An asthma action plan is a guide to how to keep a child’s asthma well-controlled, and what to do if a child is having an asthma episode or flare-up of symptoms. It is an individualized plan developed by the doctor who treats your child’s asthma.

When it is followed properly, having a plan can help prevent and treat asthma symptoms. 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.

A child’s asthma action plan should be reviewed with the doctor at least once a year to make sure that it is up-to-date and/or when a child’s treatment or medication changes.

Be sure to send a copy to the school nurse, who should be an active partner in helping keep your child with asthma healthy and able to focus on learning.

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

What is the best way to use inhaled steroid medications to treat asthma?

By Frank J. Twarog, MD, PhD

The answer to this question may differ, depending on the person’s age and nature of the asthma being treated. Here are the results of two studies that looked at different groups of asthma patients. They point to the possibility that for some children it may be acceptable to use inhaled steroids only when they become ill, while some adults can benefit considerably from following instructions to use these medications daily to prevent severe exacerbations.

The first is a multi-center study from a large number of university centers in the United States. These investigators studied 278 young children, from 12 to 53 months of age, who had previous mild, recurrent wheezing events. Each, however, had suffered at least one episode that required oral steroid treatment, emergency room care, or hospital admission.

The children were randomly placed in two groups, one of which received daily nebulized budesonide at a dose of 0.5 mg nightly. The children in the other group were treated intermittently, only during viral illnesses, with 1 mg of budesonide administered twice daily for seven days. Their treatment began when their parents observed symptoms of an upper respiratory illness that in the past had led to wheezing.

The children were followed for a period of 12 months. As anticipated, asthma exacerbations occurred when the children had respiratory illnesses.

There was no difference in response between the groups with respect to their respiratory symptoms, frequency of wheezing, need for bronchodilator or acute deteriorations. Four children in the daily treatment group and five in the intermittent group were hospitalized for asthma, a non-significant difference.

(Continued on page 2)

The myth of hypoallergenic dogs (and cats!)

Sorry, pet lovers! The idea that some breeds of dog are less likely to trigger allergies was debunked this fall in the Journal of Allergy and Clinical Immunology.

A study comparing allergen levels in hair and coat samples and in the home environment of various so-called “hypoallergenic” and non-hypoallergenic dogs concluded that “there is no evidence for the classification of certain dog breeds as being ‘hypoallergenic.’”

The editors of this prominent medical journal went even farther. In an editorial in the same issue they also discussed studies related to cats, and raised the question as to whether the increased prevalence of fur-bearing animals in homes has caused the increase in allergic diseases.

You can read both the research article and accompanying editorial online by searching for “JACI.” Look in “past issues” for Vol. 130, No. 4 (Oct. 2012).
Obviously, the advantage of intermittent treatment only during viral illnesses is that daily doses are avoided. Furthermore, the total dose of inhaled steroids administered was significantly lower in the intermittent treatment group.

Unfortunately, the investigators chose not to increase the dose of inhaled steroid in the daily treatment group during respiratory infections to test whether doing so would even further decrease the need for hospital admissions or other acute therapy. Perhaps if they had done so a difference would have been noted. Within the study design, however, both groups were comparable. This option for using intermittent inhaled steroid medications may be something to discuss with your child’s pediatrician or allergist.

**Are Patients Taking Their Meds?**

The second study was quite different. It was also a multi-center study, by researchers in the United States and Spain. In this study of 298 participants with an average age of 35, the purpose was to evaluate the effect of “non-adherence” – patients not using inhaled steroids as prescribed by their physician – on the occurrence of asthma exacerbations.

Participants in this study all had what was considered sufficient asthma to warrant daily inhaled steroid use. More than 48% were deemed “poorly controlled,” based on their asthma-control test and pulmonary functions. Reviewing pharmacy-refill prescription data, it appeared that only about 20% of them were following the prescribed use of their medications.

Patients were followed for nearly two years, during which researchers documented the frequency of their asthma-related hospitalizations or emergency department visits and need for oral corticosteroid use. A computer model was designed to calculate the patients inhaled corticosteroid adherence and correlate it with the asthma-related events.

Using this computer model, the investigators were able to estimate adherence with use of inhaled steroids both before and after asthma exacerbations. In effect, they were trying to ascertain whether or not the patients were using their daily medications as instructed, and what impact that had on their asthma symptoms and need for additional treatment.

Of the participants in this study, 40% had one or more treatment courses of oral corticosteroids, 23% asthma-related emergency department visits, and 4% asthma hospital admissions. Using their study model, the investigators were able to demonstrate that adherence with the use of their inhaled corticosteroids decreased dramatically to somewhere around 20% preceding asthma exacerbations and then increased for a variable period of time after the exacerbation.

People whose inhaled corticosteroid adherence rates were greater than 75% of the prescribed dose were more likely to have excellent asthma control with significantly decreased rates of asthma flares. For every 25% increase in adherence, there was an associated 11% decreased risk of asthma exacerbations. The investigators calculated that more than 24% of all asthma deteriorations in their study population could have been avoided by improved use of the asthma medications.

It is clear that in this group of patients with persistent asthma, regular use of medications clearly is beneficial to asthma control and reduces the need for acute rescue treatment. This is in clear contrast to the mild toddler age group in the first study summarized above.

**Sources:**

2. Williams, L.K. et al. Quantifying the proportion of severe asthma exacerbations attributable to inhaled corticosteroid nonadherence. Journal of Allergy and Clinical Immunology, 128:1185, 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.**

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**AAFA New England Provides Tools to Improve Community-Based Asthma Care**

Spacers and peak flow meters are important asthma management tools, but not everyone can afford them. That’s why the community health center in Lynn, Massachusetts turned to AAFA New England, and we are glad that we could help. We donated 50 spacers and 32 peak flow meters that will be given free to needy patients, who will also receive an asthma action plan and hands-on teaching by nurses and asthma educators about how to use them to keep asthma well-controlled.

In addition to its two major clinics, LCHC operates six school-based health centers where pediatric NPs provide health care to students in the Lynn Public Schools.

Contact us if patients of your clinic or school are in need of these important devices. We’ll try to help!
The subtitle of this important new book says it all: “Information, Recommendations and Inspiration for Families and School Personnel.” This comprehensive and detailed handbook is a valuable tool for parents of children with food allergies and the educators who must keep these students safe and ready to learn. Hanson has been a popular speaker at AAFA New England educational support groups over the past decade. She offers thorough, clear and practical advice to help families and schools be successful partners in meeting the needs of children with food allergies.

Allergic Girl: Adventures in Living Well with Food Allergies

Reviewed by Holli Bassin

As a mother of a nine year old daughter with severe food allergies, Allergic Girl was validating, informative, and foreshadowing. The book rewarded the continuous devotion we give our daughter to help keep her safe from food allergens. It also provided useful information on ordinary situations, and informed me of the challenges we will encounter on the road ahead.

As a parent, I have experienced many of the situations described in the book. I was delighted to read similar instances from the author’s perspective and learn how a professional adult advocates for herself.

The author, who has lived with severe food allergies her entire life, is now a licensed social worker and blogger who shares her personal experiences. She gives basic helpful advice about how to live with food allergies and the anxieties they can bring to everyday situations. Her goal is to empower her readers to live a fulfilling life.

The author includes a section on how to find the right doctor and how to feel comfortable with him/her as a part of “team you”. She identifies the differences between allergic reactions and panic attacks, describes how she has personally experienced these very different physical and emotional instances, and how she has handled some of these situations. She describes coping skills, how to “keep fear in check”, and how and when to have the “allergy talk” with friends. She also shares some of her client’s experiences.

The book talks about celebrating with extended family, identifying safe friends, going to college, dating and kissing. The section of the book that I found most enlightening addresses allergens in the saliva of a potential kissing partner during a date. Allergic Girl describes not only how she keeps herself safe by avoiding allergens, but also how she communicates with her date to keep herself safe. Think of how difficult it is not only avoid foods yourself, but also find the right way to tell someone else what to eat.

Reading about potential future social situations our daughter has not yet encountered was forewarning and informative because it goes beyond the many experiences we have had together with our daughter and what she has yet to encounter on her own. It’s useful to know what is yet to come and how we can possibly advise our daughter to address these issues when appropriate.

The book tries to empower you to take charge of your allergies and take care of yourself when you are out in the world. It helps to identify when someone is (or is not) a considerate advocate, who that person can be, what steps you can take in order to handle these situations, and how to be prepared.

Allergic Girl has a positive outlook and would be valuable to anyone who has or knows someone with food allergies. I recommend this book to readers of any age who would be comfortable reading about kissing. Whomever the reader, I hope s/he enjoys it as much as I did!
Members and friends of AAFA New England gathered at the beautiful Massachusetts Horticultural Society’s Elm Bank Estate for our successful annual fundraiser. We enjoyed casino games, great food, and a fabulous silent auction. The evening featured a “Salute to New England School Nurses” for the amazing job they do keeping kids healthy at school.

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*Donations of $500 or more. (See our website for a complete list.)

Our sincere thanks to the many others who purchased tickets to attend, or contributed donations or auction items.

SAVE THE DATE for “Breath of Spring 2013” - April 26, 2013
AAFA New England

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METRO-BOSTON ALLERGY & ASThma SUPPORT GROUP
Newton, MA
Meets at Newton-Wellesley Hospital, 2014 Washington St. (Rt. 16)

NORTHWEST SUBURBAN BOSTON AREA SUPPORT GROUP - Lexington, MA
Meets at Beth Israel and Children’s Hospital Medical Care Center, 482 Bedford St.

FOOD ALLERGY GROUP OF THE NORTH SHORE
Salem, MA
Meets at Salem Hospital, 81 Highland Ave. (Davenport Conference Area)

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.

The following groups are currently temporarily inactive.
MERRIMACK VALLEY ASTHMA & ALLERGY SUPPORT GROUP
NASHOBA VALLEY ASTHMA & ALLERGY EDUCATIONAL SUPPORT GROUP
RHODE ISLAND ASTHMA & ASThma EDUCATIONAL SUPPORT GROUP
SOUTHEASTERN MASS. FOOD ALLERGY PARENT SUPPORT GROUP

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

Martha’s Vineyard is the location of the newest support group to affiliate with AAFA New England. The group was founded and is led by Moira Silva, whose son developed symptoms of food allergy as an infant. “I realized I had a lot to learn,” she said. She heard about support groups meeting in other areas and decided it was something she could help make happen.

Maura joined forces with Marney Toole, director of the Martha’s Vineyard Family Center, who is serving as co-leader. Her Center is co-sponsoring and hosting the group’s meetings, including offering child care and providing financial support for the unusual expenses associated with bringing guest speakers to the island. Karen Casper, MD, is the group’s Medical Advisor.

The group began with small personal meetings, and has since hosted several speakers from the “mainland,” including experts on eczema and managing food allergies in school. For meeting information, contact Marney at 508-693-7900.

Heather Tighe is the new co-leader of our Northwest Suburban Boston Area Support Group.

In accepting this position, she said:

My oldest son was diagnosed with a peanut and tree nut allergy at 14 months old. He is now 13 years old and well on the road to independence. Back when he was first diagnosed, I attended many AAFA New England meetings where I found out I was not alone and I also gained mountains of knowledge on how to deal with the allergy. I want to be part of the support group system to provide support to parents who are new to food allergies - the same support and knowledge I got when I needed it most.
Tedesco Country Club in Marblehead, MA was a beautiful setting for a fine day of golf for a good cause! Our annual charity tournament raises funds to support asthma and allergy educational programs. It honors the memory of the event’s founder, allergist Paul Hannaway, MD.

Kevin and Tod Hannaway are tournament co-chairs. Their sisters Kim Schillinger, Karen Fobert and Holly Hannaway share in continuing the family’s commitment to support AAFA New England.

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Thanks to the many other Patrons, auction item donors and volunteers who made the event a success.

(See our website for a complete list.)

How do teens from around New England handle social and school situations involving their asthma and allergies? How do they advocate for themselves, maintain sound treatment plans, or deal with social pressures? Many high school seniors responded to these questions as part of AAFA New England’s annual scholarship competition.

Molly Simeone of Newington, Connecticut was awarded a $500 scholarship, and ten outstanding students were awarded Honorable Mention. These inspiring teens were selected based on their excellent academic records, an amazing array of activities and community service, and compelling essays on “Overcoming Obstacles to Managing Asthma or Severe Allergies as a Teen.”

In her captivating winning essay, Molly described being diagnosed with asthma in the fifth grade, and quickly learning what she needed to do “to avoid that ever-familiar tightness in my chest.”

In middle school, when “nobody wants to seem different or weird,” Molly recalled that “during lunch, people would always ask what my inhaler was and why I needed it. Being able to explain that I had asthma (and that it wasn’t contagious) was a way for me to educate my peers about this medical issue. Instead of clamming up when people asked why I was always a few minutes late for recess, I would simply explain that I was treating my asthma and that I was good to go! As an adolescent asthma seemed scary and foreign. As I became more comfortable and confident in implementing my asthma plan the social challenges I faced having asthma disappeared.”

Molly was inducted into the National Honor Society and Science National Honor Society. She served in student government as class secretary, was active in various clubs and performed community service in her church and local hospital. Molly was captain of her school’s varsity golf and field hockey teams, where she learned she had to take even greater responsibility for monitoring and treating her own asthma and helped younger team members do the same.

Molly wrote: “Seeing them be embarrassed about taking their inhalers or asking for help reminded me of my younger self. I made it my mission for anyone with asthma to feel comfortable while being on the team. As I would step out to do my inhalers I would jokingly invite any fellow asthmatics to participate in my pre-game puff party! From that moment on nobody on our team became ashamed to have asthma, and the girls who didn’t have it constantly supported the girls who did.”

Molly plans to study nursing at Endicott College. It’s no wonder that Molly’s guidance counselor said “she stands out as a leader” and one of our scholarship judges commented “she’ll make a good nurse!”

Congratulations to the following students who were awarded HONORABLE MENTION
Briana Bishop, Bowdoin, ME
Emily Curato, Cumberland, ME
Benjamin Ford, Centerville, MA
Katherine Jen Freedberg, Weston, MA
Shannon Hale, Naugatuck, CT
Chelsea Orifice, Enfield, CT
Sophia Fitz Randolph, Richmond, MA
Renato Taivle, Bethel, CT
Christopher Tarbell, E. Longmeadow, MA
Mary Toracinta, Wakefield, RI
Concert Raises Asthma Awareness and Support for AAFA New England

Four terrific Rhode Island musical acts performed at a benefit concert this Fall in the “Concert for Matt: An Asthma and Allergy Awareness Event” in Providence, RI.

Matt Ryan passed away last year due to complications from an asthma attack. Family friend Dylan Sevey produced the concert to honor Matt’s memory. Sevey is a drummer and songwriter based in Wakefield, RI. The concert raised over $1400, which will help support AAFA New England’s asthma and allergy education programs.

“Matt held a great love of music in his heart,” said Sevey. “He was only 16 years old, and always showed great compassion for others. He would be pleased to see that people are being helped in his memory.”

In memoriam: AAFA New England fondly remembers RAE PORTER, our long-time Board member and volunteer extraordinaire.

Rae created the idea for our organization’s annual “Breath of Spring” fundraiser and served as its chair, co-chair, and “guiding light” for a generation. She was known as the event’s “flower lady” because she personally bought and arranged the flowers that decorated the tables and brightened our spirits every year for more than twenty years. We miss you, Rae!

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.

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

Songs about food allergies?
You must be nuts!

Singer-songwriter Kyle Dine kicked off the fall season of AAFA New England’s Metro-Boston Asthma & Allergy Educational Support Group with a couple of his fabulous children’s songs about living safely with food allergies. The “official” topic of the meeting was an important presentation by allergist Curt Moody about preventing and treating anaphylaxis. Kyle is a performer and educator who writes songs that empower, support and educate children with food allergies. His first CD of 14 original songs is titled “You Must Be Nuts!.”

We’ll be bringing Kyle back to the Boston area for a family concert in May, 2013. Check out his songs and find out how to bring him to your child’s school this spring for an interactive allergy awareness assembly by viewing his website: www.kyledine.com.

FAMILY CONCERT
Saturday, May 18, 2013  10-11:30 a.m.
West Suburban YMCA - Newton Corner, MA
276 Church St., at Exit 17 of the Mass. Turnpike
FREE Admission and parking!