

# ASTHMA & ALLERGY

## BULLETIN

ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER • VOL. 26, No. 3

### *From the Executive Director*

Dear Friends,

What a winter this has been so far! This season is certainly one to talk about. The bitter cold temperatures may be especially troublesome for people with asthma. In addition to remembering your hat and gloves, pay particular attention to managing your asthma. Be sure that you or your kids are taking your preventive medicine as prescribed. Pay attention to your body and use your rescue medication if needed. As always, call your doctor if you have any questions or concerns.

But spring is just around the corner and with it comes our annual Breath of Spring celebration. Join us on April 29, 2011 for a special casino night. In addition to having fun, you'll be supporting AAFA New England's programs. And for golfers dreaming of teeing off on a warm sunny day, save July 18, 2011 for our annual AAFA New England Dr. Paul J. Hannaway Memorial Golf Classic. Details for these events will be available on our website soon.

Can you spare a couple of hours a week, or even just once in a while? We need volunteers to assist in our office with a variety of tasks. We also need volunteers for the Breath of Spring Committee - no meetings required. Please contact me at 781-444-7778 or [elaineer@aafane.org](mailto:elaineer@aafane.org).

Thank you to our members and everyone who donated during our special year-end campaign. Remember, we need your help to continue to serve you and other New Englanders who live with asthma and allergies.

Stay well,

*Elaine Erenrich Rosenberg*

## Traditional Chinese Medicine offers new ideas for Food Allergies, Eczema and Asthma



Promising medical research on using traditional Chinese herbal formulas to treat food allergies, asthma and eczema was presented by Dr. Xiu-Min Li, MD, Professor, Pediatric Allergy and Immunology,

Mount Sinai School of Medicine, New York. She spoke in October to patients and health care providers at a program sponsored by AAFA New England.

Since there is no cure for these chronic health issues, there is a lot of interest in the exciting alternative and complementary treatments that Dr. Li is pioneering. They are based on traditional Chinese formulas she learned at the Academy of Chinese Medicine Sciences in Beijing where she was trained in clinical pediatric immunology research and the practice of integrative Western and traditional Chinese medicine.

Dr. Li spoke about the multi-year regimens she developed using specifically formulated herbal preparations. After studies on mice demonstrated the effectiveness and safety of the herbal formulas, she began to use them in both research and clinical settings. Clinical trials for food allergy are currently underway which, if successful, may lead to FDA approval of the herbal formula as a prescription drug in five to six years.

Dr. Li is the director of the Center for Chinese Herbal Therapy for Asthma and Allergy at the Mount Sinai Medical Center in New York

City. She has a unique combined expertise in allergy, immunology, molecular biology and Chinese herbal medicine, and has become a leader in the scientific study of complementary and alternative medicine (CAM) for allergic disorders.

Clinical trials at Mt. Sinai School of Medicine are currently underway with volunteers 12-45 years old who have allergies to peanut, tree nuts, sesame, fish or shellfish. For information contact the research coordinator at 212-241-6577. Children and others who don't qualify for Dr. Li's current NIH-funded research study may see her as a private patient at the Ming Qi Natural Health Care Center in New York City (212-686-8689). The herbal formulas are offered as part of a personalized traditional Chinese medicine therapy that may include acupuncture.

Although Dr. Li has observed significant beneficial effects of her herbal treatments on many patients, she stressed that CAM methods are to be used along with the standard approaches to preventing allergic reactions and asthma flare-ups.

"We are honored to have hosted Dr. Li for this appearance in the Boston area," said Elaine Rosenberg, Executive Director of AAFA New England. "We are confident her research will offer important new options for people with eczema, asthma, and food allergies."

*Copies of the slides from Dr. Li's presentation are available to those who attended the program and to current members of AAFA New England on request.*

## Food Allergy: Bullying, Adolescents and Caregiver Anxiety

A number of social concerns regarding food allergy have recently appeared in the medical literature. The effect of bullying in childhood and adolescence is a topic that has received considerable media attention, and is potentially a significant problem for children with food allergy.

Parents of food-allergic children completed a questionnaire on bullying, teasing, and/or harassment as part of a study by the Jaffe Food Allergy Institute at Mount Sinai Medical Center in New York. More than 250 surveys were completed. Surprisingly, 86% of the caregivers responded that their children had been repeatedly bullied, teased, or harassed because of their food allergy. Most of these events occurred in the school setting.

Some of the bullying activities children reported included being verbally teased or threatened, being treated sarcastically because of the food allergy, having the known food allergen either waved in their face or thrown at them, or even intentionally having their food contaminated with the food allergen. Many children reported feeling sad or depressed, embarrassed, or nervous because



of this activity. They also reported loneliness or social withdrawal.

Among teenagers and adolescents, another aspect of food allergy of concern is related to the tendency of this age group for risk-taking behavior. A pilot study, including only 18 teens, was undertaken in England. The study included a structured interview of teens to evaluate their approach to living with food allergies. Participants were 11-18 years of age and were generally allergic to peanut or tree nuts. Although 80% reported “always” carrying self-injectable epinephrine

at school, 13% reported they did not. In fact, when traveling or on vacation, only 70% consistently kept their epinephrine available. At school events and dances or parties, between 53 and 67% reported keeping the auto-injector available. When they were on a date at a bar or dance club, between 46 and 56% had their auto-injector. They reported rarely checking labels for food allergens.

The teenagers “adjusted” their approach to allergen avoidance depending on the situation. They appeared to take more risks in familiar environments. Many

reported that classmates needed to receive education and information regarding food allergy and many also experienced teasing related to their food-allergies.

Not surprisingly, then, caregivers understandably often express anxiety regarding their children with food allergy. A study in Chicago administered a “Food Allergy Quality of Life-Parental Burden” questionnaire over a one year period to over 1,100 caregivers. They reported that the “impact” of food allergy on caregiver quality of life varied significantly. Caregivers with more knowledge of food allergy and those whose children required emergency treatment were more likely to have a poor quality of life. Also, those whose children had multiple food allergies felt more stressed. Concerns regarding a variety of settings, including vacations, social gatherings, and restaurants, were significantly impacted. Caregivers were particularly anxious when their children were away from home and not under their control.

These concerns are not surprising. You should discuss them with your pediatrician, allergist, school nurse, and others who may be in a position to offer guidance.

### Sources:

Lieberman, J.A., et al. Bullying among pediatric patients with food allergy. *Annals of Allergy, Asthma & Immunology*, 105:282, 2010.

Monks, H. et al. How do teenagers manage their food allergies? *Clinical & Experimental Allergy*, 40:1533, 2010.

Springston, E.E. et al. Variations in quality of life among caregivers of food-allergic children. *Annals of Allergy, Asthma & Immunology*, 105:287, 2010.

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*(Research Update is continued on p. 3.)*

### What can you do?

- Ask your school principal how the school handles bullying and teasing, and whether incidents about food allergies are included. Find out what is being done to create a school climate in which teasing and bullying are not acceptable.
- Educate the teachers and administrators about how bullying and teasing affect kids with food allergies. Invite other parents of children with food allergies to join the effort.
- In every stage of your childrens’ lives help them develop the knowledge, confidence and skills to respond to teasing and bullying.

Call us at AAFA New England for ideas about working with your school (781-444-7778 or toll free 877-227-8462).

### Poor Air Quality Has An Effect on Asthma

Although air quality has been recognized as a contributing factor to poor asthma control, there have been some recent studies shedding new light on this question.

A long-term evaluation of air quality in schools was performed in France. The average concentration of major air pollutants was assessed over a three-year period. The investigators studied 108 schools in six communities. Nearly 5,000 children were included in this assessment.

The study showed that urban air pollution was greater in schools near heavily traveled roads, and that the prevalence and degree of asthma symptoms was clearly associated with the level of particulate pollution, especially diesel exhaust particles and benzene. Development of asthma, asthma in the previous year, and exercise-induced symptoms were all higher in this setting. The impact of school location and air pollution was obvious in the study, suggesting this may be a consideration when building new schools.

In addition to chronic exposure, short-term increases in pollutant levels has been associated with emergency room visits for asthma. A total of over 91,000 acute hospital visits in patients from 5 to 17 years of age were

reviewed in a study that included 41 Atlanta emergency departments.

Researchers found that the rate of emergency visits correlated with the level of various air pollutants. Ozone proved to be important during both warm and cold seasons, whereas others appeared to be more important during the warm season.

The associations observed were at fairly low pollutant levels. Both this study and the one on long-term consequences of air pollution underscore the importance of

controlling our air quality.

Finally, a success story has been recently reported from Scotland. These authors evaluated the frequency of hospital admissions in children less than 15 years of age from January, 2000 through October, 2009. Of note, a ban on smoking in all public places was put in place in March, 2006. Regardless of area of residence, socioeconomic status, and whether the children were of preschool or school age, there was a dramatic decrease in hospital admissions.

Preceding the ban on smoking, hospital admissions for asthma were increasing at approximately 5% per year. Following this ban, in contrast, the rate of admissions decreased by more than 18% per year!

In summary, there is little question that air quality, both in the microenvironment with passive tobacco smoke exposure as well as the more general environment related to a variety of air pollutants, significantly impacts childhood asthma. Every effort should be made to institute legislation to protect people with sensitive airways, who are more vulnerable to the effects of air pollution.

#### Sources:

Penard-Morand, C. et al. Long-term exposure to close-proximity air pollution and asthma and allergies in urban children. *European Respiratory Journal*, 36:33, 2010.

Strickland, M.J. et al. Short-term association between ambient air pollutants and pediatric asthma emergency department visits. *American Journal of Respiratory and Critical Care Medicine*, 182:307, 2010.

Mackay, D. et al. Smoke-free legislation and hospitalizations for childhood asthma. *New England Journal of Medicine*, 363:1139, 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.*



### SUPPORT GROUP NEWS: Cooking and Baking with Food Allergies

*Guest speakers will offer ideas and solutions for the challenges of meals and baked treats at two support group meetings this spring: (See page 4 for locations.)*

Jill Robbins, founder and owner of HomeFree, will speak at our Nashoba Valley group on **March 29** on “Baking and Shopping Allergen Free.” She is the author of a cookbook on allergen-free baking. In addition to offering

baking tips, Jill will help make your shopping easier by offering an insider’s view of food manufacturing. Bring your questions about shared facility, shared lines, ingredient labels, and more.

Get some creative menu ideas and ingredient advice from a private chef and baker who specializes in working with families with special dietary concerns on **May 10**, when our Metro-Boston group hosts Jennifer Katz on

“Nourishing, Enjoyable and Safe Meals for Families with Food Allergies.”

Roundtable meetings at support groups are always a good time to exchange “allergy-friendly” recipes and practical tips for lunches, snacks, and treats.

*For other cookbook and recipe ideas, you can download a list of cookbooks from the Food Allergy section of our website: [www.asthmaandallergies.org](http://www.asthmaandallergies.org). Let us know your favorites to add to the list!*



# 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](http://www.asthmaandallergies.org)) or call 781-444-7778.

### **MERRIMACK VALLEY ASTHMA & ALLERGY SUPPORT GROUP**

**North Andover, MA**

Meets at Atkinson Elementary School,  
111 Phillips Brooks Rd.

### **METRO-BOSTON ALLERGY & ASTHMA SUPPORT GROUP**

**Newton, MA**

Meets at Newton-Wellesley Hospital,  
2014 Washington St. (Rt. 16)

### **NASHOBA VALLEY ASTHMA & ALLERGY EDUCATIONAL SUPPORT GROUP**

**Ayer, MA**

Meets at Nashoba Valley Medical  
Center, 200 Groton Road

### **NORTHWEST SUBURBAN BOSTON AREA SUPPORT GROUP**

**Lexington, MA**

Meets at Beth Israel and Children's  
Hospital Medical Care Center,  
482 Bedford St.

### **SOUTHEASTERN MASS. FOOD ALLERGY PARENT SUPPORT GROUP**

**Foxboro, MA**

Meets at Pediatric Specialists, 132  
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**

**Ludlow, MA**

Meets at St. John the Baptist Pastoral  
Center, 201 Hubbard St.

### **SHORESIDE ASTHMA & ALLERGY EDUCATIONAL SUPPORT GROUP**

**Kingston, MA**

Meets at Wingate - The Inn at Silver  
Lake, 21 Chipman Way

### **CAPE COD ASTHMA & ALLERGY GROUP**

**Yarmouth Port, MA**

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 announcements about support group programs. Let us know which group is closest to you. Send to: [aafane@aafane.org](mailto:aafane@aafane.org)*

## **SUPPORT GROUP NEWS: Staying Safe with Food Allergies**

- Are you new to living with food allergies?
- Do you want to increase your confidence in how to identify and handle a severe reaction?
- Are you interested in learning about research and new treatments?

Mark your calendar for support group programs we have planned to address these questions.

Presentations by allergists will include a review of the symptoms of anaphylaxis and how to give epinephrine in case of an emergency. Support group meetings always include lots of time for answering

your questions. You may want to invite teachers and babysitters, family members, and everyone who wants to learn more about how to save a life in case of a severe allergic reaction.

#### **March 8 Merrimack Valley** (No. Andover, MA)

"Anaphylaxis: Understanding and Preventing Severe Allergic Reactions to Foods, Medicines, Insect Stings and Latex," Speaker: John Saryan, MD

#### **March 10 North Shore (Salem, MA)**

"Food Allergy Fundamentals: Practical Tips for Living with Food Allergies," Speaker: Cristina Palumbo, MA

#### **March 14 Metro-Northwest** (Lexington, MA)

"The ABC's of Food Allergy,"  
Speaker: William Sheehan, MD

#### **April 26 Nashoba Valley (Ayer, MA)**

"Food Allergies and Anaphylaxis: How to Prevent and Handle Severe Allergic Reactions," Speaker: Jordan Scott, MD

*See above for meeting locations, and [www.asthmaandallergies.org](http://www.asthmaandallergies.org) for additional details and the dates and topics of other meetings.*

## Support Group News: Before, During and After the ER

Don't delay! That is one of the key messages repeated at a support group meeting about making a trip to a hospital emergency room when faced with a severe and potentially life-threatening allergic reaction.

Cindy Aswad and Kathy Streeter, co-leaders of AAFA New England's Metro-Boston Asthma & Allergy Educational Support Group, summarized the important take-home messages they gleaned from their group's January meeting with Dr. Ilan Schwartz, a physician in the Emergency Department at Newton-Wellesley Hospital:



- Have multiple doses of epinephrine on hand and “don't think twice” about using it. A reaction may become more severe the longer you wait after the onset of a reaction. A systemic reaction will not be stopped by Benadryl®.
- Call an ambulance, no matter how close you are to a hospital. The EMTs

can administer necessary treatments along the way, can get through traffic and red lights faster, and will communicate with the ER to prepare for your arrival and to prevent waiting time when you arrive.

- Accompany your child in the ambulance rather than follow in a car. In most cases you can stay with your child through all treatment in the hospital (at least at Newton-Wellesley Hospital). It is recommended that you do so since you know your child best and your presence can help reduce your child's anxiety, which can help lower the impact of a reaction.

- The dose of epinephrine in an auto-injector is relatively small so it is important to give a second dose if needed.
- It's important to let the emergency room doctor know what you have

already done to treat this reaction, the history of previous reactions, and other relevant information or advice you have received from your own doctor about how to manage a severe reaction.

- Stay at the hospital for approximately 4 to 6 hours after the initial reaction subsides, in case of a biphasic or two-stage reaction, even if you have to sit in the waiting room. That length of time is only a guide, says allergist Curt Moody, MD, the group's Medical Advisor. The wait time “should reflect the severity of the initial reaction,” he said. “Some delayed reactions occur beyond 6 hours.” In some instances the doctor may recommend being admitted to the hospital for observation.
- Don't go home without having epinephrine on hand. If you have used up your own supply get a new prescription filled immediately so you have it in case it is needed.

## Be aware: The pharmacy may not give you the epinephrine injector you expect!

Before you leave the pharmacy with your epinephrine prescription, check the following:

1. Look closely at your device or medication. Is this the same one you have received before?
2. Is this the device that you have been trained to use? (There are now several brands of epinephrine auto-injectors on the market.)
3. If it isn't familiar 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 may be the same, the method for using it is somewhat different for each brand.
4. 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, preferably while you are still at the pharmacy, and ask him/her to instruct the pharmacist to fill the prescription as written or to train you on using the new device.

5. It is best not to leave the pharmacy without the epinephrine you need. If you have not been able to resolve the problem, take the device home and as soon as possible go to the manufacturer's website and download and print instructions for using the device you have been given.

6. Follow up with your doctor so you will be sure that you receive the prescription you are expecting the next time you get your epinephrine.

7. If your doctor wants you to use a specific product, he/she should write “No Substitutions” on the prescription and teach you how to use the device prescribed.

8. Check the expiration date. It should be at least a year away.

You should always check any prescription before you leave the pharmacy. Ask the pharmacist to explain if there is anything that doesn't seem quite right – medication name is different, quantity has changed, inhaler looks different, etc.

### Did you know . . .

Many health insurance plans will cover **two** 2-packs in a **single prescription** for auto-injectable epinephrine. This means that you can receive four epinephrine pens for a single co-pay. Every insurance plan is different so check with yours. Then let your doctor know so he/she can write a prescription that will give you the maximum number of devices that will be covered in a single prescription. This may help you to acquire the number of devices you need to have on hand everywhere they may be needed.

# ASK THE DOCTOR

## ***Q. Is it safe to give an antibiotic to my child? Will this cause asthma?***

**A.** Children with asthma often have many respiratory illnesses that linger in early childhood. Often a well-meaning physician will prescribe an antibiotic “just in case” it is an early pneumonia. But it is always wise to consider carefully whether antibiotics are really needed when your child is ill.

In one recently published study, epidemiologists observed that children who had received antibiotics for respiratory infections in the first six months of life were more likely to develop asthma by age six than children who had not taken antibiotics as infants.

But other researchers who systematically reviewed the medical literature about asthma and the early use of antibiotics concluded that the studies did *not* suggest that taking antibiotics caused asthma. They note that children with asthma tend to have colds that last for a long time. They are more likely to develop complications and secondary bacterial infections in their ears, sinuses and lungs, and often receive antibiotics to treat these conditions.

### ***What is the safe thing to do?***

Any medicine has the potential for both good and bad effects. Antibiotics are extremely useful in helping children get over bacterial infections. They work by killing bacteria (but don't work against infections caused by viruses). However, if children



are exposed to many antibiotics the bacteria in their bodies may get stronger and not be killed as easily by antibiotics. This is called

“antibiotic resistance.” So although antibiotic use has not been proven to cause asthma in children (or anyone else), antibiotics should be used only when a child is suspected to have a bacterial infection.

You should have an honest discussion with your child's doctor about your concerns over any medication prescribed for your child. If your child has asthma, it is especially important to understand the medications that are used preventively to keep your child well. Inflammation in the airways is the root cause

of asthma. “Controller medicine” (generally an inhaled corticosteroid) given daily to prevent inflammation will decrease the number and severity of a child's asthma flare-ups. “Rescue medication” (generally albuterol) will actually work better and be needed less often if the inflammation in the chest is reduced by daily controller medication.

The different types and doses of asthma medications and how to give them properly can be confusing. A written asthma action plan can be a very helpful guide. It should tell you what to do to keep the asthma well-controlled, what to do first when your child feels sick, what to do next, and who and where to call if things are not getting better.

*Matthew Sadof, MD, is a pediatrician at Baystate Children's Hospital, in Springfield, MA. He is an Assistant Professor in Pediatrics at Tufts University School of Medicine, and the Massachusetts Chapter of the American Academy of Pediatrics Medical Home Champion on Asthma. He is Chair of the Pioneer Valley Asthma Coalition and a member of the Steering Committee of the Massachusetts Asthma Action Partnership.*



### **Play for free!**

Register 3 golfers who are new to this tournament and your fee will be waived.

**Sign up now for the**  
***AAFA New England***  
***Dr. Paul J. Hannaway***  
***Memorial Golf Classic***

**July 18, 2011**  
**Tedesco Country Club, Marblehead, MA**  
**Call for details: 781-444-7778**

## AAFA New England Helps Nurses and Respiratory Therapists Help YOU with Asthma

*"This was the best asthma education program I have ever attended!"* That's a comment we often hear about our training program for allied health professionals.

With years of experience as an advanced practice nurse, researcher, and university professor of nursing, Maureen George has brought a wealth of knowledge and practical advice to nurses and respiratory therapists as the speaker at our 2-hour continuing education seminars on asthma management and education. Dr. George is a Certified Asthma Educator and past president of the Association of Asthma Educators. She is a popular lecturer nationwide on asthma care and education.



Maureen George  
PhD, RN, AE-C

Almost a hundred hardy people ventured out on a blustery and frigid evening for the most recent session in Newton, MA. Other programs have been held recently in Swansea and Woburn, MA, Providence, RI and Lebanon, NH, and will be scheduled in other New England locations in the coming year.

*"This was fabulous - one of the most educational and informative presentations since I graduated from college in 1983! It should be a requirement for all school nurses!"*

## 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.*

- |  |   |
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- ◆ Newsletters mailed to you (Multiple copies to Professional members)
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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](http://www.asthmaandallergies.org).

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

## ASTHMA & ALLERGY BULLETIN

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a year by the  
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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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## Honor your friends and relatives by making a donation to AAFA New England

Donations have recently been received in memory of:

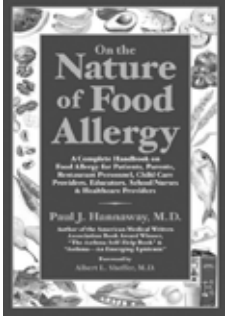
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Donations can also be made in honor of family, friends, or healthcare providers, or to mark special occasions.

*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](http://www.asthmaandallergies.org). Please include the name of the person being honored or memorialized, and let us know who to notify of your donation.*



## Learn everything you ever wanted to know about food allergies AND Benefit AAFA New England



*On the Nature of Food Allergy* is a comprehensive and delightfully written handbook about all aspects of food allergy by the late Dr. Paul Hannaway, an esteemed Boston-area allergist and dedicated AAFA New England supporter. It should be on the bookshelf of everyone who cares about, or needs to learn about food allergies.

This 290-page encyclopedic work is a \$20.00 value, but you can get a copy from us for \$10.00 (plus \$4.00 for shipping & handling). Thanks to a generous donation of these books from the Hannaway family, all proceeds will be used to support our education programs. **To order**, mail a check or use your credit card by calling the office.

### Promising New Treatments for Food Allergies

**April 14, 2011 - 7:00 p.m.**  
Food Allergy Group of the North Shore  
Salem Hospital/North Shore Medical Ctr.

*Speaker:*

Wayne Shreffler, MD, PhD  
Director, Food Allergy Center  
Massachusetts General Hospital

Learn about current research using anti-IgE, herbal, and other immunotherapy approaches to improving or eliminating food allergies, and a new peanut allergy desensitization study at MGH.

*All AAFA NE support groups are free and open to the public. See page 4 for details.*

## Breath of Spring 2011

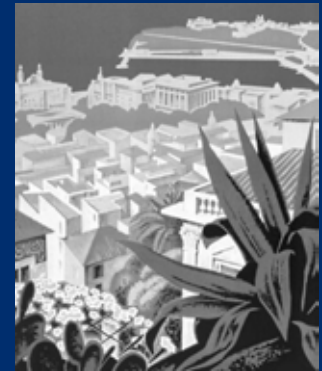
### *A Night in Monte Carlo*

April 29, 2011 - Elm Bank, Wellesley, MA

*Join us at a fun and exciting event!*

*For an invitation or information: [aafane@aafane.org](mailto:aafane@aafane.org) or 781-444-7778.*

*Volunteer to help make this party a great success.*



Asthma and Allergy  
Foundation of America®

NEW ENGLAND CHAPTER

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