthma Day (May 4) is an initiative of Global Initiative for Asthma (GINA) in collaboration with health care groups and asthma educators. This year’s theme is

“You Can Control Your Asthma.” GINA plans to launch a campaign to reduce asthma hospitalizations worldwide by 50 percent in the next five years.

■ Four in five patients with asthma have allergies. Allergies also tend to run in families.

■ Allergies can occur for the first time at any age, even though they are more common in children. Also, in some cases, allergies may recur after many years of remission.

common allergy-inducing foods in young children include dairy, eggs and peanuts. As they get older, the list can commonly include tree nuts, fish and shell fish. “I have even had patients suffer severe life-threatening reactions after eating banana or potato,” notes Dr Kim.

Patients discount allergies

Dr Susan Waserman, professor of medicine at the division of clinical immunology at McMaster University says that allergies do not get the proper recognition they deserve. “Most people discount it as a runny nose without understanding that it can significantly impact the life of the individual. Many allergies, especially those to food and tree nuts, can last a lifetime.”

However, over the years, many patients have become negatively predisposed to medication. Some parents are against using inhaled steroids, the mainstay of asthma treatment, on

their children, says Dr Waserman. People do not understand they do not have to live with distressing symptoms. Many asthmatic patients think that visiting the emergency room once or twice a year is normal, she added.

Promising treatments beckon

Science has made great strides in better understanding the allergic diseases and there are better medications and treatment options available. Allergen immunotherapy, familiar to many as allergy shots, have been around for many years and are a successful treatment for allergic rhinitis and asthma. Both Drs Kim and Waserman are excited about a new treatment for food allergies called “oral desensitisation.” This method involves giving minute doses of the allergen to the patient. In the case of peanut, children were able to tolerate a lot more peanut after desensitisation. Only small numbers have been treated, as dose increases are carried out in hospital and patients have to be closely monitored at home, too. The procedure is still in the research domain, but early signs are that it does seem to work say both doctors.

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Ten Steps to Indoor Air Quality

Think your house is clean? Consider this: The Environmental Protection Agency (EPA) finds that the air inside your house is dirtier than the air outside.

Blame tighter construction techniques that enable fumes from paint, plastics and other synthetic materials used in our furniture and carpeting, toxins from cleaning products, pets, secondhand smoke, carbon monoxide, dust mites, and pet dander—among other things—to build up in our homes. “With outdoor air there are regulations for the major pollutants,” said Neil Schachter, M.D., a New York City pulmonologist and author of the book *Life and Breath*, “but with the exception of cigarette smoke, we haven’t gotten a handle on our most common and long-lasting source of pollution, which is the indoor environment.” Whether pollutants in the indoor environment are irritants or allergens, he said, “Everyone is at risk.” Indeed, common symptoms resulting from indoor air pollution include eye, nose and throat irritation, head-

aches, skin irritation, shortness of breath or cough, and fatigue. Some of the most dangerous indoor toxins come from a relatively benign source: water. “I can’t tell you the number of people who come to me whose apartments or even homes have been water damaged,” said Dr. Schachter, “and that’s a recipe for disaster.” That’s because any type of dampness promotes the growth of living things like molds and fungi that contribute to bad reactions, he said. Another pollution pitfall is indoor carpeting. Even the EPA notes that carpet can act as “a sink for chemical and biological pollutants including pesticides, dust mites and fungi.” Anyone with any type of underlying respiratory problem, whether chronic obstructive pulmonary disease (COPD), asthma, allergies or hay fever should assume that “unless you’re very careful, your home is going to be contributing to your problem,” Dr. Schachter said. The good news is that there are a number of actions you can take to significantly reduce indoor air irritants and allergens. For starters:

■ **Use the right cleaning products.** Products that contain ammo-

nia and chlorine can irritate the respiratory tract, causing watery eyes and sore throats and even triggering coughing and shortness of breath. Choose milder yet effective cleaning aids that use baking soda, vinegar, hydrogen peroxide and citrus oils.

■ **Add houseplants.** Some common indoor houseplants, such as bamboo plants, English ivy and peace lilies, provide a natural way to help fight rising levels of indoor air pollution. A six-inch potted green plant can clean a room of excess carbon dioxide in eight hours.

■ **Nix the carpeting.** Instead, choose hard-surface flooring like hardwood, tile or laminate and opt for area rugs instead of wall-to-wall carpeting. Once a year send the rugs out for deep cleaning.

■ **Use high-performance (HEPA) air filters in vents.** These filters capture particles such as pollen, smoke, dust mite debris and pet dander as air passes through the filter. They only work if they’re cleaned or changed regularly, however. Put reminders on your calendar to change them every three months, or at the start of each season.

■ **Turn up the air conditioning.**

Air conditioners not only cool the air but can reduce humidity levels, preventing mold growth during warmer months.

■ **Watch air humidity.** Room air humidifiers are moisture-generating sources that serve as reservoirs for bacteria and mold. Maintain your home’s humidity between 30 and 50 percent to prevent mold growth.

■ **Ditch the shoes at the front door.** That way you won’t track outdoor pollutants like pesticides, animal dander, mold spores and pollen into your home.

■ **Make some space.** Increase air flow and help control humidity levels by moving furniture away from walls and opening closet doors to air out what can be a dank, smelly space.

■ **Go for quality.** Cheap vacuum bags can stir up allergens so use bags that contain a HEPA filter.

■ **Use a fan.** Showers, especially in smaller bathrooms, can raise humidity levels and create condensation on walls and ceilings so install and use an exhaust fan in the bathroom.

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TORONTO FRENCH SCHOOL

Seja’s run

This year is the fifteenth anniversary of Seja’s Run, and, as in the past, it will be part of the Toronto French School (TFS) annual Alumni Reunion Weekend. The 5 km and 2.5 km walk and run will take place on Saturday, May 8 at 10:30am.

Why do the staff, students and alumni run?
Seja von Wersebe was an active, spirited and loved student at Toronto French School.

She sadly passed away at age sixteen from asthma related causes. In order to honor Seja and contribute to the fight against asthma, the first annual Seja’s Run was launched in 1996 and the TFS Alumni Association is proud to continue the tradition.

As in Seja’s case, asthma affects over half a million children in Canada and is the leading cause of school absences. For Canadian children, asthma is the most common long-term respiratory disease and accounts for more hospitalizations than any other chronic illness. In total, about three million Canadians live with asthma, yet about 60 percent of them do not manage their disease adequately.

The von Wersebe family knows only too well the impact of asthma. They work on the run every year, along with the broader school community.

Based on the 2010 theme of “Make Clean Air Count,” TFS students in grades four and five were involved in the annual poster competition to commemorate the run. The junior grades were treated to an assembly, featuring a member of the Clean Air Champions, Sylvie Turcotte-Baird, Olympian and Triathlete.

From the broader community, elite master-level runner and the Asthma Society of Canada’s Athlete Ambassador John Healy will be leading the warm-up and running. John was diagnosed at age 46 with asthma and has become a member of the National Asthma Patient Alliance, as well as a model of how to combine his disease with an active lifestyle.

After the run and walk, a barbeque lunch will be held, along with family activities and a nature walk in the TFS ravine.

Over the years, Seja’s Run has raised more than \$60,000 for the Asthma Society of Canada (ASC). To empower Canadians with asthma, the ASC operates an info line for people needing information on their own or a child’s asthma and provides printed materials to pharmacies, community centres and doctors. The ASC also supports the National Asthma Patient Alliance (NAPA) which is comprised of volunteers with asthma who advocate on behalf of those living with asthma.

Participating in Seja’s Run is as simple as showing up at Toronto French School on Saturday, May 8. Registration begins at 9:30 am and the run/walk starts at 10:30 am. To register and/or make a donation online, please visit www.sejasrun.com.

“...Seja’s Run has raised more than \$60,000 for the Asthma Society of Canada (ASC).”



SOURCE: Asthma Society of Canada



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