

THE ALLERGY & ASTHMA CLINIC

Andrew C. Engler, M.D.

290 Baldwin Avenue, San Mateo, California 94401

(650) 343-4597 FAX (650) 343- 3402

www.theallergyclinic.com

NEWSLETTER

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Selected Highlights From the 2011 Annual Meeting of the Allergy, Asthma & Immunology Foundation of Northern California

Both our nurse practitioners, Brooke Leon, NP and Elisabeth Denker, NP, attended the 2011 AAIFNC meeting which was held in San Francisco last month and came back with a number of scientific updates, some of which we'd like to share with you in this month's newsletter:

Managing Childhood Asthma

At this symposium, there were many lectures our nurse practitioners attended that involved recommendations for assessing and treating asthma (including childhood asthma). Although there are many studies still underway to identify the best treatment option for asthma, it was concluded that inhaled steroid-based medication currently remains the preferred first line therapy. However, it should be noted that asthma is a heterogenous (lacking uniformity) disease and all patients should be assessed on an individual case by case basis to determine their best treatment options. We would be happy to discuss the best options for your particular situation to control your symptoms and give you a better quality of life.

Dr. Stan Szeffler, Professor of Pediatrics of the University of Colorado announced a new study (the MIST trial) for the purpose of determining the best options for **M**aintenance versus **I**ntermittent Inhaled **S**teroids in Wheezing **T**oddlers. This study should answer the question of whether children need to take inhaled medication daily throughout the year for optimal control of their wheezing. Once we receive the results of this study, we will keep you posted on the latest developments and treatment options.

Are you having an allergic reaction to something?

Hives (Urticaria) are red, itchy swollen blotches on the skin. They often appear suddenly and go away within a few hours but sometimes, they can last for several days. They frequently appear in clusters and can be very uncomfortable. Swelling of the face, lips, hands and/or feet (angioedema) is frequently associated with hives but the two conditions may occur independently. Angioedema is a reaction similar to urticaria, except that it occurs in deeper tissues. Although asymmetric swelling most frequently affects the face, any area of the body may be involved. In any acute form of hives or swelling, it is important to get a complete history of the events surrounding the outbreak. These outbreaks are frequently caused by exposure to some substance to which you are allergic, including foods and/or medications. Viral infections, stress, an increased hypersensitivity to stinging insects, heat, cold and exercise, can also cause hives and swelling. Recently, we have also had several patients who developed angioedema after exposure to high levels of pollen.

It is certainly possible that the longer pollen seasons and higher levels of pollen can exacerbate symptoms in those with allergic tendencies. Obviously, the best way to prevent hives and swelling is to try to avoid any known triggers. Because there can be numerous causes, it is important to take a systematic approach, taking into account the patient's history. Antihistamines can be taken for "quick relief" but sometimes, it is necessary to take medications on a regular basis to try to prevent the hives or swelling from starting in the first place. For patients who continue to have problems with hives or other allergic skin conditions, allergy testing can be helpful. By helping to determine the cause of the problem, we can help you avoid those substances that bring on the swelling and make you less likely to develop symptoms at all.

Food allergies are on the rise!

It is now estimated that over 3 million children have food allergies in the United States. The eight most common food allergens remain milk, soy, eggs, peanuts, tree nuts, wheat, fish, and shellfish. If your child has food allergies, there are important precautions that you should take to help minimize cross contamination and accidental exposure to allergens: First, when preparing meals at home, always prepare the meal for the child with allergies (avoiding any ingredient that your child is allergic to), and then set it aside. Then, prepare the food for the rest of the family using any ingredients you choose. Food allergens can be accidentally put into the allergic child's meal either from a cutting board, pan, or utensil that has unknowingly come into contact with the allergenic food. If you have young children, it is also important that you keep foods containing allergens on a higher shelf and out of their reach. They may not be able to read the label to determine that a yummy looking snack bar contains nuts or milk before accidentally ingesting a food allergen. So, keeping "safe" foods on lower shelves is advisable.

It is always important to check the labels on any foods that your child may eat, as food manufacturers can change their ingredients or switch to a new processing plant that also processes nuts, milk, or wheat. In addition, let your child know that they should only eat the foods packed in their own lunch at school or ask an adult to make sure that a friend's snack or birthday cupcake does not contain any foods that they are allergic to. If it is a holiday, you might consider baking a food yourself for your child's class so that you can be sure it does not have any food allergens, while still allowing your child to partake in the festivities. If you suspect your child has food allergies or would like more information regarding food allergies, you may schedule a food testing appointment in our office with Dr. Engler or one of the nurse practitioners.