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From the President

SEASONAL ALLERGIC RHINITIS

It's the time of year again for "hay fever" or seasonal allergic rhinitis. Each year trees pollinate in the spring, grass in the summer, and weeds in the fall. The duration and timing and type of pollination is different in various parts of the world, but the result is the same – certain plants and trees pollinate to reproduce. In addition to pollens, spring brings an additional allergy trigger: outdoor mold spores. It is not known why but a significant and apparently growing portion of humans have developed an immune system which has decided to fight off these airborne pollens similar to the attack it wages on infectious agents. These people are allergic or in medical terms, "atopic." The result of the body's attack on these usually benign invaders is sneezing, itching, coughing, and wheezing. Unfortunately, studies reveal that many patients with allergies are nevertheless experiencing poor quality of life. So what can those who suffer with allergic rhinitis do? For most patients there are several safe and effective treatment options.

Let's go over the principles of treating seasonal allergic rhinitis. There are three proven choices used alone or in combination: avoidance, medication, or immunotherapy (allergy shots). Avoiding pollens and mold spores as well as outdoor aggravating factors such as dust is difficult, however limiting outdoor activity when it is windy is useful and there may be less exposure to pollens in the early morning. Masks can help filter par-

ticulate matter and some pollens/spores but are rarely seen or used for this purpose. A new pollen recording system will be in place in Anchorage this summer and will allow patients to recognize high pollen count days and then limit outdoor exposure. Pollen count data for Anchorage which will allow patients to recognize high pollens days. It's anticipated that the link will be available to Anchorage's pollen count on-line May 1, 2006. Visit www.muni.org to follow Anchorage's pollen count.

Medications are more complicated but I will try to simplify the choices without oversimplifying. Treatment is determined by a classification system based on the severity and frequency of symptoms. If symptoms are mild (not interfering with daily activity) and less than four days per week or less than 4 weeks in duration, a non-sedating long-acting antihistamine (Claritin, Zyrtec, Allegra, etc) is the treatment of choice and without significant risk of side effect. (Due to sedation and evidence of significant deterioration in motor skills when used, the over counter antihistamines such as Benadryl and ChlorTrime-ton are not recommended.) The long-acting, non-sedating antihistamines are less effective than nasal steroids (Rhinocort, Nasonex, Flonase, and Nasacort) for nasal stuffiness which is very common in allergic rhinitis. These nasal medications should be considered if symptoms are not well controlled with long-acting, non-sedating antihistamines or if symptoms are more severe and/or more frequent. Again, serious side effects are very uncommon and these medications are very

(Continued on page 2)

AAFA Alaska Mission Statement: AAFA Alaska is a non-profit organization dedicated to improving the quality of life for people affected by asthma and allergies through education, collaboration with community resources, support and research.

TAX Season

Uncle Sam's Tip for those with Springtime Allergies

When it is time to pay your taxes, it is time to start taking your Antihistamine!



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SEASONAL ALLERGIC RHINITIS *continued*

(Continued from page 1)

effective, but many patients just don't like using nasal sprays. (Claritin, a long-acting antihistamine Claritin is available "over the counter" and is as effective as its prescription competitors.) Several studies suggest about 80% of patients with allergic rhinitis are happy with symptom control while using nasal steroids alone whereas only 40% are happy with antihistamines alone.

Patients with incomplete control using antihistamines or nasal steroids or who have additional problems such as asthma, chronic sinusitis, or sensitivity to

aspirin and ibuprofen like products may benefit from additional products. These include decongestants combined with antihistamines, the intranasal antihistamine spray Astelin, saline washes, the "drying" nasal spray Atrovent, anti-allergy eye drops (Patanol, Zaditor, etc.), and Singulair.

That leaves about 20% of patients who are not well controlled despite medication. For these patients, those who have unacceptable side effects of treatment, and those who can't avoid significant allergen exposure, immunotherapy is worth consideration. This entails a series of injections

containing increasing amounts of the allergen(s) a person is allergic to and is an attempt to make the patient develop tolerance to the allergen. The allergen injections are more frequent initially, then decrease in frequency, and are continued for 3 to 5 years. This approach is most effective in patients selected correctly by an allergist. Due to a small but real risk of significant reactions, the injections need to be administered in a facility familiar with immunotherapy and equipped to respond to adverse reactions such as anaphylaxis.

The bottom line—there is safe and effective treatment for most patients with allergic rhinitis.

Thad Woodard, MD
President, AAFA-Alaska

COUNT the Pollen in Anchorage

With the arrival of spring, along comes the pollen! It's expected that starting on May 1, you will be able to get the pollen count for tree, grass, weeds and mold for the Anchorage area! Visit www.muni.org and look for the key word POLLEN. You will then be linked to the National Allergy Bureau. Click on "View Today's Counts", select Anchorage, Alaska, and then proceed as directed to get the most recent pollen count. Then, click on "set up your own home page". By doing this, you will be able to receive e-mails updating you on the current pollen levels.

Thank you Winter Olympic Athletes: Rosie Fletcher, Racheal Steer, James Southam, Kikkan Randall, Lars Flora and Jessica Shultz (not present).

On April 15, 2006 these athletes along with the Allergy, Asthma and Immunology Center of Alaska hosted a free ski clinic and auctioned Olympic gear raising \$2000 for AAFA Alaska and \$2000 for the Alaska Winter Olympic Foundation. This effort will help AAFA Alaska continue to provide asthma and allergy education for Alaskans statewide.



Substitute Sweetened Condensed Milk

- 1/2 cup boiling water
- 3 Tbsp butter or margarine substitute
- 1/2 cup honey (scant)
- 1 1/3 cup dry soy or rice milk powder

Measure the butter/margarine substitute, honey and dry milk powder and set aside.

Boil the water and measure out the 1/2 cup into the blender. Immediately add the margarine/butter substitute. Then add the honey and milk powder. Blend briefly; scrape down sides. Blend again for about 30 seconds, while scraping sides as needed. Pour into a jar and let cool. Mixture will thicken

when cooled. Store in refrigerator if not using right away. Recipe makes 2 cups. Dry soy and rice milk powder are usually available in health food stores, stocked with the liquid versions. Either plain or vanilla flavor should work fine.

Note: It is difficult to say how this substitute sweetened condensed milk will behave in any particular recipe you may use, given that ingredients react with each other in different ways. Generally it should do well in most recipes calling for eggs. You will have to experiment when adapting your favorite recipes to be cow milk free. Have fun with it!



Recipe adapted & submitted by Sherryl Meek, registered, licensed dietitian

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More Recipe's from AAFA Alaska

Yes! Send me a copy of AAFA Alaska's Recipe Collection from The Daily Meter. Enclosed is \$5.

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Yes! I want to support Asthma and Allergy Education in Alaska. Enclosed is my tax-deductible gift to AAFA Alaska.

\$1,000 Corporate

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\$100 Professional

\$50 Sustaining

\$25 Individual/Family

other _____

Joyful Waffles—A breakfast treat or anytime snack

My little one loves these waffles with or without syrup. Sometimes we do a plain, less sweetened version and other times I make them sweeter. Try putting things in like blueberries or chocolate chips!

Submitted by Denise Lomelino, mother of child with multiple food allergies.

- Preheat Waffle Iron.
- Dry Ingredients.
 - 1 Cup Sorghum Flour
 - 1/2 Cup Quinoa Flour
 - 1/2 Cup Sorghum/Quinoa flour
 - 3/4 Cup Tapioca Flour
 - 1 TBSP Toasted Amaranth Flour or Flax-meal (optional-gives it a nuttier flavor)
 - 1 1/2 tsp. Baking Soda (can use a little less 1 to 1 1/2 tsp).
 - 1 tsp. Cream of Tartar
 - 1/2 tsp. Salt
 - 1/4 tsp. Xanthan Gum
- To sweeten, also add:
 - 1/2 tsp. Cinnamon
 - 1/4 Cup Sugar
 - 1 tsp. Vanilla (optional)
- Wet ingredients:
 - 2 TBSP Apple Sauce
 - 1 TBSP Apricot Fruit Spread (or whatever fruit for egg re-placer)
 - 1 1/2 TBSP Canola Oil
 - May add 1-2 TBSP Pure Maple Syrup
 - 1 1/2-2 Cups Water*

Mix dry ingredients. Add wet ingredients, except water.

- Then add approx. 1 1/2 to 2 Cups water until just mixed and very thick
- Pour approx. 1 cup batter into waffle pan. Heat according to waffle iron directions.
- Use 100% Maple Syrup, fruit syrup, or fresh fruit to top off the waffles! Eat and Enjoy!!!

Makes 3 rounds of waffles (or 12 mini waffles).

*Milk works, too. Try using your allowable milk substitute. Added calcium!

Fresh Blueberry Syrup

(or most any fruit will work)

Microwave 2 cups of frozen blueberries with a tablespoon of Sugar. Microwave or Heat on stove until boiling (may add a little water if needed). Smash blueberries with potato masher. Boil a little longer. Allow to cool slightly. Pour on waffles, pancakes, or most any sweet. It will be a little chunky, but yummy!

Asthma Meter Dose Inhalers (MDI's): CFC-free by 2009

The FDA has mandated that the propellant in MDI's change from CFC (chlorofluorocarbons) to HFA (hydroflouroalkane) by Dec 31, 2008. Beginning in 1978, CFC's were removed from most products as a propellant (such as hairspray) when it was noted that CFC's were destroying earth's protective ozone layer. In 1996, pharmaceutical companies started making MDI's using HFA as the propellant to get medication such as albuterol into the lungs instead of CFC. As December 2008 draws closer, fewer MDI's will be available with the traditional CFC propellant while more MDI's will be manufactured using HFA.

Talk with your health care pro-

vider (HCP) to see what type of propellant is used in your MDI. A prescription from your health care provider is required to switch your medication to a MDI that does not contain CFC's.

HFA inhalers are just as safe and effective as those with CFC—however, the HFA propellant won't harm the environment. Some people do notice a different "taste" or "feel" using the HFA inhaler as compared to a CFC inhaler. For those who enjoy winter outdoor activities, HFA has the added benefit of not freezing in cold temperatures.

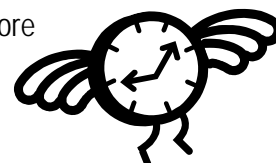
Avoid procrastinating. Talk with your HCP at your next visit. If you haven't already, switch to a MDI that

uses HFA as a propellant. Time flies—December 2008 is just around the corner.

The following quick-acting MDI's are available with the HFA propellant:

- Proventil-HFA (Schering-Plough)
 - Ventolin-HFA (GlaxoSmithKline)
 - Albuterol-HFA (IVAX)
 - Xopenex-HFA (Sepracor)
- Flovent (Beclomethasone), an inhaled steroid used to treat the swelling in the airways, is available in the HFA preparation QVAR (IVAX).

For more info, go to www.aafa.org "What's New".



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- ☑ What are some of the triggers of asthma and how I prevent them?
- ☑ What is the current thinking on asthma therapy?
- ☑ How can I achieve “Life without Limits”.

If you would like AAFA Alaska to present a talk at your work place on asthma/allergies, please call us. AAFA AK can sponsor a free Brown Bag lunch talk for employees in Anchorage.

2006 Alaska School Nurse of the Year

Congratulations to Kathy Bell for her recent receipt of the “2006 Alaska School Nurse of the Year” award presented by the Alaska School Nurse Association in April 2006. Kathy has been an intimate part of AAFA Alaska since its inception in April 2001. She has served as the Secretary for AAFA Alaska’s Board of Directors for 5 years and is an active instructor for 3 of our asthma education programs: Asthma Care Training, Asthma and Allergy Essentials for Child Care Providers and Power Breathing. Outside of AAFA Alaska, Kathy is a pediatric intensive care nurse, a school nurse, and is one of 6 school nurses serving on the Anchorage School District Health Services Leadership Team. Furthermore, she is a certified instructor for the following American Heart Association programs: Pediatric Advanced Life Support, Basic Life Support and First Aid. This is just an abbreviated list of her accomplishments as well as activities supporting the nursing profession. Her devotion to her profession is heralded by school administrators, teachers, fellow Board members of AAFA Alaska and nursing colleagues alike. Kathy’s dedication, hard work, and excellent nursing skills, in combination with a non-judgmental and patient nature makes her a most deserving candidate for this award. AAFA Alaska commends Kathy Bell on her achievement!



Heart Association

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Call today to schedule a class: (907) 696-4810 or E-mail: aafaAlaska@gei.net.**



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“Wheezin’, Sneezin’ and Itchin’ in Alaska”

Shed the Northern Lights on
Asthma and Allergies in Alaska

AAFA Alaska's First Annual Asthma and Allergy Conference

Topics to include but not limited to:

Pending Continuing Medical and Nursing Education

Asthma

- Asthma Control
- NHLBI Asthma Guidelines
- Pregnancy and asthma

Allergy

- Role of stress on allergy & immunity
- Why the increase?
- Food allergy
- Environmental allergies
- Allergic Rhinitis and sinusitis

Skin

- Urticaria
- Allergic contact dermatitis

Save the Date
September 8 and 9, 2006