

ASTHMA & ALLERGY BULLETIN

ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER • VOL. 27, No. 1

Your child needs an Asthma Action Plan at School

An Asthma Action Plan is one of the most important tools that parents and school nurses need to keep children with asthma healthy. Many children with asthma do not have a written plan, which can prevent asthma flare-ups and visits to the doctor or hospital.

Make an appointment now to get a current written Asthma Action Plan from your child's doctor so that you can give your school nurse a copy by the start of the new school year.

A written asthma action plan tells you how to keep your child's asthma well-controlled, and what to do if it gets worse. It should include:

- Your child's allergy and asthma triggers – the things that make the asthma worse;
- Symptoms to watch for (such as cough, wheeze, chest tightness, waking up at night due to asthma, not being able to do usual activities);
- Which medicine to use, when, and how much;
- What to do if your child's asthma symptoms are worsening and how to decide if you need to get help immediately.

Contact us if you would like an Asthma Action Plan form, or more information about asthma.

RESEARCH UPDATE

New Food Allergy Treatments Being Developed

By Frank J. Twarog, MD, PhD

With the increasing prevalence of food allergy in children, the current focus has turned to developing possible treatment methods to either decrease risk in case of inadvertent food ingestion or to create tolerance or desensitization. The previous issue of our newsletter highlighted a Chinese herbal treatment being studied at Mount Sinai Hospital in New York. Here is an update on research underway in our local area.

Although milk allergy has generally been felt to be a transient problem limited to younger children, recent observations and studies from Johns

Hopkins have shown that children now seem to be losing allergy to milk more slowly. In fact, some continue to be allergic to cow's milk well into adolescence.

A recent study at Children's Hospital here in Boston and at Stanford University demonstrated that it may be possible to hasten the loss of milk allergy in these children. These investigators treated a small group of 11 children from 7 to 17 years of age with an anti-allergy injection (anti-IgE omalizumab/Xolair®) to decrease allergic reactions while introducing

(continued on page 2)

New Alert System Will Help You Manage Your Child's Asthma

What if you could receive e-mail or cell phone messages with reminders about what you need to do today to take care of your child's asthma?

AAFA New England is collaborating with Asthma Signals, a new company that is developing an innovative mobile technology to help you reduce asthma exacerbations in children.

The family-friendly technology will connect children, parents and schools with recommendations for action that are based on each child's unique care plan, daily activities and surrounding environmental conditions.

The software is being designed to provide timely reminders and alerts prior to a likely acute asthmatic event, such as a soccer game on a "bad air" day.

Despite clear clinical guidelines and effective medications for asthma management, over one million U.S. children suffer from uncontrolled asthma. To address this problem, AAFA New England is providing expert advice on asthma management to Asthma Signals, Inc.

In the coming months we will help connect the company with children with asthma and their parents to evaluate and refine the content and delivery approach for the alerts and messages that are a key component of this new "mobile care management system."

Contact us for more information or if you are interested in participating in the pilot version of this new technology.

RESEARCH UPDATE (continued from page 1)

increasing amounts of milk protein to the subjects.

The anti-IgE was discontinued after four months of treatment while milk was continued in the children's diet. Originally the children had experienced significant allergic reactions to milk. These had included wheezing, rash, vomiting, and eye irritation.

Nine of the 11 children were successfully desensitized using this protocol. The authors note that this was the first study to demonstrate that addition of the anti-IgE to an oral desensitization challenge allowed a more rapid increase in the



dose of food administered during this desensitization procedure. However, all of the children experienced some type of reaction during the desensitization. Most were felt to be mild, but several had tongue and throat swelling. Two required injections of epinephrine at home during the desensitization. Overall, however, the majority were fully desensitized.

[Editor's note: Brett Nasuti, son of AAFA New England Board of Directors member Robyn Nasuti, was the first child to complete this study in Boston. Contact us for a copy of an article about his experience.]

This study provides new insights into possible ways of treating food allergy

in childhood. The group at Children's Hospital now has initiated a similar protocol in children with peanut allergy. Subjects participating in the study will be between 7 and 25 years of age and have a significant history of peanut reaction within an hour of eating this food. Parents or young adults interested in obtaining information on the study should contact Tim Harrington, coordinator for the Peanut Allergy Desensitization Program, at 617-355-6127.

Source:

Nadeau, K.C. et al. Rapid oral desensitization in combination with omalizumab therapy in patients with cow's milk allergy. *Journal of Allergy and Clinical Immunology*, 127:1622, 2011.

Possible Changes for Treating Your Chronic Asthma

Asthma is a complex condition caused by many different factors. It is one of the most common chronic conditions, both in children and adults. Because of this, a large number of people suffering from chronic asthma require ongoing treatment. A number of studies have addressed possible modification of treatment protocols. The following references briefly review some of these new approaches.

Many studies over the last several decades have clearly shown the superiority of ongoing inhaled steroid therapy used as a controller asthma treatment. We have learned, however, that unfortunately in spite of good clinical improvement (e.g., fewer or less severe symptoms), the inhaled steroids did not change the natural history of asthma. When the medication is stopped symptoms recur. Because of this observation, several research groups have tried to reassess the use of inhaled steroid medications to minimize any potential side effects.

In children with mild, persistent asthma, it is generally recommended

that daily treatment with a low-dose inhaled steroid is the optimal approach. A recent study in over 800 patients 5-18 years of age compared ongoing inhaled steroid with use of inhaled steroids given only on a sporadic basis during viral infections or other exacerbations. Although the group on daily medication was somewhat better controlled, children receiving inhaled steroid as a rescue treatment did almost as well. There was no significant problem in the group receiving only rescue treatment.



Many patients express **concern about the use of steroid medications** when prescribed for asthma treatment. A study of more than 600 patients 12-80 years of age compared use of inhaled steroid with a different type of asthma medication: a leukotriene modifier (LTRA, i.e., Singulair®/montelukast, or Accolate®/zafirlukast.)

This was a "real-world" study in which primary care physicians monitored the patient. Asthma control

was evaluated by an asthma quality-of-life questionnaire obtained by phone contact. This study was carried out for a period of two years. The LTRAs were equally effective as low-dose inhaled steroids.

Adherence to use of the inhaler as compared to ease of administration of an oral medication is felt to possibly play a role. (That is, some people may use the LTRAs more regularly because they find it easier to take one pill a day than to use inhaled medication.) The data do suggest that for some patients, however, LTRAs may suffice to control mild asthma symptoms.

A variety of other factors may have played a role. Unfortunately, there was no control group to compare. Additional groups in this series of studies included addition of a long-acting beta agonist to inhaled steroids, and the LTRAs added to inhaled steroids compared favorably to the long-acting beta agonists as well.

For patients whose asthma control is inadequate even with high-dose inhaled steroid and long-acting beta agonists, the options are fairly limited. Another study compared adding tiotropium (Spiriva®) to a regimen of
(continued on page 3)

FOOD ALLERGY in the NEWS

New study says 8% of US children have food allergy

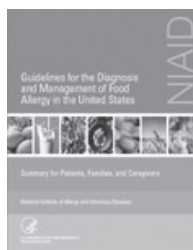
Almost 6 million children under the age of 18 in the United States have food allergies, according to the largest study ever conducted on the prevalence of food allergy in children in this country. This translates to about 8% or one in every 13 children, which is nearly double the most recent estimates by the U.S. Centers for Disease Control. More than 30% of them have multiple food allergies, and about 40% have a history of severe reactions.

You can read a summary of the findings, which were published in the medical journal *Pediatrics*, at its website: <http://pediatrics.aappublications.org/> (search for “food allergy prevalence”).

Food Allergy Guidelines Summarized for Patients and Families

In December, 2010 the National Institute of Allergy and Infectious Diseases (NIAID) published clinical guidelines for healthcare professionals on the diagnosis and management

of food allergy and the treatment of acute food allergy reactions. A family, patient and caregiver summary of these important guidelines was published in June.



This helpful new booklet summarizes in “laymen’s” language the most important information from the clinical guidelines and

provides an excellent starting point for conversations with your doctor about food allergy. You can read and download both the clinical guidelines and the 32-page patient/family/caregiver summary at the NIAID website: www.niaid.nih.gov (search for “food allergy guidelines”).

USDA Acts to Reduce Mislabeled Products

After a larger number of products were recalled in the first half of 2011 than in previous years due to the presence of undeclared allergens or other ingredients, the U.S.

Department of Agriculture’s Food Safety and Inspection Service has issued instructions to its inspection program staff to make plants that produce meat, poultry and egg products aware of the importance of this problem, and how to best ensure labels are kept accurate and current.

In many cases the recalls were the result of a change in product formulation or a change in a supplier’s ingredients which had gone unnoticed on their labels. There have been 20 recalls so far this year as a result of undeclared allergens, compared with a total of 32 in the previous two years combined. Undeclared ingredients have included soy, whey (a milk-derived ingredient), and wheat.

The USDA oversees only meat, poultry and egg products. All other foods fall under the jurisdiction of the Food and Drug Administration (FDA). Federal food labels laws require the presence of eight “top” allergens to be declared on product labels: wheat, Crustacean shellfish (e.g., shrimp, crab, lobster), eggs, fish, peanuts, milk, tree nuts (e.g., almonds, pecans, walnuts) and soybeans.

RESEARCH UPDATE (continued from page 2)

high-dose inhaled steroid and long-acting beta agonist in this population. Spiriva® is a controller medication primarily used in the treatment of chronic lung disease and administered once daily.

This study randomized 100 patients to receive two different doses of the Spiriva® in addition to the usual regimen of inhaled steroid and long-acting beta agonist. In this difficult-to-control group, addition of the Spiriva® did result in improved pulmonary functions as well as peak flow rate measurements performed at home.

These studies provide some insight and possible modifications of treatment protocols for asthma in both those with mild, persistent as well as a more severe, persistent condition. Results are encouraging and suggest that physicians may take a new look at your options for use of controller therapy in both of these situations. For those with chronic asthma, the hope is that a treatment regimen that is more acceptable will result in better adherence with use of medication and improved quality of life.

Sources:

Martinez F.D. et. al. Use of beclomethasone dipropionate as rescue treatment for children with mild, persistent asthma (TREXA), randomised double-blind, placebo-controlled trial. *Lancet*, 377:650, 2011.

Price, D. et al. Leukotriene antagonists as first-line or add-on asthma-controller therapy. *New England Journal of Medicine*. 364:1695, 2011; Editorial by Dahlen, S-E. et al., Asthma treatment guidelines meet the real world, page 1769. Kerstjens, H.A.M., et al. Tiotropium improves lung function in patients with severe uncontrolled asthma: A randomized controlled trial. *Journal of Allergy & Clinical Immunology*, In press; published online June 3, 2011).

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.

Breath of Spring 2011

A Night in Monte Carlo

Laughter was heard across the beautiful grounds of Elm Bank in Wellesley, Massachusetts, as AAFA New England's friends played casino games, ate, drank, and were very merry.



**Ruth LovettSmith, Chair
Breath of Spring 2011
with her husband Steve Smith**



*AAFA NE President Dr.
Frank Twarog played down
to his last few chips.*



Please patronize these generous **AUCTION DONORS**

Andrew Abu Family
Ansaphone Service, Inc
Betsy Luchars
Blue Ginger
Bose Radio
Boston Duck Tours
Boston Lyric Opera
Boston Newton Marriott
Boston Red Sox
Brass Buff Antiques
Cape Cod Melody Tent
Colpitts Travel
Creative Sparks Imagery
Deutsche Bank Championship
Edible Arrangements
Educating for Food Allergies
Elizabeth Grady Face First
Fireside Catering
Fleming's
Get in Shape for Women
HomeFree Foods
Improv Asylum

Isabella Stewart Gardner
Museum
Jillian's Billiard Club
Jordan's Imax 3D Theatre
Kelley Greens Golf
Las Vegas Night Life Group
Louis DuGal Salon
LovettSmith Design
Masala Art
MedicAlert Foundation
Michele Topor's Boston
Food Tours
Mirage Hair Design
Mr. Sid Salon
Music Go Round
Nathaniel's at Hawthorne
Hotel
New England Aquarium
New Repertory Theater
Not Your Average Joe's
NouveauDerm Med Spa
Ogunquit Playhouse

Peabody Essex Museum
Pinz Entertainment
Pirate Brands
Plumtree Press
Purposeful Work
REI Framingham
Rick Cardoza
Robyn and Alan Nasuti
RobynSoldMyHouse.com
Roche Bros.
Safar Coiffure
Salon Capri
Salon Sama
Southwick's Zoo
Stellina Restaurant
Sterling Golf Management
Studio Eleven
The Sports Museum
Vermont Nut Free Chocolates
Wasik Cheese Shop
WCVB TV Channel 5
WHDH TV 7 News

\$2000

New England Society of Allergy

\$1500

Dey Pharma - A Mylan Company

\$1000-\$1499

Adult & Pediatric Allergy Physicians,
Drs. Twarog, Moody & Handelman
Asthma & Allergy Affiliates,
Drs. MacLean, Gose, Ober,
Palumbo & Oren
Asthma Signals, Inc.
Boston Scientific
Brigham and Women's Hospital
GlaxoSmithKline
Partners Asthma Center
PhRMA
Teva Pharmaceuticals

\$500 - \$999

Allergy & Asthma Center of MA,
Drs. Steinberg & Ohman
Allergy & Asthma Associates South,
Drs. Costa, Ghoshhajra, & Ripple



***SPECIAL THANKS** to the many volunteers who made the evening a success,
and to Robert Ruscansky Photography for these great photos.*

MANY THANKS TO OUR SPONSORS AND DONORS

Allergy & Asthma Specialists,
Drs. Liang, Malik, Mehra, &
Melamed
Allergy & Asthma Treatment
Specialists, Stuart Rhein, MD
Asthma and Allergy Foundation
of America
Center for Asthma, Allergy &
Respiratory Disease,
Mark Windt, MD
Children's Hospital, Boston,
Community Asthma Programs
Executive Home Detox,
William Carrick, MSN
Maureen & Alan Krensky
Lahey Clinic
Lincoln Diagnostics
Mass. General Hospital
Food Allergy Center
Northeast Asthma, Allergy
& Immunology, Drs. Scott,
Pistiner & Kruzick
Jane E. Nugent
Phadia, Inc.
Johanna and Sean Power
Debbie & John Saryan, MD
Jeffrey & Phyllis Swersky

\$250 - \$499

Patricia & Michael Abelson
Donald Accetta, MD
Paul & Muffy Antico
Asthma & Allergy
Physicians of Rhode Island,
Drs. Zwetchkenbaum &
Weisman
Asthma Research Center at
Brigham & Women's
Hospital, Elliot Israel, MD
Cindy & Jeffrey Blonder
Michele Abu Carrick &
Bill Carrick
Children's Hospital, Boston,
Division of Immunology
Doreen & Peter Christie
Sandy & Joe DiNuzzo
Lisa & James Engelbrecht
Brenda & Robert Gaynor
Eleanor Grant & Dan Lynch
Chris & Stephen Kanarian
Lahey Clinic - Dept. of Allergy
& Immunology
Ruth LovettSmith &
Steve Smith
Rose Ann Miller & Thomas
Wheatland

Robyn & Alan Nasuti
Heather & Vivek Mehra
Anne & John Pickett
Patricia & Richard Pino
John Renneburg, MD
David Riester, MD
Carol & Robert Riley
Susan & JB Royal
Lynda Schneider, MD
& Leonard Zon, MD
The Strategy Group
South Shore Allergy & Asthma
Specialists, Drs. Broff, Young
& Vallen

\$100 - \$249

Cakes for Occasions
Concord Allergy,
Laura Jarmoc, MD
Grace Clancy & George Desko
Paul Duprey
William Gruber
Educating for Food Allergies,
Jan Hanson
Patricia Kelliher
Mass. School Nurse Organization
Judi McAuliffe
Michael Pistiner, MD

Judith Saryan & Victor
Zarougian
Seven Point Financial,
Benjamin Krikorian
Robert Stoker
Mark Uzzell
The Winhall Companies

Up to \$99

Jane & Andrew Abu
Karen Hsu Blatman, MD &
Robert Blatman, MD
Nancy & Lou Cohen
Deborah Elbaum
Carol Esbig
Susan & Joe Fallon
Joan & Michael Fiore
Laurel & Joseph Francoeur
Demetra Georgakopoulos
Lisa & Richard Greene
Melissa Haas
Clarissa Kwan
Chris Nugent
Hannah Rinehart
Kathy & Martin Streeter
Marjorie & Michael Sweeney
Elise Thomas

From the Executive Director

Dear Friends,

It is finally summer! I hope that you have the chance to relax a bit. Here at AAFA NE we are so busy working on new projects for you, planning programs for college-bound teens, parents and young adults. We definitely need volunteers to help us with our many services. Call me if you can help us with office tasks or special events.

In May, we launched an important campaign: to have every child with asthma take a written Asthma Action Plan to school by September. A written Asthma Action Plan is one of the most important tools you need to manage your child's asthma. Call us if you want our help to join the campaign.

Look inside this issue for news about our 2011 Breath of Spring Casino night and our 2011 AAFA New England Bike Ride. Both were wonderful events. Don't be sad if you missed them. You can join us next year.

You know better than anyone that asthma and allergies are serious, potentially life-threatening diseases. It is our mission to help you and your children find the best ways to manage your disease and stay healthy. But we are serious also when we tell you that your donations and memberships are critical for us to continue to help you on the phone, provide our educational programs, and train nurses, child care providers and schools. We want to be here for you when you need us.

Regards,

Elaine Erenrich Rosenberg
Executive Director

Cyclists Hit the Hills for Asthma and Allergies

Mark Westberg, chair of the 2011 Ride for AAFA New England, named Jennifer Davis the "hero of the day" for taking on the challenge of an eighteen mile bike ride – the longest she had ever completed. And she did it on her son's birthday, to show her support for him and the AAFA New England programs that have helped her learn how to manage his food allergies.



Elena and Mark Westberg

Mark is an avid cyclist and father of two children with asthma, and he is *our* hero. He founded the ride last year to increase awareness about how asthma can affect people's lives. "My own children are doing well and able to enjoy riding their bikes, but I have seen how more severe asthma can have a huge affect on kids and their families," he said.

Mark got even more of his family and friends

involved in this year's ride. His father drove the rider support van, his children and their friends ran a profitable lemonade stand, and



Jennifer Davis

his wife Elena helped coordinate neighborhood volunteers and run the entire event.

The June 18 ride began and ended at Trinity Church of the Congregation in Bolton, MA, and traversed the scenic back roads and rolling hills of Bolton, Lancaster, and Harvard, MA.

Riders received a t-shirt, a bike check by Assabet River Bicycle, and a RoadID gift certificate. Other sponsors and donors included Hannaford Markets, NOSK nasal air filters, and Carlson Orchards of Harvard, MA. A road sign, donated by Volvo Rents, attracted passers-by to inquire about the bike ride and our organization.

Funds raised from the ride will support the education programs of AAFA New England. It's not too early to tune up your bike and get in shape so you can join in the fun next year. Contact us if you want to be on the list to be notified of the date.



SUPPORT GROUP NEWS

Our education programs and support groups are taking a break for the summer

but we're still here to help you explain food allergy to your friends and family, set up a health care plan for school, or help you connect with the resources and information you need. Give us a call!

AAFA New England Welcomes Support Group Leader Laurel Francoeur to our Board of Directors

Laurel Francoeur, a Woburn attorney and statewide advocate for people with food allergies, has been named to the board of directors of the Asthma and Allergy Foundation of America, New England Chapter.



Laurel Francoeur

Francoeur became involved with our organization when her son was first diagnosed with food allergies more than ten years ago and she attended the AAFA New England local support group that meets in Lexington, MA.

In 2004 Francoeur became the leader of the Metro-Northwest Boston Area support group, and has become a community leader and resource to help other families living with food allergies. "I was there ten years ago, and know how daunting it can be," she says. "I've gained a wealth of knowledge from attending the meetings and programs sponsored by AAFA New England and look forward to bringing my legal skills and experience working with non-profit organizations to my new role as a member of the Board."

Francoeur is a graduate of MIT and Suffolk Law School, and has practiced general and family law in Cambridge and Woburn, MA. She is currently in solo practice in Woburn, and is also the founding partner of a legal document software company that is initially focusing on developing materials to assist the parents of children with special needs.

BECOME A MEMBER OR RENEW YOUR MEMBERSHIP NOW!

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

- | | |
|--|---|
| <input type="checkbox"/> Patron \$500 | <input type="checkbox"/> Sustaining \$50 |
| <input type="checkbox"/> Benefactor \$250 | <input type="checkbox"/> Single/Family \$25 |
| <input type="checkbox"/> Professional or Sponsor \$100 | |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> New Member |

MEMBERSHIP INCLUDES

- ◆ Newsletters mailed to you (Multiple copies to Professional members)
- ◆ Personalized resources and information
- ◆ Notice of educational programs and special events
- ◆ 10% discount on books

Send your check payable to AAFA New England to 109 Highland Ave., Needham, MA 02494. MC/VISA accepted by phone or on-line at www.asthmaandallergies.org.

NAME _____

STREET _____

CITY/STATE/ZIP _____

PHONE _____ E-Mail _____

MC/VISA # _____ Exp. Date _____

Please remember to ask your company for a matching contribution to AAFA NE.

ASTHMA & ALLERGY BULLETIN

Published three times
a year by the
**Asthma and Allergy Foundation
of America**

New England Chapter

Frank J. Twarog, M.D., Ph.D.

*President
and Medical/Scientific Advisor*

Elaine Erenrich Rosenberg

Executive Director

Sharon Schumack

*Director of Education
BULLETIN Editor*

*Published with a grant from
The Thoracic Foundation*

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.

Information contained in this newsletter should not be used as a substitute for responsible professional care to diagnose and treat specific symptoms and illness. Any reference to available products and procedures should not be construed as an endorsement. AAFA New England, including all parties to or associated with this newsletter, will not be held responsible for any action taken by readers as a result of the newsletter. ©2011. All rights reserved. Material may not be reproduced without permission of the publisher.

**Honor your friends and relatives
by making a donation to
AAFA New England**

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

Francesco "Sam" Rico

**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.



Asthma and Allergy
Foundation of America*

NEW ENGLAND CHAPTER

109 HIGHLAND AVE.
NEEDHAM, MA 02494

Tel: 781-444-7778 Toll Free: 1-877-2-ASTHMA(TTY available)

Fax: 781-444-7718

E-mail: aafane@aafane.org

www.asthmaandallergies.org

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
BOSTON, MA
PERMIT NO. 58109

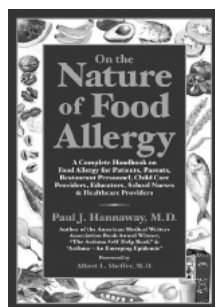
Return Service Requested

*Did you pick up this newsletter in your doctor's office?
To receive future issues at home, become a member of AAFA New England. (See page 7)*

You can help others who are new to managing food allergies!

**What did you do to set up your kitchen when someone
in your family was diagnosed with food allergy?**

**What do you know *now* that you wish you knew when
you were new to living with food allergies?**



Send us your five top suggestions in
each category, so that we may share
them with others.

Send by e-mail to aafane@aafane.org with the
subject "Food allergy tips."

***To thank you for sharing your
experiences*** we will send you a copy of *On
the Nature of Food Allergy* by Paul Hannaway,

MD, a readable guide and reference to "everything you ever wanted
to know" about food allergies. (Be sure to include your mailing
address with your response so we can send you the book.)

**Save the date for these
special programs:**

Food Allergies and College: Planning for Campus Life

A forum for high school juniors and
seniors and their parents
Wed., Sept. 21, 2011 - 7:00 p.m.

Young Adults with Food Allergies

A forum on the social, emotional and
practical issues of living independently
with food allergies
Tues., Oct. 18, 2011 - 7:00 p.m.

*Both programs will be held at
Newton-Wellesley Hospital,
Newton, MA
(conveniently located just off Route 95
at Rt. 16).*

**They will include panel
presentations and opportunities to
share and network.**

**Call for further details and
to register.**