



Welcome to the First Edition of Our Newsletter

At the Asthma and Allergy Center, our medical staff is dedicated to bringing the communities of West Virginia mainline, standard, widely accepted scientific modes of treatment of Asthma and Allergic Diseases.

With that in mind, our goal is to bring to you interesting and useful information from the world of Asthma & Allergies. This newsletter is designed for professionals who see, participate in the care of, or deal otherwise with individuals suffering from these maladies.

Our medical staff will be happy to answer any questions you may have about the articles herein or any other aspects of Asthma and Allergies.

We look forward to hearing from you! Please use the following link to contact us by e-mail or see our contact information listed in this newsletter.

[Contact Our Medical Staff](#)

Allergy News

Springtime Allergies

Springtime in West Virginia is one of the most beautiful times of year. With the abundance of blossoming trees like the cherry, apple, pear and dogwood, it heralds an end to winter. For many, though, blooming tree season often means one thing: Hay Fever.

Hay Fever, or Allergic Rhinitis, is caused by an inappropriate and unnecessary immune response to proteins on the surface of inhaled airborne pollen. Tree pollen season in West Virginia starts in mid-February and lasts through much of April.

Ash, Beech, Birch, Elm, Hickory, Maple, Poplar, Oak, Sycamore and Sweet Gum are the main wind borne pollinators in West Virginia, and we find patients allergic to one or many of these.

Local antigen antibody reaction followed by release of histamine and other inflammatory mediators in the respiratory passages causes the symptoms such as:

- Sneezing & Runny Nose
- Itchy Red Watery eyes
- Nasal congestion

Pollen allergies can also trigger or worsen Asthma and lead to other problems like sinus infections and ear infections in children. Although pollen allergy symptoms are similar to cold symptoms, you can usually tell the difference because colds are associated with thicker nasal secretions, a sore throat, hoarseness, and possibly fever. Also, colds tend to get better fairly quickly.

When your patient sees an allergist, they are tested, among other things, for allergies to:

- Tree, Grass and Weed Pollens
- Animal Dander
- Molds
- Dust Mites

If the symptoms are mild, allergy medications like antihistamines and nasal sprays can help control symptoms. More definitive and long term relief comes only with desensitization by allergy injections. Oral desensitization by allergy drops seems to be on the horizon but lacks FDA approval and is not available in the United States.

Later in the season (around mid-April), grass pollen will bring about new allergic concerns. We will discuss that in a later edition of this newsletter.

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Allergy Season Has Early Start This Year

Allergy season has come earlier in some parts of the country, thanks to the unseasonably mild weather. Further south of us in Atlanta it's in full swing.

"If you haven't started taking your preventive allergy meds, you may want to get right to it," said Dr. Stanley Fineman, president of the American College of Allergy, Asthma and Immunology. "We're seeing patients who started to have symptoms a month earlier than usual, in early February."

Here in West Virginia too the tree pollen season started somewhat early, about the second week of February this year. At the time of this writing, in mid-March, Maple, Elm, Birch and Poplar pollens are in full swing. By late March we will see Ash and Oak; and a little later, Pine pollen will make its appearance. Tree pollen counts in the air are highest on warm, sunny, breezy days. Rain may clear the air for a day or so but the pollen starts flying as soon as the florets dry.

Why the early sniffles? The warmer winter can cause trees to pollinate earlier. In addition, some studies have shown that pollen season is not only getting earlier, but the pollen is getting more potent. In West Virginia, as many of our patients can tell, an intense spring pollen season is already under way.

[Fox News Health](#)

First ICON Statement Addresses Food Allergy

Food allergy is the subject of the first international consensus (ICON) statement released by the newly formed International Collaboration in Asthma, Allergy and Immunology (ICAALL). Members of the group made the announcement at the American Academy of Allergy, Asthma and Immunology (AAAAI) 2012 Annual Meeting.

The ICON statement addresses the growing prevalence of food allergy worldwide, including symptoms, natural history, diagnosis, and treatment options, reported lead author Wesley Burks, MD, chief of pediatric allergy and immunology at Duke University in Durham, North Carolina, the newly named chair of the Department of Pediatrics at the University of North Carolina in Chapel Hill, and president-elect of the AAAAI.

In the past decade, food anaphylaxis in Australian children has increased by 350%, and food allergy in China has jumped from 3.9% to 7.7%. Some foods such as milk and egg are common allergens worldwide; others are specific to certain geographic areas or cultures.

Said Dr. Burks, "We're trying to take what we've learned from the studies on allergic rhinitis and apply it to food allergies. You can treat someone [orally or sublingually] and it might change their ability to react temporarily, but it doesn't make it go away. What you'd really like is an active treatment to make it permanently go away."

[Medscape](#)

Anaphylaxis: Better Safe than Sorry

Anaphylaxis, a dangerous allergic reaction, is commonly caused by foods, medications, insect stings and latex. Some foods that may cause anaphylactic sensitivity are: Peanuts, Tree nuts, Eggs, Milk, Fish, and Shellfish.

An anaphylactic response may occur rapidly, often within seconds of exposure and can progress quickly to respiratory obstruction, hypotensive shock or both. There is no way to predict whether a particular reaction will be self-limiting or progress rapidly, even if previous reactions have been mild.

Epinephrine by intramuscular injection into lateral thigh, given early, is the only immediately effective treatment of Anaphylaxis. At times a second dose of Epinephrine may be needed. Preloaded Epinephrine kits (Anakit, Twinject, Adrenaclick) containing two doses of Epi are prescribed for patients to carry with them at all times.

It is important for patients to have a written Anaphylaxis Action Plan as well as to know how to use these kits correctly. Antihistamines relieve only the cutaneous symptoms of anaphylaxis without any effect on the potentially fatal respiratory or cardiovascular components. Corticosteroids, even by intravenous route, don't even start working until four hours later! Unfortunately, even in many emergency rooms IV Diphenhydramine and Solumedrol are still the first line of treatment!

[AAAAI](#)

Asthma News

AAAAI: Corticosteroid Response in Asthma Impacted by BMI

According to a study presented at the annual meeting of the American Academy of Allergy, Asthma & Immunology, for children with asthma, an increased body mass index (BMI) is associated with a decreased response to corticosteroids (CS) and increased daily requirements for inhaled corticosteroids (ICS).

To investigate whether BMI affects the CS response in children with asthma, Rolando A. Nunez, M.D., from National Jewish Health in Denver, and colleagues studied peripheral blood mononuclear cells (PBMC) and bronchoalveolar lavage (BAL) cells from 61 children with asthma, aged 2 to 18 years, who underwent clinically indicated bronchoscopies.

"Chronic inflammation, as seen in obese patients, is thought to interfere with the body's response to corticosteroids, leading to a higher corticosteroid requirement in patients with asthma," a co-author said in a statement. "More studies are needed to find out if the response to the medication might improve if obese children with asthma lose weight."

[Medscape](#)

Amish Farm Kids Have Lower Asthma, Allergy Risk

Children growing up in the Amish culture in Switzerland have significantly less asthma and allergies than Swiss children who didn't grow up on a farm, according to new research. What's more, the Amish youngsters even have less risk of asthma and allergy than Swiss children who grew up on non-Amish farms.

The study could support the "hygiene hypothesis", that a too-clean world is causing today's urban kids to be more sensitive to allergens than their country cousins. "In Europe, children living on traditional farms seem to have a very low prevalence of asthma and allergy," noted the study's lead author, Dr. Mark Holbreich, an allergist with Allergy and Asthma Consultants, in Indianapolis.

In contrast, he said, "in the general population as many as 50 percent will have evidence of allergic sensitivity. They may not have all the symptoms of allergy, but they will test positive for sensitivity," But, "in Swiss children who live on farms, about 25 percent have allergic sensitivity," Holbreich said. "In Amish children, it was only 7 percent. There's something very protective in the Amish children."

[Doctor's Lounge](#)

AERD Linked to Childhood Second-Hand Smoke Exposure

A recent study discovered a link between secondhand smoke exposure and aspirin-exacerbated respiratory disease (AERD).

AERD refers to the combination of asthma and chronic rhinosinusitis with nasal polyposis and reactions to aspirin and NSAIDs. The study found adults with AERD were more than three times as likely to have been exposed to second-hand smoke during childhood as those without the condition.

"There is no safe level of exposure to second-hand smoke," said co-author and ACAAI member Donald Stevenson, MD. "Smokers need to realize that they are putting their children and spouses at risk of serious health problems, including asthma, associated with AERD."

[The American College of Allergy, Asthma and Immunology](#)

Related News

FDA Approves First Quadrivalent Flu Vaccine

All FDA-approved seasonal flu vaccines now on the market consist of 3 strains of influenza virus: 2 of influenza A and 1 of influenza B. FluMist Quadrivalent will contain 2 strains of influenza A and 2 strains of influenza B from the B/Yamagata and B/Victoria lineages. A strain from the B/Yamagata lineage is in the current trivalent seasonal vaccine.

[Medscape](#)

Positive Thinking Helps Patients Make Better Decisions

The experience of daily positive affect -- a mild, happy feeling -- and self-affirmation helps some patients with chronic diseases, including coronary artery disease, high blood pressure and asthma, make better decisions about their health.

[Medical News Today](#)

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