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.

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**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. TheLTRAs 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 theLTRAs 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...
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:


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

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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

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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 Rosenburg
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.

Mark Westberg

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.

Jennifer Davis

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.

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.

ASTHMA & ALLERGY BULLETIN

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Frank J. Twarog, M.D., Ph.D.
President
and Medical/Scientific Advisor

Elaine Erenrich Rosenberg
Executive Director

Sharon Schumack
Director of Education
BULLETIN Editor

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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.

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.

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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.

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

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.)

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)