

ASTHMA & ALLERGY

BULLETIN

ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER • VOL. 26, No. 2

From the Executive Director

Dear Friends,

It's fall and we are quickly heading to winter. New England's weather has been predictably unpredictable – warm one day, rainy and cold the next. This can be especially challenging if you have asthma or seasonal allergies. If you haven't done so already, this is the perfect time to review health plans with your child's school nurse and teachers. Make sure the coaches and physical education teachers are aware also so he/she can participate fully. Please contact our office for the latest information and an Asthma/Allergy Action Plan form. An action plan is one of the best tools you have to manage your child's (or your) asthma and allergies in school, at home and at work.

Don't forget to check your emails or our website, www.asthmaandallergies.org, for our calendar of food allergy and asthma educational support group meetings. Look inside this issue for locations. The wonderful speakers, who represent the best in their fields, will keep you well informed. Don't get our emails? Contact us to get on the list.

This issue also includes photos from our annual Golf Classic, one of New England's premier charity events. If you weren't at the tournament this summer, you missed a great day. We hope that you will join us next year.

We are here to serve our members. Please call us if you need our help. If you aren't already a member, or you need to renew, it's easy to join. Just send in the form found in this issue or call us at 781-444-7778.

Be well,

Elaine Erenrich Rosenberg

WARNING: Check your epinephrine prescription before leaving the pharmacy!

Some people have recently been surprised to find that they have received an unfamiliar epinephrine device from their pharmacy. There are now several brands of epinephrine auto-injectors on the market and each one uses a different device.

It is important that you know how to use this device in case you need it in an emergency. Be sure to discuss your particular prescription with your doctor so you know exactly which brand of epinephrine you are to receive and how to use it. Ask as many questions as you need so you feel comfortable.

Before you leave the pharmacy with your prescription, be sure to look and see that it is the same brand that your doctor prescribed. If it isn't, ask your pharmacist why you have received a different brand. You may receive a substitute depending on the prescription from your doctor, the pharmacy that is filling

your prescription or your insurance company. Although the medicine is the same, the method for injecting it is somewhat different for each brand. If this is not the brand that you have

been trained to use, ask the pharmacist to teach you how to use it. If he/she can't, contact your doctor immediately to instruct the pharmacy to fill the prescription as written or to train you on using the new device.

It is important that you follow up immediately.

You should carry

your epinephrine at all times, and the emergency of an anaphylactic reaction is not the time to find out that you don't know how to use epinephrine that you have.

Hopefully you will never have to use your epinephrine, but to help you be prepared and confident we recommend that you practice with a trainer or by injecting your expired devices into an orange.

While rushing to complete her many errands one Saturday, Susan stopped at the drug store to pick up her son's prescription refill. Later that night while she was putting things away she discovered that the epinephrine auto-injector she received looked different than the one she was used to. She looked at it more closely and was upset to realize it was not the brand she had learned to use.

Don't miss your "shot" at flu protection



Flu can be very serious for people with asthma.

Protect yourself and your family by getting an annual flu shot. People with a history of allergy to eggs should consult their doctor before receiving flu vaccine.

The Food Allergy “Pandemic”—Two Interesting Hypotheses

Why have we been seeing so much food allergy in the last decade or more? The answer is: We do not know! Researchers have recently offered two very different hypotheses, involving the use of antacid medications and Vitamin D deficiency.

Antacids: A research group in Vienna suggests that antacids, H2 blockers, and proton-pump inhibitors may promote food allergy by preventing the proper digestion of allergenic food protein. They noted that when they added antacid to codfish protein in a test tube, pH levels were higher than are usually found in the stomach. This prevented digestion of the codfish protein.

They then fed mice either untreated codfish or codfish which had been combined with several different antacids. The level of allergen specific IgE (allergy antibody) and skin tests with cod protein was more common in the mice who were fed the antacid-treated codfish. These mice also had changes in their immune cell profile of the type that are seen when allergies are emerging.

These researchers speculate that an increase in the use of antacid type medications in recent years may have at least partially contributed to the increased frequency of food allergy. Many years ago, Dr. Hugh Sampson

at the Mt. Sinai Medical Center speculated similarly that infants and young children increasingly treated for gastroesophageal reflux with a variety of these medicines may have been at greater risk of developing food allergy.

Vitamin D: A very different hypothesis emerged from observations by researchers at the Massachusetts General Hospital. This group previously reported that there are more epinephrine auto-injector prescriptions, emergency department visits, and hospitalizations for food allergy in areas where vitamin D deficiency is more common. They now speculate that there are several mechanisms by which vitamin D deficiency may be responsible for food allergy.

They note that vitamin D, in addition to being important in calcium and bone metabolism, has a variety of other effects. Vitamin D contributes to defenses along mucous membranes by promoting protective mechanisms.

These researchers think that vitamin D deficiency may predispose people

to more frequent infections, disrupting the gastrointestinal barrier and promoting immune-system exposure to food antigens.

Their article also discusses the importance of vitamin D on immune functions. A variety of regulatory T lymphocytes are influenced by vitamin D levels. They also reviewed experiments which demonstrate that IgE production is suppressed by stimulating non-allergy-promoting groups of lymphocytes. They noted a recent report which showed that lower levels of vitamin D in the maternal diet during pregnancy were associated with an increased risk of food allergy sensitization in early childhood before 5 years of age. They go on to note, however, that vitamin D deficiency is certainly not the simple answer to food allergy, but that “this supports our view that food allergy is a ‘multi-hit’ phenomenon.”

Sources:

Pali-Scholl, I. et al. Antacids and dietary supplements with an influence on gastric pH increase the risk for food sensitization. *Clinical and Experimental Allergy*, 40:1091, 2010.

Vassallo, M.F. and Camargo, C.A. Potential mechanisms for the hypothesized link between sunshine, vitamin D, and food allergy in children. *Journal of Allergy and Clin. Immunology*, 26: 217, 2010.



Vitamin D and Asthma: Deficiency is Associated with Poor Asthma Control and Increased Need for Steroids

A flurry of recent publications has appeared in the scientific literature suggesting that vitamin D deficiency may affect lung function and asthma control.

A group of clinical investigators in Colorado studied lung function in 54 adults with persistent asthma. Those with low Vitamin D levels also had lower pulmonary functions. They also had greater airway hyperreactivity when they inhaled an irritant

chemical, and poorer response to steroid medications.

These researchers suggest that serum vitamin D levels should be checked in adult patients whose asthma doesn't respond well to inhaled corticosteroids. They did not, however, evaluate whether supplementary vitamin D would result in improved asthma control in this population.

Several articles also address the question of vitamin D deficiency in childhood asthma. The same research group in Colorado observed that in 100 children with asthma 47% had vitamin D levels considered to be insufficient. They found that the use of inhaled and oral steroids, as well as the total steroid dose, were significantly higher in those children who had low vitamin D levels.

(continued on next page)

FROM THE BOOKSHELF:

Educating and Empowering Kids with Food Allergies

Everyday Cool with Food Allergies

By Michael Pistiner, MD

Edited by Heather Mehra & Kerry McManama

Illustrations by Michael Kline
\$19.99

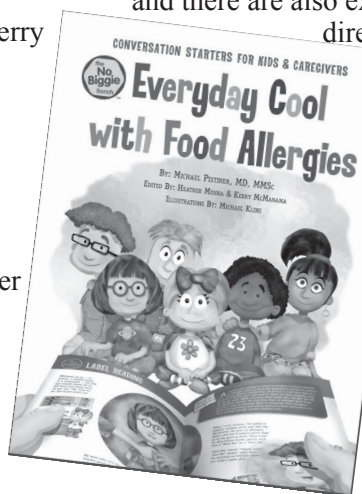
Dr. Michael Pistiner has a unique perspective as an allergist, pediatrician, and father of a child with food allergies. His new book, *Everyday Cool with Food Allergies*, is a great teaching tool for giving children the information and confidence they need.

The book is based on what Dr. Pistiner calls “conversation starters” - ways to engage children in learning about key aspects of staying safe, such as handwashing, label reading, alerting adults, carrying emergency medicine, and how to say “No thank you” when food is offered.

The text is appropriate to read and discuss with children from pre-school through early elementary school ages, and there are also explanatory notes directed to parents

or other caregivers.

Each character in the book is a member of the “No Biggie



Bunch,” a group of fun-loving and adventuresome kids who just happen to have food allergies, and who know how to take care of themselves

while having a good time. They were created by Heather Mehra and Kerry McManama, authors of a series of charming and educational No Biggie Bunch children’s books about food allergies. *Everyday Cool* is an important addition to the series, and a valuable resource for families, pre-schools and schools.

Learn more about these terrific books at: www.nobiggiebunch.com.

Special Offer!

Discounted price benefits both YOU and AAFA New England!

Order *Everyday Cool with Food Allergies*, or any other “No Biggie Bunch” books, and receive a **10% discount** by using the coupon code **AAFANE** when placing your order at: www.nobiggiebunch.com.

And when you do, the publishers will donate 10% of the total of your order to AAFA New England.

No Biggie Bunch books make great gifts for your family, school, or for the holidays!

RESEARCH UPDATE (continued from page 2)

Pulmonary functions were also lower in this group. They speculate that the effect of vitamin D on steroid effectiveness may at least partially explain this observation.

The Childhood Asthma Management Program is a long-term study of over 1,000 children with mild to moderate asthma. The children participating are from a number of study centers and have been closely followed for their response to various treatments over nearly a decade. Similar to the previously noted studies here, vitamin D levels at the time of enrollment in this clinical trial were lowest in those children requiring hospitalization and emergency room visits.

An accompanying editorial in the medical journal where this research was reported discusses various

mechanisms by which vitamin D deficiency may influence both the development and severity of asthma. They note several studies which indicated that vitamin D deficiency both in utero and in early life are associated with increased risk of asthma. They also observed that vitamin D “modifies” the risk of viral infection and is important in response to steroid medications.

None of these studies, however, have investigated whether or not vitamin D supplementation may modify the risk of developing asthma and improve response to treatment. We all look forward to the results of such studies in the future!

Sources:
Sutherland, E.R. et. al. Vitamin D levels, lung function, and steroid response in adult asthma. *American Journal of*

Respiratory and Critical Care Medicine, 181:699, 2010.

Searing, B.A. et al. Decreased serum vitamin D levels in children with asthma are associated with increased corticosteroid use. *Journal of Allergy and Clinical Immunology*, 125:995, 2010.

Brehm, J.N. et al, Serum vitamin D levels and severe asthma exacerbations in the Childhood Asthma Management Program study. *Journal of Allergy and Clinical Immunology*, 126:52, 2010.

Ginde, A.A. and Sutherland, E.R. Vitamin D and asthma: Panacea or true promise? *Journal of Allergy and Clinical Immunology*, 126:59, 2010.

Frank J. Twarog, M.D., Ph.D., is an allergist in Brookline and Concord, MA, and serves as President of the Asthma and Allergy Foundation of America, New England Chapter. He is a Clinical Professor at Harvard Medical School.

AAFA New England

EDUCATIONAL SUPPORT PROGRAMS

provide you with opportunities to

- Learn from experts · Get your questions answered
- Meet others who share your concerns · Find resources and confidence

FOR MEETING DATES AND TOPICS:
see our website (www.asthmaandallergies.org) or call 781-444-7778.

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North Andover, MA

Meets at Atkinson Elementary School,
111 Phillips Brooks Rd.

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Bedford St.

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Central St., Suite 116, (Exit 7B off Rt.
95 -Route 140 North)

FOOD ALLERGY GROUP OF THE NORTH SHORE

Salem, MA

Meets at Salem Hospital, 81 Highland
Ave. (Davenport Conference Area -
First floor)

METRO-WEST ALLERGY & ASTHMA SUPPORT GROUP

Framingham, MA

Meets at Allergy & Asthma Treatment
Specialists, 475 Franklin St., Suite 206

PIONEER VALLEY FOOD ALLERGY SUPPORT

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Center, 201 Hubbard St.

SHORESIDE ASTHMA & ALLERGY EDUCATIONAL SUPPORT GROUP

Kingston, MA

Meets at Wingate - The Inn at Silver
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CAPE COD ASTHMA & ALLERGY GROUP

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Meets at Allergy & Asthma Center for
Cape Cod, 244 Willow St.

RHODE ISLAND ALLERGY & ASTHMA EDUCATIONAL SUPPORT GROUP

Providence, RI

Meets at Asthma & Allergy Physicians
of Rhode Island, 1056 Hope St.

*Send your e-mail address if you
would like to receive information
about support group programs.
Let us know which group is closest
to you. Send to: aafane@aafane.org*

SUPPORT GROUP NEWS: AAFA New England welcomes three new leaders to our team of dedicated volunteers who lead educational support groups.

Melissa Haas and Elise Thomas,



Melissa

new co-leaders of the ShoreSide Asthma & Allergy Educational Support Group, met outside the school nurse's office while waiting to drop off their children's asthma inhalers and epinephrine.

Both of their sons have allergies to peanut and soy, and both also have asthma. "Elise and I have drawn support from each other literally from

the first day we met," says Melissa. "We often think about how much we rely on each other and are grateful for the support and knowledge we share with one another. We want to extend that support to others."



Elise

Denise Orlando is joining Cindy Blonder as co-leader of the Food Allergy Group of the North Shore. "My daughter was diagnosed with food allergies at one year of age," she

said. "I always felt so fearful; it was the AAFA NE support group that gave me hope. Just knowing other parents were going through the same thing and learning from their experiences as well



Denise

as gaining knowledge from speakers has changed my outlook on life with food allergies. For the past five years others have helped me, and now I feel it is time to help lead the group and encourage others that they can get through it, too."

SHARE YOUR STORY

Back to School with Food Allergies: A Mother's Perspective

By Laifong Lee

What marks the end of summer vacation and the beginning of a new school year? For me, it is preparing to meet with my son's classroom teacher to discuss his food allergies. Caleb attends a public school in Massachusetts and started 3rd grade this fall. He has allergies to peanut, tree nuts, and shellfish.

I recently realized that I am no longer as anxious about the management of Caleb's food allergies in school. Oh, I still have concerns, such as how often food might unexpectedly show up in his classroom this year. However it is only one concern among others that are not related to food - a sign that I am able to consider other aspects of his school life!

Things were quite different when Caleb was starting kindergarten. I was filled with dread because it was a major transition: Caleb was leaving a nut-free preschool, where I knew all the teachers, and going to a school that serves peanut butter daily in the cafeteria, where I did not know anyone.

I had tried my best to prepare for this transition by learning about the 504 and IDEA education rights laws, and meeting with the school nurse. I drafted an individual healthcare plan (IHP) based on AAFA New England's handout "How to manage life-threatening food allergies in school." (I still refer to this excellent checklist every year).

However, as it turned out, some things were simply beyond my control. For example, Caleb's kindergarten teacher was new to the school; hence her contact information was not readily available. When I finally reached her, she was only able to see me for fifteen minutes one day

prior to the start of school. Needless to say, it was not the wonderful meeting I was hoping for to discuss the specifics of keeping Caleb safe in the classroom.

A Silver Lining

We experienced quite a few bumps in Caleb's kindergarten year, the most frightening of which were multiple allergic reactions (minor ones, thank



Caleb on his first day of third grade.

God) likely due to peanut butter residues in the classroom. The silver lining in those incidents was that they motivated the teachers and me to tweak and improve Caleb's IHP. Still, it took a couple of months into that school year before I could stop worrying about his well being. When Caleb finished kindergarten, it was definitely a milestone in many ways for my family; we gave thanks to God and I breathed a huge sigh of relief!

Since then the transitions to a new school year have become significantly easier. One major factor is Caleb being older and more responsible about keeping himself safe in regards to his food allergies. I can trust him to consistently say, "No, thank you" to foods from other people, and he can also read ingredient labels. This is a huge step forward for us, considering Caleb once accepted and ate candy offered to him in kindergarten! Not needing to supervise Caleb with as high a level of vigilance, or be as dependent on someone else's "allergy awareness IQ" to keep him safe has lifted a big burden off my shoulders.

It also makes a difference that we are now familiar with Caleb's

school. I know some of the staff from volunteering in the school. I strive to be supportive of the teachers, which makes it easier for me to request certain accommodations for Caleb. In addition, knowing that Caleb has been okay (i.e., no major reactions) for the past three years gives me confidence that our plan is working.

I am also learning that as Caleb matures, I need to involve him in the decisions that I have been making about managing his food allergies. I was horrified recently when he did not want to sit at a peanut-free table during summer camp. Instead he wanted to sit at a "regular" table as long as he was not flanked by kids who were eating peanut butter. The motherly instinct in me still wants to eliminate the risk of his exposure to an allergen, but I am learning to find a healthy balance between keeping Caleb safe enough and promoting his social and emotional development.

I know that each new school year will bring different situations and challenges. I am still refining the "right way" for Caleb and myself. I am learning to ask better questions and to better anticipate when and where problems may occur. I am learning that it is okay not to be able to control everything. I am learning to pick my battles; I can be accommodating but I cannot be afraid to advocate for my son.

My encouragement to other families with children who are just starting school is that even though it may initially feel scary and overwhelming, it does get better. Your child will mature and you will mature. Now can someone with an older child please tell me: will my heart ever stop skipping a beat whenever my cell phone rings and the caller is the school nurse?

Please share YOUR story. How have you handled "real-life" challenges of living with allergies or asthma? Let us know what happened and how everything worked out. (Send to: sharons@aafane.org, or call 781-444-7778.)

AAFA New England Dr. Paul J. Hannaway Golf Classic

The threat of a thunderstorm didn't cloud the enthusiasm at the annual golf tournament honoring the memory of Dr. Paul J. Hannaway, a founding member of AAFA New England, which was held on July 19 at the Tedesco Country Club in Marblehead, MA.



His daughters Holly Hannaway, Kim Schillinger (*left*) and Karen Fobert joined their brothers, Kevin and Tod Hannaway, co-chairs, (*right*) continuing the Hannaway family's commitment to supporting the education programs to which their father dedicated his career.



Grand Sponsor George D. Behrakis The Behrakis Foundation



Grand Sponsor George Behrakis (top, right) and his friends at the first tee.

Some of the other golfers who enjoyed this fabulous day are pictured below.



AAFA New England Board members Paul Antico (above, left) and John Saryan, MD (4th on the right) golfed with friends and colleagues.



Kim and Tod Hannaway were the auctioneers for a fabulous selection of items, including Red Sox tickets, restaurant certificates, and sports memorabilia.

The Hannaway family donated several unique

items, including a Marblehead Harbor cruise personally guided by Kevin and Tod Hannaway, and a print of an historic painting by Bunny Hannaway.



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Special thanks to volunteers Holly Hannaway, Michelle Kratt, Kim Schillinger, and Mark Uzzell.

Thanks to everyone for supporting AAFA New England!

AAFA New England Provides Asthma Tools for School Nurses

One of the ways we work closely with school nurses is to provide asthma management tools such as nebulizers, spacers and peak flow meters. If you have a gently used nebulizer that your family no longer needs please consider donating it to AAFA New England, and we will make sure it gets to someone who can use it.



School nurse Barbara Chisholm of Gardiner, Maine appreciated the donation of a nebulizer that she will use to offer treatments at school, which she anticipates will improve school attendance by students with asthma.

We are saddened to note the death of William Franklin, MD

Dr. Franklin was one of the founders of the Asthma and Allergy Foundation of America, New England Chapter in 1978, and served on our Board of Directors for many years. He received an award from AAFA New England honoring his lifetime of pioneering contributions to the field of allergy and immunology, and dedicated service to his patients.

At the time of his death in September Dr. Franklin was 91, and was an Honorary Member of our Board of Directors and a strong supporter. He shall be greatly missed by his family and friends, AAFA New England, and the New England medical community.

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The Asthma and Allergy Foundation of America, New England Chapter, is dedicated to helping people with asthma and allergic diseases, and those who care for them, through education, support for research and an array of services.

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Membership in AAFA New England helps you and others with asthma and allergies to enjoy fuller lives.

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**Donations have recently been
received in memory of:**

Barbara Fabry Rascan
Shawn Stanwood

**Donations can also be made in honor of
family, friends, or healthcare providers, or
to mark special occasions.**

To contribute a memorial gift or tribute in honor of a special person or a birthday or other event, please send a check payable to AAFA New England. (MC/VISA accepted by phone, mail or on-line: www.asthmaandallergies.org. Please include the name of the person being honored or memorialized, and let us know who to notify of your donation.

Thinking about Food Allergies at College?

Food Allergies and College: Planning for Campus Life

A booklet of information for both students and parents about visiting and choosing a school.

Includes tips on eating on campus, and dealing with the realities of dorm and social life.

For a free copy, send an e-mail to aafane@aafane.org, or call 781-444-7778.



Breath of Spring 2011

Our annual fundraiser promises to be a fun and exciting event!

Don't miss out!

*Send your name and address to aafane@aafane.org
to receive your invitation.*

Want to help?

We need volunteers to make this party a great success.

Encourage Children to Read AND Support a Worthy Cause



If you'd like AAFA New England to run a Read-a-Thon program at your child's school, please contact Elaine Rosenberg at 781-444-7778 or elaineer@aafane.org.



Renew your membership today!



Asthma and Allergy
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