Celebrating 40 Years of Helping Colorado Live & Breathe Better

COLORADO ALLERGY & ASTHMA CENTERS, P.C.

Breathe Better - Live Better!

FALL 2012

MISSION STATEMENT

We improve the quality of life for children and adults who suffer from Allergy, Asthma and Immunology related illnesses.

Dr. Daniel Laszlo

Fall Into Better Breathing: Maintaining Respiratory Health As The Seasons Change

By Daniel J. Laszlo, MD

Colorado's best months come in the fall. The garden is still going strong, school activities are in full swing, shorter days bring relief from the heat, and there is a wave of aspen color across the mountains and to the plains. How ironic that many of our patients get apprehensive this time of year?

The Fall Asthma Epidemic is familiar to providers and patients alike. Students who have been healthy without medications for months are getting a runny nose and tight cough, often followed by wheezing and shortness of breath. Wildfire season has already been a time for unhealthful air quality for many days already this year. The Front Range is prone to accumulate vehicle exhaust and industrial smog due to the inversion layer. August is prime time for pollen production by tumbleweeds, sage, and ragweed. As fall progresses and we get more rain, fun in the leaves and grassy fields bumps up exposure to outdoor molds like *Alternaria* and *Cladosporium*. Alternating wet then dry windy days favor mold growth then dispersal. More time indoors with windows closed translates to more exposure to indoor dust, mold, and animal dander. The airway is primed to react. Something is also incubating in those first few weeks of class. Sharing unfortunately includes respiratory bugs. The common culprits include rhinovirus and influenza. They present a shifting target to the immune system, and it is forced to play catch-up.

How can we fend off these multiple threats? Taking care of our airways in Colorado begins with avoiding allergens, irritants and dryness. This means changing air filters and servicing humidifiers in time to turn on the heat. Most people benefit from a room humidifier when used in moderation. In addition, it is important to take measures to reduce exposure to animal dander and to take prescribed allergy medications as directed by your allergist. Moreover, allergy immunotherapy can result in long-term benefits in the respiratory season by reducing nasal, sinus, and respiratory inflammation.

Common sense measures can help to reduce the spread of respiratory bugs this time of year. The following is a list of preventative measures you can take:

- Wash your hands frequently and for at least 30 seconds when you do.
- Use of an alcohol-based hand sanitizer helps to reduce transmission.
- Get in the habit of muffling a cough or sneeze into the elbow crease, thereby reducing airborne droplets. A mask is advisable for ill people with cough when in a public area for extended periods of time.
- Replace kitchen sponges and cloths frequently. Such items containing anti-bacterial or anti-fungal agents are generally not recommended due to growing resistance and questionable benefit.
- Used with care, a 10% laundry bleach/90% water solution is an effective disinfectant for surfaces that can resist discoloration.
- Keeping students home if they have a bad cough and/or fever is a considerate and healthy choice.

Taking care of our airways in Colorado begins with avoiding allergens, irritants and dryness.

The other key to minimizing the impact of the respiratory season is individual preparation. A management plan will spell out steps for addressing a respiratory infection. Be sure rescue inhalers and medications are filled and available for immediate use. A late summer follow-up visit is ideal for getting the plan squared away and ready for needs at school. Restoring maintenance medications for control in August makes sense, but be aware that more intensive therapy is often necessary for an acute respiratory infection. Influenza symptoms are different from those of respiratory infections, and antiviral therapy is best started as early as possible. Please contact your provider if you suspect you are dealing with the flu! Influenza immunization can be recommended to almost everyone, including children with egg allergy.

Finally, several other key issues need to be highlighted.

- As a general rule, measures to address dryness make good sense too. Nasal saline irrigations or spray are helpful in the cooler months.
- The role of vitamin D sufficiency is a topic of intensive research. Risk factors contributing to low levels of vitamin D increase when we shift to indoor activities, thereby reducing sun exposure.
- Nasal decongestant sprays, oral decongestants, and fever reducers such as acetaminophen or ibuprofen are available over-the-counter and are useful.
- Since we would not expect antibiotics to help with most URIs, there is seldom a reason to give the prescription if the symptoms have gone on less than 1 week.

Dr. Dan Laszlo joined Colorado Allergy & Asthma Centers in July of this year. He is seeing patients at our Brighton, Ft. Collins and Greeley locations. You can read more about Dr. Laszlo or obtain pollen counts and helpful information on asthma treatment and management by visiting our website at: www.coloradoallergy.com


Dr. John James

Where There is Smoke...There is Fire!

By John M. James, MD

As you are well aware, this past summer was one of the worst wildfire seasons that Colorado has experienced for at least a decade. From the High Park fire near Fort Collins to the Flagstaff fire near Boulder and the Waldo Canyon fire in the Colorado Springs area, these wildfires have created much destruction and hardship in their paths. Many residents were evacuated from their homes, some of which were destroyed by these fires. In addition, many residents, especially those suffering from allergies, asthma and other respiratory conditions, experienced adverse health effects as a result of the smoke from these fires. This article addresses environmental smoke from wildfires and burning wood, the associated potential for adverse health effects from this smoke and specific precautionary measures to take.

Wood-burning smoke is a common source of both indoor and outdoor air pollution. Sources of this smoke include wood stoves, fireplaces, forest fires (a.k.a. wildfires) and agricultural fires. This smoke produces particles in the air that can irritate the respiratory tract and trigger allergic symptoms and asthma attacks. While woodstoves and fireplaces are the primary source of wood smoke pollution indoors, forest fires and agricultural fires are the primary source of wood smoke pollution outdoors. The gases and particles produced by wood smoke may cause allergy and asthma symptoms such as coughing, wheezing and difficulty breathing. Reducing exposure to smoke from woodstoves, fireplaces and forest fires is very important for people with allergies, asthma and other chronic lung conditions. This may mean eliminating indoor wood smoke sources and avoiding exposure to seasonal fires outdoors.

Education on the potential health effects of wood smoke is important. Wood smoke is made up of a complex mixture of gases including carbon monoxide, nitrogen dioxide and carbon dioxide, as well as other fine particles produced when wood and other organic matter burns. The particulate part of the smoke, often referred to ash, can definitely be seen in the air, on vehicles and in water. This was definitely evident along the Front Range last summer with our many wildfires. The health threat from smoke comes from these gases and fine particles. The microscopic particles can get into the eyes and respiratory system and can depress immune system activities that protect and cleanse the airways. Specifically, wood smoke can exacerbate allergic conditions, asthma other chronic lung conditions.

There are specific health effects that can result from exposure to smoke from wood burning. This smoke can decrease lung function and increase the severity of existing lung disease over time such as asthma, chronic bronchitis and emphysema. Wood smoke can make it more difficult for people to breathe deeply or vigorously and create coughing, wheezing, chest tightness, shortness of breath, irritated sinuses, stinging of the eyes, runny nose and headaches. Children may be more susceptible to smoke because their respiratory systems are still developing. Research has shown that children who grow up in households with wood burning have a significantly higher chance of developing lung problems.

What can be done to decrease the adverse health effects of exposure to environmental smoke from burning wood?

General recommendations:

1. People living in close proximity to the fire-stricken areas should remain indoors, avoid inhalation of smoke, ashes and particulate matter in the area and use air-conditioning to filter the outdoor air.
2. Dust masks designed to filter out small particles from smoke can be used, especially those with true HEPA filters. Consult with your physician before using a mask, especially if you have a lung disease.
3. Refrain from exercising outdoors, especially if you smell smoke or notice eye or throat irritation.
4. When driving your car in smoky areas, keep your windows and vents closed. Air conditioning should only be operated in the "recirculate" setting.

People with respiratory problems and chronic heart disease should:

1. Watch for the following symptoms: wheezing, shortness of breath, difficulty taking a full breath, chest heaviness, light headedness, and dizziness.
2. Stay inside as much as possible, with doors, windows and fireplace dampers shut and preferably with clean air circulating through air conditioners and/or air cleaners. Use air conditioners on the recirculation setting so outside air will not be moved into the room.
3. If outdoor trips in smoky areas are necessary, breathe through a damp cloth to help filter out particles in the air.
4. Contact your physician if you are experiencing symptoms. Asthma patients can follow their written asthma action plan and use a peak flow meter if prescribed. Do not hesitate to take the medication prescribed by your doctor.
5. Check with your healthcare provider regarding any changes in medication(s) that may be needed to cope with the smoky conditions.
6. People using oxygen should not adjust their levels of intake before consulting a physician.
7. If you develop a worsening cough or difficulty breathing and/or if pulmonary symptoms are not relieved by the usual medications, seek medical attention.

Flu Vaccine FAQ'S & Misconceptions

By Catherine M. Van Kerckhove, MD


Dr. Catherine Van Kerckhove

Since the flu season is in progress, we reprint a part of the article that appeared in last spring's newsletter to address FAQ's and misconceptions about the influenza vaccine and to review recent information regarding the influenza vaccine in egg allergic patients. Most of this information and more can be found on the CDC web site at www.cdc.gov/flu.

When is the ideal time to get the flu vaccine?

The influenza vaccine season in Colorado is variable. It has been known to occur as early as August and as late as May. It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against influenza. To ensure that as many people as possible are protected before the flu season begins, the CDC recommends that influenza vaccination begins as soon as the vaccine becomes available, even as early as August, and continues throughout the flu season. Flu activity usually **peaks** in January or February in the United States and can last as late as May. As long as the flu season isn't over, it's not too late to get vaccinated.

Can the flu vaccine give me the flu?

This is a common misconception. No, the flu vaccine cannot give you the flu.

The influenza vaccine is an inactivated, killed vaccine and does not cause the flu. It can cause some nonspecific, mild symptoms including muscle aches, local redness and fever for one or two days after vaccination. These side effects usually reflect your body's production of protective antibodies.

FluMist, a nasal spray vaccine, contains a low dose of live, weakened flu viruses. It does not cause the flu and is generally well tolerated. It is recommended for use in healthy people 2-49 years of age who are not pregnant. It can cause nasal congestion, sore throat and clear nasal drainage. It is not recommended in children less than 2 years old and in patients with asthma because of an increased risk of wheezing.

Although I am not allergic to egg, I developed a generalized reaction to the flu vaccine last year and therefore should not receive any more flu vaccinations.

An allergy to egg must be distinguished from an allergy to the influenza vaccine. A prior severe allergic reaction to the influenza vaccine, regardless of the components suspected to be responsible for the reaction, is a contraindication to receiving a future influenza vaccine. An evaluation by an allergist is recommended, as some flu vaccine components triggering reactions are also present in other vaccines and can be identified.

I am allergic to egg and therefore should not receive the flu vaccine.

Both inactivated as well as live, weakened influenza vaccines are made from viruses grown in eggs and therefore contain a small amount of egg protein. In individuals allergic to egg, hypersensitivity reactions to egg protein can therefore occur.

Fortunately, recent studies have shown that almost all patients allergic to egg can safely receive the flu vaccine. As all these studies were done with the injectable trivalent inactivated vaccine, egg allergic patients should receive the trivalent inactivated vaccine rather than the live attenuated influenza vaccine. It is reassuring that almost all inactivated vaccines now contain minimal amount of egg protein.

Information from recent studies has led both the CDC and the American Academy of Pediatrics to release new Guidelines regarding administration of the flu vaccine in egg allergic patients.

These guidelines stress that the risks of vaccinating egg allergic patients with the influenza vaccine are less high than the risks of not vaccinating. This is true even for patients with a history of anaphylaxis to egg. All egg allergic patients should receive influenza vaccine in a setting where anaphylaxis can be recognized and treated and should be observed for 30 minutes after vaccination. In all egg allergic patients, we advise yearly reevaluation of their egg allergy by history and skin testing, which can be accomplished during the same office visit as their yearly influenza vaccination visit.

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Ask Dr. Nan

DOCTOR'S CORNER

By Nan Laoprasert, MD & Connie Larsen, Clinic Manager

Dr. Nan Laoprasert

Many of the patients we see at Colorado Allergy and Asthma Centers have questions that are quite common. Patients submitted their questions to ***Dr. Nan Laoprasert*** of our Centennial clinic for her answers.

Q: On my allergy test, I tested positive for sage weed. Does this mean I shouldn't use the herb sage?

A: No. Sage weed, or sagebrush (Artemisia tridentata), is not related to the herb sage (a small perennial sub shrub - Salvia officinalis). Even if you are allergic to sage weed, you should be able to eat or use the herb sage.

Q: I'm allergic to iodine. Does this mean I can't have shellfish?

A: Reactions to iodine or radiocontrast material are not related to shellfish allergy. If you have been eating shellfish with no reactions and are now allergic to iodine, you do not need to stop eating shellfish.
Likewise, if you have "severe or IgE-mediated" shellfish allergy, this does not increase the risk of reactions to contrast material or iodine.

Q: Antihistamines no longer work on my allergy symptoms. My CAAC doctor suggested *allergy shots* for me. Can you explain how they work?

A: The *allergy shots*, or *allergy immunotherapy*, that we recommend to you are NOT steroid shots, so you do not have any of the potential severe side effects that are present among steroids. This form of treatment is the closest thing to a "cure" for allergy symptoms and is approved by the FDA to be effective in both adults and children for treating allergic rhinitis, allergic conjunctivitis, allergic asthma, and insect sting allergies.

Allergy shots treat the cause of allergies and are different from medications which treat the symptoms of allergies.

Allergy shots work like vaccines–allergens are injected into you in gradually increasing doses. Your body responds to the injected amounts of allergen(s) by developing an immunity or tolerance to the allergen(s). As a result of these immune changes, allergy shots can lead to decreased, minimal, or no allergy symptoms when you are exposed to the allergen(s) in the allergy shots.
Good candidates for allergy shots are patients who wish to avoid or reduce the long-term use of medications, those who receive suboptimal benefit from medications, patients who experience side effects from medications, or patients who cannot avoid exposure to their allergens.

Q: What are the differences between "rescue inhalers" and "controller inhalers?"

A: Rescue inhalers or quick-relief inhalers, such as Albuterol (Proair, Ventolin, Proventil, and Xopenex) work immediately to relieve asthma symptoms by opening up narrowed airways. They do not reduce the chronic inflammation that makes bronchial tubes excessively sensitive.

Rescue inhalers are used as needed when asthma symptoms occur. They may also be used approximately 20 minutes prior to exercise for patients with exercise-induced asthma. If rescue inhalers are overused, the doctor also might prescribe a controller inhaler to prevent asthma flare-ups from happening.

Controller inhalers or preventative inhalers control the underlying inflammation and prevent future attacks. They are to be taken every day, even when you do not have any symptoms.
There are 2 main groups of controller inhalers:

a. Inhaled corticosteroids (such as QVAR, Flovent, Pulmicort, Alvesco, Asthmanex)
   - Most effective type for preventing swelling and inflammation of the airway lining
   - May reduce your need for rescue inhalers
   - Are **not** the same as performance-enhancing steroids used by athletes
   - Have minimal side effects because they act directly on airways and are not absorbed by the rest of the body, as is the case of steroid pills like prednisone.

b. Combination inhalers (such as Symbicort, Advair, Dulera)
   - Contains inhaled corticosteroid and a long-acting beta agonist (LABA)
   - Helpful when inhaled corticosteroids are not enough to control asthma symptoms

Q: A coworker who sits near me wears cologne that makes me cough. Cigarette smoke bothers me too. Are these allergens?

A: No, you are not "allergic" to these! These are irritants that irritate your airways. You may be exposed to airway irritants both indoors and outdoors. Some examples of indoor irritants are smoke (cigarettes, candles, wood), perfumes, household cleaners, air fresheners, and paint. Some examples of outdoor irritants are cold air, pollution, and exhaust fumes.

FLU VACCINE FAQ'S & MISCONCEPTIONS

Continued from page two

Individuals who report a history of hives after egg ingestion should be observed for 30 minutes following vaccination to watch for any sign of an allergic reaction. Evaluation of their suspected egg allergy by an allergist is strongly recommended but need not delay the vaccination, which can occur in their general physician's office.

For patients with a history of a more severe reaction to egg such as tongue or throat swelling, difficulty breathing, lightheadedness or vomiting, the new guidelines recommend referral to an allergy specialist prior to vaccination, as these patients are more likely to develop a serious systemic or anaphylactic reaction to the flu vaccine. Growing data suggest that skin testing to the vaccine prior to vaccination and division of the vaccination dose may no longer be required even in these severely allergic patients.

My three year old son has never eaten egg and continues to avoid egg ever since his skin test and blood test to egg were positive two years ago.
Your child may or may not be allergic to egg: a positive skin test or blood test to egg with an unknown history is insufficient to definitively diagnose an allergy to egg. Consult your son's allergist regarding further evaluation for his possible egg allergy. If appropriate, a graded oral office challenge to egg can be performed to definitively establish whether he is allergic to egg or not.

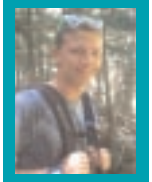
Meanwhile, it is recommended that your son receive a yearly flu vaccine. As long as he is suspected to be allergic to egg, it is important to take precautions when vaccinating your child against the flu. The recent guidelines recommend that a patient with an unknown history to egg be considered egg allergic and receive the flu vaccine with the same precautions as a patient with a known history of anaphylaxis to egg. Please contact us for specific recommendations.

And the Winners Are……

Each year the physicians of Colorado Allergy and Asthma Centers award a $1,000 scholarship to four patients who are high school seniors, college undergraduates or graduate students who are in good academic standing and have been accepted by or are currently enrolled in an accredited U.S. college. Congratulations to the winners of the 2012 Founder's Award Scholarships: Tyler Anderson, Erik Hatlestad, Alexandra Scheutter and Destiny Johnson. You can learn more about our Founder's Award Scholarship Program and about this year's winners by visiting: www.coloradoallergy.com /about-us/scholarship/.

Tyler Anderson

Tyler graduated from ThunderRidge High School as a Valedictorian, an officer in NHS and a top ten finisher at state in FBLA. He was awarded academic letters twice and was named most outstanding student in English his junior year. Tyler took multiple honors and AP courses over his four years while he also played varsity ice hockey and baseball. He will be attending Grinnell College in the fall where he will be playing baseball and studying biology with aspirations of becoming an occupational therapist. Tyler is a patient of Dr. Greos.



Erik Hatlestad

As a Colorado native, Erik's passions revolve around outdoor activities. Erik enjoys rock climbing, hiking, and skiing and can sometimes be found practicing his violin. He also enjoys spending time with his family. Erik plans on majoring in mechanical engineering at CU Boulder and studying abroad in Switzerland and Germany. Erik says, "As an engineer who is affected by [asthma], I want to improve care for asthma patients, such as the efficacy of inhalers and other delivery methods of medication." Erik is a patient of Dr. Olson.

Alexandra Schuetter

Alexandra graduated this year from Fort Collins High School as an "AP Scholar with honor" and member of the National Honor Society. As soon as she graduated, she began working with horses and kids at a ranch. She will attend Montana State University in the fall to study environmental science and ultimately would like to work specifically with water quality. She also enjoys photography, volunteering with her church, traveling, and working with kids. Alexandra is a patient of Dr. James.

Destiny Johnson

Destiny is a junior at Colorado State University. She is majoring in business administration with a concentration in marketing and pursuing a minor in apparel merchandising. Destiny is a member of the National Society of Collegiate Scholars. Upon completing her undergraduate studies, she plans on attending Howard University to earn an MBA and ultimately owning a fashion merchandising business. Destiny is a patient of Dr. Van Kerckhove.

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