

# Asthma & Allergy Center

Courteous Competent Care with Compassion

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## Asthma & Allergy News

### Fall 2016

Happy fall and welcome to the new issue of the Asthma and Allergy Center newsletter! You'll find this issue packed with information to help you and your family make the most out of the season.

If you or members of your family have questions about Asthma, Allergies or Allergy Treatment, we are here to serve you. Contact us at 304-343-4300, or visit our [website](#).

### These fall allergies might surprise you!

Most people with allergies will tell you that any time of year can be allergy season, with sneezing and sniffing seeming to come out of nowhere. For many, though, the shorter days and cooler nights of fall trigger worse symptoms as the season begins to change.

Fall can be harder for those with ragweed and mold allergies. These aren't the only two triggers to look for, though! Here are four things you might not know about fall allergies, courtesy of the [American College of Allergy, Asthma and Immunology](#):

**Hay Fever?** – Although hay is harvested at the end of summer, hay fever actually has nothing to do with hay and there is no fever! Instead, it's a general term used to describe allergy symptoms of late summer. Ragweed pollen is a common cause of hay fever, continuing to be a problem until the first hard freeze. If over the counter meds do not work to control symptoms ask us for prescription medications and to see if allergy shots may be your best option in the long run.

**Lingering Warm Weather** -Unseasonably warm temperatures can make allergy symptoms last longer. Mold spores are released when humidity is high, and ragweed pollen if the weather is dry and windy. Be sure to begin taking medications as prescribed and call us if they do not work.

**Leaves** - For allergy sufferers, raking leaves is often a major trigger. Raking can stir up mold as well as left over pollen into the air, causing allergy and asthma symptoms. Those with allergies should wear a face mask (NIOSH rated N95) when raking leaves, mowing lawn or

## hear from you!

Help us serve you and all our patient better.

Please send us your suggestions, questions and comments.

We look forward to hearing from you!  
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## Test your knowledge!

**Myth:** Not *that* many people have asthma.

**Fact:** According to the Centers for Disease Control, 1 in 14 people have asthma.

- About 24 million Americans have asthma. This is 7.4 percent of adults and 8.6 percent of children. Asthma has been increasing since the early 1980s in all age, sex and racial groups.
- Asthma is the leading chronic disease in children. It is also the top reason for missed school days.
- Asthma is

stirring up soil while gardening.

**School Allergens** – Besides the outdoor seasonal pollens and molds, kids are often exposed to irritants and allergy triggers at school. These can include foods in the cafeteria or exercise-induced broncho-constriction (EIB) in the gym class. Help your child understand what can trigger their allergies and asthma, and how they can avoid them. Be sure to meet with the class teachers, gym teacher and the school nurse to appraise them of your child's allergies and any emergency medications such as quick relief inhalers and epinephrine. Feel free to ask the teachers to call us if they have any questions about your child's allergies or asthma care. Having your allergies properly identified and treated will help you and your family enjoy every season. To learn more about allergies and asthma, visit the patient education page of our website at [Asthmaweb.com](http://Asthmaweb.com)

## Can inhaling food particles cause an allergic reaction?

According to the [American College of Allergy, Asthma & Immunology](#), chances are minimal that a particle of peanut protein (the part of peanut responsible for causing allergic reactions) remains airborne to any significant level, making the risk of an allergic reaction to inhaled peanut protein very minimal. For most people to have a severe allergic reaction, the peanut (or whatever food they are allergic to) would need to be ingested knowingly or unknowingly. Accidental ingestion is even more a worry for younger children and toddlers. That said, there are people whose food allergy is so severe that airborne trace food particles can trigger a reaction. We have seen patients whose symptoms are triggered by being in the same room where others are snacking on peanuts, or food such as fish or shrimp is being processed or cut. So it is always better to be cautious and avoid exposure than take chances.

Even if the allergy is not severe, it is of paramount importance to know what to do if there is a reaction. Epinephrine auto-injectors, if prescribed, should be carried or available at all times, and patients as well as caregivers should receive training on what to do in the event of an emergency. For more information visit the [Patient Education page on our website](#).

## Study: Patients may not use rescue devices properly

People with asthma or severe allergies know that in a life-threatening event, a Rescue Inhaler or and Epinephrine auto-injector may make the difference between life and death. What happens, then, when you don't know how to use the device correctly?

According to a study by the [University of Texas Medical Branch \(UTMB\)](#), the threat can be very real. The study found that a majority of patients often do not use these devices correctly, resulting in less effective delivery of these medications with potentially disastrous outcomes. The study, which sought to improve patient outcomes, included 145 patients who were observed using epinephrine auto-injectors or asthma rescue-inhalers. Participants demonstrated how they used the device and their use was compared with established standards. Only 16% used the injector correctly; and more than half missed three or more steps!

With inhalers, only 7% of users demonstrated perfect technique and 63% missed three or more steps. The most common misstep was not exhaling as much as possible before using the inhaler. None of the factors examined in this study, including age and education level, impacted the rates of correct inhaler or auto-injector use.

The study demonstrates the clear need for all patients to learn how to use these devices correctly. Recommendations include repeated verbal and visual education using

more common in adult women than adult men.

- Asthma is more common in children than adults and more common in boys than girls.
- Almost 6.3 million people with asthma are under the age of 18.

**Myth:** Asthma doesn't make people *that* sick.

**Fact:** Asthma causes almost 2 million emergency room visits each year.

- Each year, asthma causes more than 14 million doctor visits and 439,000 hospital stays.
- The average length of asthma hospital stays is 3.6 days.
- Asthma is the third leading cause of hospital stays in children.

**Myth:** Asthma can't *kill* you.

**Fact:** Each day, ten Americans die from asthma, and 3,630 die from asthma each year. Many of these deaths are avoidable with proper treatment

demonstration. Links to videos showing correct technique for use of most of the inhalers and auto injectors can be found on the [Patient Ed page of our website](#)

## What's the best approach to preventing Asthma Exacerbations?

While inhaled corticosteroids are the mainstay of treatment to prevent asthma exacerbations, studies have been performed on differing approaches to treatment, including the combination of ICS with long-acting beta agonists (LABAs). A literature review identified 64 randomized trials evaluating 15 medication strategies for maintenance therapy of chronic asthma in adult patients.

The rate of severe asthma exacerbations, based on American Thoracic Society/European Respiratory Society criteria, was assessed for the various strategies versus low-dose ICS as the reference strategy. The greatest reduction in severe exacerbations was achieved with ICS/LABA combinations, whether used as maintenance/reliever therapy or in a fixed daily dose. There was no difference in effectiveness between these two dosing strategies: compared to low-dose ICS, rate ratios were 0.44 for combined maintenance and reliever treatment and 0.51 for combined fixed-dose treatment. None of the other combination therapies evaluated was superior to ICS; all single-drug strategies were inferior to a single low-dose ICS. A secondary composite outcome of moderate or severe exacerbations showed similar results. Safety outcomes were best with treatment based on current guidelines and combined maintenance/reliever therapy.

The results support ICS/LABA combinations as the most effective approach to preventing severe asthma exacerbations. Outcomes are similar using maintenance/reliever and fixed-dose strategies.

S.F.W. Loymans RJB, Gemperli A, Cohen J, et al: Comparative effectiveness of long term drug treatment strategies to prevent asthma exacerbations: network meta-analysis. *BMJ*. 2014;348:g3009.

## Study: Anaphylaxis Prevalence Increasing in Older Children

A study performed using the Australian National Hospital Morbidity Database compared the rates of hospitalization for anaphylaxis for two 7-year periods: 2005-06 to 2011-12 vs 1998-99 to 2004-05. The overall rates increased during both time periods. The rates remained highest among those aged 0-4, but proportionally increased significantly among children aged 5-14.

The data show continued increases in food-related anaphylaxis in Australia since the mid-2000s. While children up to age 4 account for most cases, the rate of increase might be fastest in those aged 5 to 14. This suggests that the burden is shifting to older adolescents and young adults, who are at highest risk for fatal anaphylaxis.

Mullins, R.J. Dear, KGB. Tang, MLK. Time trends in Australian hospital anaphylaxis admissions in 1998-1999 to 2011-2012. *Journal Allergy Clinical Immunology* 2015; 136; 365-375

## Children's Asthma and Allergies

If your child has asthma or allergies, one of the hardest things you face is preventing an attack when you aren't there. So, how do you prepare your child to deal with potentially life-threatening situations? The key is communication.

and care.

- Women make up almost 65 percent of asthma deaths. African-American women have the highest death rate from asthma.
- Since 1999, asthma death rates have gone down by 26 percent.

[Asthma and Allergy Foundation of America](#)

Discuss and learn how to make an Action Plan for your child when you come in for office visit next. Involve your child by talking about the condition, triggers, and reactions, what to do and when to get help. The more information your child has, the more confident and independent they will become, and you can spend a little less time worrying.

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At the Asthma and Allergy Center, we want to make sure you have all the information you need to live well with Asthma and Allergies.

Sincerely,

Chandra M Kumar MD

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