

Asthma & Allergy Center

Courteous Competent Care with Compassion

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Asthma & Allergy News Summer 2014

Greetings and welcome to the summer issue of the Asthma and Allergy Center Newsletter!

Summer is finally here and warm weather means events begin moving outdoors, but for those with allergies and asthma, outdoors can be full of peril. Allergies and asthma can lead to sneezing, wheezing and itchy misery - and sometimes more serious reactions - turning a joyous occasion into agony.

Whatever your plans this summer, staying in control of asthma and allergies will help you and your patients make the most of all that summer offers.

Continue reading for information that can help you make the most of the season, and as always, all of us at the Asthma and Allergy Center are here to help and guide.

Don't Let Allergies, Asthma Spoil Summer Fun

The American College of Allergy, Asthma and Immunology (ACAAI) and its allergist members suggest following a few simple tips to make summer more enjoyable for you *and* your patients:

Treat before you go. Ask about allergy symptoms. Suggest that those with chronic allergies take allergy medication *before* symptoms begin. If you wait until symptoms kick in, the medication won't be nearly as effective.

Go undercover. Big, wrap-around sunglasses help keep pollen from getting into your eyes.

Avoid bees. If you're allergic to bees or other stinging insects, avoidance is your best bet. Keep your distance from uncovered food, be cautious of open soft drink cans and resist wearing bright clothing or perfume, all of which attract bees. If someone near you gets stung, move away - some insects give off a chemical signal after they sting that can attract other stinging insects.

Be cautious at the food table. If you have Food Allergies avoid foods in which nuts, dairy and other common allergens can be lurking, such as mixed salads, barbecue sauces and salad dressings. If grilling is involved, have your portion cooked on separate piece of aluminum foil to avoid cross-contamination.

Stick to the middle. Poison ivy can lurk in bushes and other foliage, so stay in open areas where you're less likely to brush against it.

Pay attention to Ozone Alerts. High temperatures mixed with pollution can pose a problem for people with asthma.

Carry your quick relief inhaler and/or Epi-Pen.

Work with your doctor or allergist to determine if you should consider allergy shots (immunotherapy) which are effective for seasonal and stinging insect allergies. The treatment involves periodic injections with tiny amounts of an allergen so that your reactions become milder or disappear completely curing your allergy. Allergy shots also can help prevent the development of asthma.

Is Penicillin Allergy History Really Accurate?

Penicillin "allergy" history is not only often inaccurate, but is linked to longer hospital stays, significantly more antibiotic use, and increased prevalence of C difficile, MRSA, and VRE infections, according to a study published in the Journal of Allergy and Clinical Immunology.

"These adverse events occur because penicillin 'allergic' patients are given more broad spectrum antibiotics, lead author Eric Macy, MD, from the Southern California Permanente Medical Group, Department of Allergy, San Diego Medical Center, said in a news release. "Previous work by our group has shown [that] less than 5% of individuals who carry a history of penicillin 'allergy' are truly allergic."

"It is important to know if you are truly allergic to penicillin. This medical history detail impacts not only critical health care decisions, but



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ALLERGY IQ TEST: What percentage of

people who report allergy to Penicillin can safely take Penicillin?

[15 - 35 %](#)

[50 - 60 %](#)

[80 - 90 %](#)



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it greatly impacts cost."

Other studies have shown that 80-95% of patients labelled "Allergic to Penicillin" are NOT ALLERGIC TO PENICILLIN WHEN TESTED, and can safely take Penicillin and penicillin-related antibiotics. For many illnesses Penicillin is more effective, safer, has much less side effects and is cheaper.

How can clinicians distinguish true penicillin allergy from nonspecific or vague allergic symptoms that may have led you to be labelled "Allergic to Penicillin" or if you have 'grown out' of it because you had the reaction as a kid or if you may have developed 'tolerance' to it even if you had the reaction as an adult?

"By seeking an allergy consultation and having a skin test done. Testing for penicillin allergy may result in cost savings, improved patient care, and fewer drug-resistant bacteria," adds Dr. Macy.

Penicillin 'Allergy' History May Be Inaccurate and Costly. Medscape. Mar 13, 2014

Insect Sting Allergies

Experts estimate that 2 million Americans are allergic to insect stings, and many of them are at risk of suffering life-threatening reactions to insect venom.

Insect stings send more than 500,000 Americans to hospital emergency rooms every year, and cause at least 50 known deaths each year.

Insect sting allergy treatment

While Emergency Room is the correct place to proceed to if you are having a serious reaction to an insect sting, a follow up consultation with an allergist is essential as a person who has had an allergic reaction to insect sting has a 60-70 percent chance of having another similar OR WORSE reactions if stung again.

For emergency treatment of a future sting reaction an allergist will prescribe and give detailed instructions on how and when to use a self-administered epinephrine kit. Persons allergic to insect stings must always have an epinephrine kit within easy reach.

After confirming with appropriate skin tests that you are truly allergic to an insect venom, allergist can also provide a preventive treatment called venom immunotherapy (or venom allergy shots). It works by inducing TOLERANCE to the venom by carefully monitored administration of gradually increasing doses of the purified insect venom. Insect venom allergy shots have been shown to be 97 percent effective in preventing future allergic reaction to the insect sting.

Avoiding insect stings

Avoidance tactics are the first line of defense to insect stings.

People with allergies to insect stings should:

- **Avoid** walking barefoot in the grass, where stinging insects forage.
- **Avoid** drinking from open soft drink cans, which stinging insects are attracted to and will crawl inside. Keep food covered when eating outdoors.
- **Avoid** sweet-smelling perfumes, hairsprays and deodorants.
- **Avoid** wearing bright colored clothing with flowery patterns.

Allergy Misunderstandings Can Prove Costly

Many physicians mistakenly believe that people with egg allergies should avoid measles, mumps, influenza, and rabies vaccines because they are cultured in hen's eggs. It's a popular misconception — one of many about allergies that is harming patients and costing money, according to experts from the American Academy of Allergy, Asthma & Immunology (AAAAI).

A committee of experts working on a list of 5 don'ts of allergy treatment and testing discovered that while "Most flu vaccines are actually grown in an egg culture so there has always been a concern that people with an egg allergy who get the vaccines will have a reaction." In fact, "this doesn't happen." In any case it is extremely rare.

The new list states that no special precautions are needed for egg-allergic patients receiving mumps, measles, or rabies vaccines. For an egg-based influenza vaccine, patients should be observed for 30 minutes after the injection or given an egg-free vaccine.

The 5 Don'ts on the 2014 AAAAI "Choosing Wisely" List

Don't routinely avoid influenza vaccination in egg-allergic patients.

Don't perform food immunoglobulin (IgE) testing without a history consistent with potential IgE-mediated food allergy.

Don't routinely order low- or iso-osmolar radiocontrast media or pretreat patients who have a history of seafood allergy with corticosteroids and antihistamines.

Don't overuse non-beta lactam antibiotics in patients with a history of penicillin allergy; appropriate evaluation is required before such use.

Don't rely on antihistamines as first-line treatment for severe allergic reactions.

Physician Misunderstandings About Allergies Unsafe. Medscape. Mar 06, 2014

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Mold Allergy

Inhaling mold spores causes allergic reactions in some people. Allergic symptoms from mold spores are most common from July to late summer. But with molds growing in so many places, allergic reactions can occur year round.

Many molds grow on rotting logs and fallen leaves, in compost piles and on grasses and grains. Unlike pollens, molds do not die with the first killing frost.

Indoors, molds grow in damp areas, particularly in the bathroom, kitchen or basement.

It is common for people to get mold allergy if they or other family members are allergic to substances such as pollen or animal dander.

People in some occupations have more exposure to mold and are at greater risk of developing allergies. Farmers, dairymen, loggers, bakers, mill workers, carpenters, and greenhouse employees are at increased risk.

Fungi on house plants can cause an allergic reaction, but this is only likely to happen if the soil is disturbed.

Symptoms

The symptoms of mold allergy are very similar to the symptoms of other allergies, such as hay fever, asthma and atopic dermatitis. The symptoms may last the entire summer if due to outdoor molds or year-round if due to indoor molds.

Although molds can cause immediate symptoms, more often the symptoms are delayed and chronic. Symptoms that worsen in a damp or moldy room such as a basement suggest mold allergy.

Mold Allergy Treatment

As with most allergies, patients should:

Avoid contact with the spores. Wear a dust mask when cutting grass, digging around plants, raking leaves and disturbing other plant materials. Reduce the humidity indoors to prevent molds from growing. These measures will reduce symptoms.

Antihistamines are of limited help for mold allergies. For moderate and severe allergy symptoms, corticosteroid nasal sprays are more effective. If these medications are inadequate allergy shots (immunotherapy) may be the only way to get relief.

US Asthma Control Falls Short

Asthma is a common illness, affecting 7 million children (10% of children in the United States) and 17.5 million adults (8% of adults in the United States). Direct and indirect asthma costs are substantial.

Asthma control falls far short of US national asthma management targets, according to a new survey. This study is noteworthy because it takes into account both asthma control and asthma severity, using methods from the Expert Panel Report III (EPR 3).

The survey also revealed that although a respondent may indicate a high burden of disease via the answers to survey questions, that same respondent often described their disease as either completely or well-controlled. Perhaps because of this, many of the asthma patients surveyed (49%) were not using controller medication, despite the presence of persistent disease.

A news release stated that: "According to survey results, 79 percent of these patients had persistent asthma and should have been on controllers. Of the 51 percent on controllers, 86 percent were inadequately treated as their asthma was not well or very poorly controlled." Data in the document indicate that the number of asthma failures can be dramatically decreased if patients with asthma are referred to and followed up by allergists. The good news is that "all of this is solvable...if the right thing is done."

Health care professionals are advised to:

- Read the EPR 3 Asthma Guidelines
- Refer Patients to an allergist if there is no relief, and
- Educate patients about asthma: Some patients believe that asthma is an event, not a chronic illness that must be managed and may not be compliant with controller medication.

An Alternative to Allergy Shots for Respiratory Allergies?

Sublingual immunotherapy, also known as "*SLIT*" (SubLingual ImmunoTherapy), refers to allergy vaccine given as oral drops kept under the tongue for two to three minutes and then swallowed or spit out.

It has been used as an alternative to allergy shots in Europe for many years. However it is not yet approved by the USFDA because of the multiple dose regimens and disparity in the number of allergens and the duration of treatment in the published studies, even though they show effectiveness is the same as for allergy shots. However USFDA recently accepted that oral treatment of Respiratory Allergies is effective, by approving grass and ragweed antigen tablets. Oral administration of antigens leads to development of Allergen Tolerance as dendritic cells in the oral mucosa rapidly pick up the antigens for transfer to the lymphoid tissue under the tongue, where tolerogenic immune response is induced. The main disadvantage of the newly approved grass and ragweed tablets is that they are useful only for people who are allergic ONLY to that specific grass or to ragweed. Most patients are also allergic to dustmites, molds, cats and dogs etc., and these tablets have NO EFFECT on those allergies. On the other hand, even though not yet blessed by the USFDA, allergists can, for their patients, prepare customized vaccines containing all relevant antigens which are effective when used as oral drops.

More and more data is now available so that more than half the immunotherapy prescribed in many European countries is administered orally, and its off-label use is increasing in the rest of Europe as well as the United States. This is because it avoids the need, expense, inconvenience and time loss from frequent trips to the doctor's office for conventional allergy injections, and because it can be safely administered at home with greater safety, convenience and cost. The catch is that most health insurances do not cover the vaccine expense.

That does not seem to be a deterrent for more and more patients when convenience, safety, high copays and deductibles, no need to miss work, school (or football practice) are factored in the equation.

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work, school (or football practice!) are factored in the equation.

Apart from respiratory diseases, recent research has also shown efficacy of *SLIT* in patients with Food Allergy, and in children with Atopic Dermatitis. The earliest recommended age to start *SLIT* is 5 years. Oral as well as Injection immunotherapy is effective at all ages, however efficacy is higher when immunotherapy is started at younger ages.

At Asthma & Allergy Center we have Sublingual Immunotherapy available for patients above age 6 years, at all our offices.

With expert guidance, you and your families can enjoy all the activity that summer brings.

At the Asthma and Allergy Center, our dedicated staff is ready to assure that you have a healthy and productive season.

We all wish you a safe and wonderful summer!

Sincerely,

Chandra M Kumar MD

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