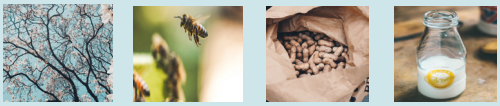
SPRING 2018

Asthma & Allergy Bulletin

Asthma and Allergy Foundation of America • New England Chapter

May is National Asthma and Allergy Awareness Month 2018!

May is a peak season for asthma and allergy sufferers and research tells us that the rate of allergies is growing. Proper management and treatment can make a huge difference in your quality of life and comfort in your day to day living.



Your awareness of useful resources and tools is critical to help you stay healthy and active.

May 13-19 is Food Allergy Awareness Week 2018!

One in thirteen children has a food allergy. Please consider raising awareness about food allergies by planning a special event or activity at school or at work. By helping others to understand the seriousness of food allergies and its challenges, YOU could help make a positive difference in the life of someone who lives with this potentially life-threatening health condition.

May 1, 2018 is World Asthma Day!

Over 300 million people worldwide have asthma.

We encourage you to read through this Spring 2018 Bulletin for information and tips, and talk with your allergist or pulmonologist to find out what you can do to manage your asthma and allergies "for life without limits™!"

ALLERGY MANAGEMENT

Allergy Immunotherapy and Shared Decision-Making

by Russell Settipane, MD

The goals for the management of allergic rhinitis and asthma can be divided into short-term and long-term. The short-term goal is to obtain control of symptoms as quickly and completely as possible. Long-term goals extend beyond symptom control and include reduction of allergic sensitivity as well as reduction of the risk of complications which may result from allergic rhinitis, including the development (or worsening) of asthma. To achieve long term goals, allergen immunotherapy (AIT) is a therapeutic consideration for patients who have symptoms of allergic rhinitis or asthma which correlate with natural exposure to allergenic substances (allergens) to which they are allergic.

AIT works by the repeated administration of allergen which "teaches" the immune system to build up tolerance so that when the allergic person experiences natural exposure to that specific allergen, less symptoms result. Therapeutically, this can be accomplished by one of two methods, either by the administration of injections under the

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ASTHMA MANAGEMENT

Asthma Medications – Your Questions Answered

by Elizabeth Melville Klements, MS, PPCNP-BC, AEC

One of the questions I am asked most frequently is "Why does my child have 2 inhaler prescriptions?" This question is a perfect lead-in to teaching about asthma. There are two main things that happen with asthma – bronchoconstriction, or muscle tightening, and inflammation, or swelling of the airways. Thus, two types of medication are often needed – a bronchodilator, or "quick reliever" medication to relax the muscles around the airways, and a "controller" medication or anti-inflammatory to decrease the swelling in the airways.

The most common "Quick reliever" or "Rescue" medication is albuterol. Albuterol has 3 different brand names – ProAir, Proventil, and Ventolin, they are all equally effective. Albuterol can also be given by nebulizer, rather than inhaler, for young children. Xopenex or Levalbuterol is occasionally prescribed to people that may feel shaky on albuterol, or to people with a heart condition.

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Asthma and Allergy Foundation of America®
NEW ENGLAND CHAPTER

ALLERGY IMMUNOTHERAPY (continued from page 1)

skin, "allergy shots", or by the administration of tablets placed under the tongue, "allergy tablets". Both forms of AIT are approved by the Food & Drug Administration.

Through a process called "shared decision making" allergists can help patients decide if AIT is right for them; and whether they should choose allergy shots or allergy tablets. To assist patients in this decision process the American College of Allergy Asthma & Immunology (ACAAI) has partnered with the Allergy and Asthma Network to create an "Immunotherapy Shared Decision-Making Toolkit" which is available at http://allergytherapy.acaai.org. Herein is a summary of the considerations suggested by this tool kit.

In comparing the benefits of allergy shots or allergy tablets, the following observations can be made. Both forms of AIT reduce allergy symptoms and the need for allergy medicines; and both improve quality of life. Both forms also may offer the potential of sustained benefit after receiving three years of continual treatment, and may decrease the likelihood of developing asthma as well as developing new allergies. Recently the Agency for Healthcare Research and Quality's (AHRQ) Evidence-based Practice Center Program reviewed the existing medical evidence for the role of AIT in the treatment of asthma and concluded that AIT improves asthma symptoms, lung function, and quality of life; it also reduces the need for asthma medications including systemic corticosteroids.

How allergy shots and allergy tablets differ is their dosing, place of administration and availability of allergens. Whereas dosing for allergy shots occurs in an escalating fashion and is administered in a doctor's office (in order to provide close observation and treatment in case of an allergic reaction), tablet dosing generally occurs in a fixed dose fashion and is administered at home after the first dose has been administered in the doctor's office. While allergy shots are usually injected at a frequency of once weekly for at least the first three months and eventually extending to intervals of every four weeks, the allergy tablet is placed under the tongue on a daily basis. Whereas allergy shots are available for most respiratory allergens, allergy tablets are only

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MANAGING ATOPIC DERMATITIS

Asthma and Allergy Foundation of America NEW ENGLAND CHAPTER SpeakerSeries

Join us on July 11, 2018, from 7-9pm at Boston Children's Hospital, Waltham, to hear Jennifer LeBovidge, PhD, speak about breaking the itch-scratch cycle, following skincare plans, and helping children cope with a chronic skin condition. Dr. LeBovidge is a psychologist in the Atopic Dermatitis Center and in the Food Allergy Evaluation, Treatment and Support Program (FACETS) at Boston Children's Hospital.

ALLERGY IMMUNOTHERAPY (continued from page 2)

available for a limited number of allergens (grass, ragweed and dust mite).

Side effects of both forms of AIT range from the frequent occurrence of local reactions at the site of administration to the rare occurrence of anaphylaxis (a severe allergic reaction with life threatening potential). For allergy shots, local reactions manifest as raised, red, warm, and/or swollen skin at the injection site. For allergy tablets, local reactions most often manifest as itching, swelling and irritation in the mouth. With regard to more serious anaphylactic reactions, it is important to know that allergy shots can result in fatal and near fatal reactions. This is why allergy shots must be administered in a medical facility in the presence of health care providers who are prepared to manage anaphylaxis. Fatal reactions are estimated to occur once in every 2.5 million injections and non-fatal ones once in every 1 million injections. Allergy tablets can result in anaphylaxis as well, but there have been no reported deaths. However, for safety concerns, the first dose of the allergy tablet should be administered under the supervision of a physician with experience in the diagnosis and treatment of allergic diseases. While subsequent allergy tablets can be administered in the home, it is important that patients be prepared to treat any potentially life-threatening reaction with an epinephrine auto-injector prescribed by their provider.

In summary, AIT is a treatment to reduce allergy and asthma symptoms which may be the right choice for some people; it provides long-term benefit through reduction in the immune system's degree of allergic sensitivity. Allergy shots may be considered by patients who have multiple allergies and who prefer close observation by their medical provider. Allergy tablets may be considered by patients who have grass, ragweed and/or dust mite allergy and who are comfortable with the risk of home administration. Although both forms of AIT have associated costs, these costs can be balanced by long term saving as the total cost of allergy care is likely to decrease with symptom improvement and less need for medical care. When deciding whether or not to start a therapeutic course of AIT, it is important to review all the benefits and safety issues. To this end, patients are encouraged to make use of the ACAAI's "Immunotherapy Shared Decision-Making Toolkit" and to engage their allergist in the process of "shared decision making" to help them decide if AIT is right for them.

Dr. Russell A. Settipane M.D. is a Clinical Professor of Medicine at the Alpert Medical School at Brown University, Providence, RI and provides clinical services in allergy-immunology at the Middletown and East Providence locations of the Allergy & Asthma Centers of RI. He attended New York Medical College, completed a residency program in internal medicine at Brown Medical School and completed fellowship training in Allergy and Immunology at Scripps Clinic & Research Foundation in La Jolla, CA.

ASTHMA MANAGEMENT (continued from page 1)

If you have asthma and are feeling well, you should not need to use your albuterol inhaler more than 2 puffs, twice in one week. If you use albuterol more than twice in a week, when you do not have a cold or other respiratory issue, then a controller medication is probably needed. When you do have a cold or a respiratory infection, it is fine to use your albuterol every 4-6 hours. If you are feeling short of breath and need to use albuterol more frequently than every 4 hours, you should call your health care provider. Your provider will probably want to examine you, and perhaps change your medicine or add another medication to help you feel better.

Inhaled corticosteroids are the most common controller medications. There many different brands of these inhalers; they include Flovent, QVAR, Pulmicort, Asmanex, Alvesco, Aerospan, and Arnuity. They all work well, with some subtle differences. People often say they do not feel better when taking these medications. This is because one does not feel immediate relief while the medication is slowly working to decrease the swelling in your airways. Keeping a diary of your daily symptoms may illustrate that you are experiencing fewer asthma symptoms, without even realizing the change. You should not stop your controller medication without have a discussion with your provider. One of the possible side

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AAFA New England: NEWS & NOTES

AAFA NEW ENGLAND IS MOVING TO BRAINTREE!

As of June 1, 2018, AAFA New England will have a new address: 25 Braintree Hill Office Park, Suite 200, Braintree, MA 02184. Our phone number: 781-444-7778, and our email address: aafane@aafane.org will both remain the same. We invite you to visit and say hello!

SAVE THE DATE!

Are you a golfer? Then mark your calendars and get ready for MSIC's Charitable Golf Tournament, a benefit event for AAFA New England! MSIC's Golf Tournament is scheduled for September 10, 2018, at Black Rock Country Club in Hingham, MA. For more information, please contact Erica Morin at emorin@msic.org, or call Erika at 617-758-0541. Join us for this great outing, and help us continue our work "for life without limits™"

for life without limits™ FALL GALA

AAFA New England is busy planning our "for life without limits™" Fall Gala in Boston, where we will honor local champions of the asthma and allergy community. Be on the lookout for more information with the date and location on our website: www.asthmaandallergies.org, so that you can mark your calendars and join us for what will be a festive evening!

SPRING SPEAKER SERIES RECAP

AAFA New England's Speaker Series event held on April 9, 2018 at Evviva Cucina in Beverly, MA with Tara McCarthy, RD and Nick Harron, owner, was an informative night with lively conversation and delicious, allergen-safe small bites to sample. Judging from the attendees' smiles at the end of the evening, the guidance offered by these two professionals was much appreciated!

ASTHMA MANAGEMENT (continued from page 3)

effects of inhaled corticosteroids is thrush, a white coating on the inside of your mouth. To prevent this, you should rinse and spit or brush your teeth after each time you use your controller medicine.

Sometimes your health care provider may suggest a once-a-day pill as a controller medication instead of, or in addition to an inhaler. This medication is usually Singulair, or the generic version - Montelukast. It also comes in the form of sprinkles or a chewable pill for children. It works similar to an antihistamine, blocking swelling that accompanies asthma.

If you are told you have moderate or severe persistent asthma, you will probably be prescribed a combination medication, which contains both an inhaled corticosteroid and a long-acting bronchodilator. The medications in this category are Advair, AirDuo (which also has a generic version), Brio, Dulera, and Symbicort.

Traditional inhalers that have a metal canister inside a plastic case require a valved holding chamber, more commonly referred to as a "spacer." The inhaler is attached to one end of the spacer, and the other end has a mouthpiece or a facemask for younger children. A spacer helps to contain the medicine for a few moments, while you slowly inhale, and breathe the medicine deep into your airways. Without a spacer, much of the medicine that you squirt into your mouth may attach to the back of your mouth and throat, and never make it into your lungs.

Some asthma devices are breath-activated, and do not need a spacer. That means you only need to open the device, and take a slow deep inhalation. Examples of these are: Arnuity, Asmanex, Pulmicort, and QVAR. For further instructions

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MORE ASTHMA AND ALLERGY NEWS!

AAFA Releases 2018 Asthma Capitals™ Report on the Top 100 Cities to Live in With Asthma

On World Asthma Day, the Asthma and Allergy Foundation of America (AAFA) released the 2018 Asthma Capitals™ report. It ranks the most challenging cities to live in with asthma. The report reveals the areas with the highest prevalence of asthma, the highest number of ER visits and highest numbers of asthma fatalities.

AAFA published this report to help those who live in these cities recognize, prevent and manage asthma symptoms. By using the information in this report, communities can see areas where they can direct their focus to make improvements for their residents with asthma.

Here are cities located in the northeastern United States that are in the top 20 of our Asthma Capitals™ report:

1 - Springfield, Massachusetts

4 - Philadelphia, Pennsylvania

11 - Boston, Massachusetts

12 - Worcester, Massachusetts

19 - Hartford, Connecticut

20 - New York, New York

Visit asthmacapitals.com to read the report.

2018 Spring Allergy Capitals™ Report

On April 23, 2018, the Asthma and Allergy Foundation of America (AAFA) released its annual Spring Allergy Capitals™ report. The report identifies the 100 most challenging places to live with spring allergies in the U.S.

McAllen, Texas, is the most challenging U.S. city to live in with spring allergies based on higher than average pollen scores, higher than average medicine usage and lower availability of board-certified allergists in the area.

The top 10 cities include:

1. McAllen, Texas
2. Louisville, Kentucky
3. Jackson, Mississippi
4. Memphis, Tennessee
5. San Antonio, Texas
6. Providence, Rhode Island
7. Dayton, Ohio
8. Syracuse, New York
9. Oklahoma City, Oklahoma
10. Knoxville, Tennessee

To view the complete list of the top 100 cities, visit AllergyCapitals.com. AAFA's Spring Allergy Capitals™ report is an independent research project of AAFA.

AllergyEats Top 10 Most Allergy-Friendly Restaurant Chains

AllergyEats announced its Top 10 Most Allergy-Friendly Restaurant Chains in America this past March, 2018.

Based on peer reviews, the restaurant chains that made it on this 2018 list have exceptional protocols, education, and training.

Most allergy-friendly large chains (more than 50 restaurants)

- Maggiano's Little Italy
- Chipotle Mexican Grill
- Bertucci's Italian Restaurant
- Mellow Mushroom
- Longhorn Steakhouse

Most allergy-friendly small chains (under 50 restaurants)

- Burton's Grill
- Flatbread Company
- Legal Sea Foods
- Weber Grill
- 110 Grill

RESEARCH UPDATE: OPPORTUNITIES TO HELP

ASTHMA/ALLERGY PREVENTION STUDIES AT BOSTON CHILDREN'S HOSPITAL

Did you know that Boston Children's Hospital participating in groundbreaking NIH funded research aimed at preventing asthma and allergic diseases and soon to launch two studies 1) a study of killed bacteria preparation used in Europe over the counter to prevent colds in infants age 6 months to 18 months ORBEX ORal Bacterial Extract in preventing lower respiratory wheezing and 2) a study of anti-IgE in toddlers age 2-3 to prevent allergies and the allergic asthma march- PARK Preventing Asthma in High Risk Kids. Subjects with asthma who may be interested in being part of a clinical trial can be referred to the asthma center and they will be screened to see if they may qualify.

Families who may be interested in having their child be a part of a clinical trial will be compensated for their time, and may call 857-218-5336, or email asthma@childrens.harvard.edu, for more information.

THE ROLE OF GUT MICROBIOTA IN FOOD ALLERGY AND TOLERANCE

A Study by Boston Children's Hospital Food Allergy Program to better understand the relationship between our body and bacteria in our gut. Food allergy is a frequent problem in young children and has become more and more common. Evidence suggests that the bacteria in the digestive system might be related to who develops food allergies and who does not. We need healthy infants with and WITHOUT food allergies, aged 1 week to 12 months, to participate in our study as allergic subjects or healthy controls. This study involves answering questionnaires and providing up to 9 samples of your child's stool over 3 years as well. We can pick up the samples, so no visit to clinic or hospital necessary.

If you live within a 1 hour drive of Boston Children's and are interested in having your child participate, please contact Shervin Rezaei at 617-919-1566 or shervin.rezaei@childrens.harvard.edu.

ASTHMA MANAGEMENT (continued from page 4)

about asthma devices, you can watch Boston Children's Hospital's instructional videos by going to: http://bit.ly/1FRyNoj.

During an asthma flare up, you may be prescribed an oral steroid medication such as prednisone. The usual course is 5 days, although you may need to be on it for a week or more. Be sure to restart your inhaled steroid before you stop taking the oral medication.

If you have severe asthma, and your asthma is not controlled on the above-mentioned medications, you may be part of a small percentage of people who may need injected medications from the biologics category. These medications include Xolair, Nucala, Cinqair and Fesenra. An asthma specialist, either an allergist or a pulmonologist, would prescribe these medications. Depending on which medication your specialist feels is right for you, you may need to come into the office every 2, 4, or 8 weeks for the injection.

All of the aforementioned information should be documented in an "Asthma Action Plan." This one-page document should be filled out by the health care provider who is managing your asthma. It is divided into three zones. The green zone tells you what asthma medication you should be taking every day. The yellow zone tells you what to take at the first sign of a cough, cold, or wheeze. The red zone tells you what to do if you are very short of breath, and your medication isn't working. Keep your Asthma Action Plan on the side of your refrigerator, or some other place where it is easy to locate. If the plan is for your child, you should also distribute a copy of this plan to your child's school, day care, and anyone else who cares for your child.

Beth Klements is the Asthma Clinical Practice Specialist at Boston Children's Hospital. She is also a Pediatric Nurse Practitioner, providing weekend Urgent Care at Bridgewater Pediatrics..

Beth received both her Bachelor's degree and Master's degree in Nursing from Boston College Connell School of Nursing. She speaks frequently about Asthma and other related topics, both locally and nationally.

THANK YOU TO OUR CORPORATE PARTNERS

AAFA New England is grateful for the support of our Corporate Partners for 2017. Their generous support allows us to provide valuable resources to help our members live life fully with asthma and allergies.

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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.

BECOME A MEMBER OR RENEW YOUR MEMBERSHIP!

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

- ❒ Individual $35
- ❒ Family (2+) $50
- ❒ Professional (MD & RN) $100
- ❒ Practice Group $250

MEMBERSHIP INCLUDES

- ▶ Newsletters mailed to you
  (Multiple copies to Professional members)
- ▶ Personalized resources and information
- ▶ Notice of educational programs and special events

Dues can be paid via check made payable to:
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www.asthmaandallergies.org

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Honor your friends and relatives by making a donation to AAFA New England. Please include the name of the person being honored or memorialized, and who you want us to notify of your donation. All donations are tax-deductible.

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NEW ENGLAND CHAPTER

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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 for details.)

TIPS TO IMPROVE INDOOR AIR QUALITY FOR ASTHMA MANAGEMENT

These "tips" will help you reduce allergens that may exist indoors that could trigger your asthma.

- *Try to keep your bedroom space free of pets.*
- *Allergen barrier bedding can protect you against dust mites.*
- *Bed sheets and throw rugs should be washed in 130 F water once a week.*
- *Air cleaners and purifiers will help to reduce indoor allergens.*
- *Wash off pollens by showering and shampooing BEFORE going to bed.*
- *To prevent mold, use a fan after you shower, repair leaks and clean refrigerator seals.*
- *Minimize the chemicals and scents you use in your cleaning products, candles and other scented household items.*
- *Keep household clutter clean and to a minimum.*

(Source: AAFA: HEATLHY INDOOR AIR QUALITY, Asthma and Allergy Information Resource - Winter 2017)

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