

## AAFA Alaska Chapter

# The Daily Meter

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## From the President

In our November 2006 issue, I answered a few questions that were raised at AAFA Alaska's First Annual Asthma & Allergy Conference. To follow are some more answers to more questions that were presented at the conference—are these concerns that you've been wondering about also?

### Information on ingredients in natural drugs, herbs, such as pine nut extract. Do they cause reactions?

Yes, anything we ingest can potentially be an allergen and cause an allergic reaction. There are some herbs that cross react with pollens and when ingested they can cause anaphylaxis, an allergic emergency. The best example of this is eccinachia which can cause anaphylaxis in a ragweed allergic person.

### What can I do as the mother of a young asthmatic to promote the growth of healthy lungs? No scarring etc.

The literature suggests that it is the repair process after inflammation that leads to remodeling of the airways. Thus, the best option is to decrease inflammation by avoidance of allergens and regular use

of anti-inflammatory medications as prescribed by your child's asthma doctor.

**When should a child be re-tested for food allergies?** We usually will re-test after a year of absolute avoidance.

### My son's peanut allergy is relatively low. Do I still need to avoid foods labeled 'Processed in a factory that also produces nuts'?

To be on the safe side, yes. There is no telling how much peanut protein he will be exposed to. The more you have "little exposures" the more risk there is for a more severe reaction—you are "reminding" the immune system to be allergic. Reactions to peanuts can get more severe over time. A child is more likely to outgrow a food allergy if they can absolutely and completely avoid the food for at least a year.

Hopefully you find these questions and answers helpful. Mark your calendar for our Second Annual Asthma & Allergy Conference—September 7 & 8th, 2007.

Teresa Neeno, MD

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.



AAFA Alaska believes that education enhances quality of life for people with asthma & allergies & is committed to providing quality programs and information about allergies and asthma.

**Partner with us to deliver this message.**

Your membership gift is tax deductible to the extent allowable by law. AAFA Alaska is a non-profit 501(c)3.

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- All Membership levels will receive a copy of AAFA Alaska’s Newsletter, The Daily Meter
- Memberships at \$50 and higher will receive a copy of Dr. Plaut’s One Minute Asthma Reference guide.
- Memberships at \$100 and higher will receive a copy of AAFA Alaska’s storybook, Wheezin’, Sneezin’ and Itchin’ in Alaska.

## Asthma & Allergy Medications: Inhaled Corticosteroids

The purpose of an inhaled corticosteroid is to help control asthma symptoms.

- This medicine works to reduce the swelling and lessen the mucus production in the lungs.
- It can take a week or more until you get to the maximum benefit of taking this medicine.
- Inhaled corticosteroids, a “controller” medication, are to be taken every day, even when you are feeling great!
- Inhaled Corticosteroids
  - ☑ Prescribed once or twice daily.
  - ☑ Come in dry powder & metered dose inhalers (MDI).
  - ☑ MDI’s should be used with a spacer device
  - ☑ Always rinse your mouth after using an inhaled corticosteroid medication to prevent yeast infection in your mouth. You can easily do this by brushing your teeth after taking your medication. At a minimum, rinse your mouth—but don’t swallow—spit it out!
  - ☑ Lower doses of inhaled corticosteroids are very effective in treating airway swelling because the medicine goes directly to the lungs where the medication needs to work. This helps reduce the side effects people experience when taking higher doses of corticosteroids by mouth.
  - ☑ Examples of Inhaled Corticosteroids include:
    - Beclomethasone (Vanceril, Beclovent)
    - Budesonide (Pulmicort)
    - Flunisolide (Aerobid)
    - Fluticasone (Flovent)
    - Triamcinolone (Azmacort)
  - ☑ Some inhaled corticosteroids are combined with long-acting bronchodilator medications.
    - Advair—Flovent & Salmeterol
    - Symbicort—Pulmicort & Formoterol (Europe & Canada, not available in US)

Do you know the purpose of the asthma & allergy medication you are taking? This upcoming year The Daily Meter will feature different types of medications for treating asthma & allergy — make sure you know all about the medications you are taking!



## Corn-Free Chocolate Syrup

corn/milk/wheat/peanut/tree nut-free

1 cup sugar

1/2 cup cocoa powder

1/2 cup water; add more as needed while cooking

1/2 tsp pure vanilla (“Vanillan” (imitation vanilla) may have a corn ingredient)

Dash of salt

Read the label on all vanilla’s—make sure there is no corn syrup in the vanilla!

Mix ingredients in a heavy pan or top of a double boiler with water boiling. Stir slowly over heat at a temperature that lets the mixture slowly come to a bubble. Continue stirring for 1 to 2 minutes at the slow bubble temperature. Add water, while stirring, a little at a time if mixture appears too thick. Then remove from heat, add vanilla, and stir for 2 or 3 minutes more. Let cool. Store in a glass or heavy plastic container in the refrigerator for up to two weeks. Use like you would any chocolate syrup.



*Recipe adapted  
from the  
Joy of Cooking  
By  
Sherryl Meek,  
Registered  
Dietician*

## Corn-free Vanilla Pudding

corn/milk/wheat/peanut/tree nut-free

1/3 cup sugar

3 T. tapioca starch (if using rice milk, you will need 4T.)

1/4 tsp salt

Mix together in saucepan. Then add:

2 1/2 cups allowed milk (regular milk, soy milk, rice milk, etc.)

Heat at medium temperature, stirring constantly, until pudding begins to boil. It may take 10 or 15 minutes. When bubbling keep stirring for a minute or so.

Then remove from heat and add 1 1/2 teaspoons vanilla (“Vanillan” (imitation vanilla) may have a corn ingredient). Stir well, then pour into a bowl or individual bowls. Serve warm or cold.



Note: you can make this into chocolate pudding by either melting in, after vanilla, a handful of chocolate chips or a little chocolate syrup.

Recipe by Sherryl Meek, Registered Dietician

Mark your Calendar!  
Save the Date—April 14, 2007  
Hilltop Ski Chalet

# Ski with Olympic Athletes



Free cross country ski clinic  
Feature: Live Race with Olympic Athletes that compete with asthma and/or allergies!  
Fundraising event for AAFA Alaska  
Education Forums on asthma & allergy management included  
More info to come—visit our website—[www.aafaAlaska.com](http://www.aafaAlaska.com)

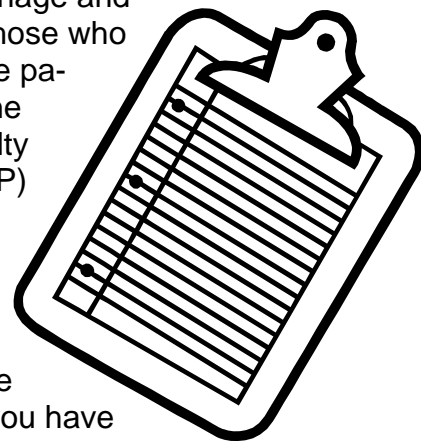


Do you have a written asthma action plan? Alaska has a plan for you!

The Alaska Asthma Coalition has been working for the past 2 years to create an Interactive Asthma Action Plan. This web-based program will help your health care provider to provide you with a written asthma action plan.

An Asthma Action Plan (AAP) is a useful tool to help those with asthma manage and prevent asthma symptoms. Additionally, this plan provides information to those who come into contact with or care for the person with asthma. In addition to the patient or the parent of a child with asthma, the AAP should be shared with: the school nurse, day care providers, grandparents, coaches, and other specialty medical providers. The Alaska Interactive Asthma Action Plan (Alaska IAAP) gives providers treatment options consistent with current asthma management guidelines and generates an asthma action plan in writing for the patient. Health care providers—medication prescriptions are also generated.

AAFA Alaska will commence trainings for Health Care Providers in February around the state. The AK Asthma Coalition expects that this plan will be available on the web before the end of February. Contact AAFA Alaska if you have any questions or would like to learn more about the training opportunities.



Link to the plan at [www.aafaAlaska.com](http://www.aafaAlaska.com)

Registration & Payment Info  
800-651-4914  
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**Asthma Management & Education for Allied Health Care Providers:**  
*Helping Health Care Providers help patients take control of their asthma*  
2.4 Nursing CEU's & 2 CRCE credits for Respiratory Therapists  
Fairbanks (Feb 12, 2007) Soldotna (Feb 13, 2007) Juneau (Feb 15, 2007)

## **EDUCATION is a key part of being in CONTROL of our asthma!**



### **Aspirin Sensitivity & Asthma**

*Jeffrey G Demain, MD, FACAAI  
President-elect, AAFA-Alaska*

Of all the identifiable triggers of asthma, medications probably comprise a minority. Of those, aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (ie Motrin/Advil) and naproxen (ie Alleve/Nuprin) are responsible for the majority. Aspirin sensitivity is reported in approximately 21% of adult onset asthmatics with a higher probability in adult asthmatics that have chronic sinus disease and nasal polyposis. Aspirin sensitivity is based on the inhibition of cyclooxygenase (COX) rather than a true allergic reaction. In addition to bronchospasm patients may also experience nasal congestion, hives, swelling and even anaphylaxis-like reactions. Many aspirin sensitive asthmatics are unaware of the association between ingestion of aspirin / NSAIDs and their asthma exacerbations, so a medical history does not always identify the sensitivity. The gold standard for diagnosis is an oral provocation challenge done in a controlled medical setting with adequate facilities for resuscitation. Once sensitivity is identified an oral desensitization procedure may be performed. Once desensitized, daily use of aspirin is required to treat the patients aspirin related nasal and respiratory symptoms.<sup>1</sup>

A recent 4.9 year study of 22,071 non-asthmatic, male physicians, looking primarily at effects of aspirin on reducing the risk of heart disease revealed a 22% reduction in the development of asthma in those taking 325mg of aspirin every other day from those who did not. This study suggests that in individuals without asthma, regular aspirin use might reduce the risk of developing asthma.<sup>2</sup> This data is very exciting in that the use of aspirin in non-asthmatics may reduce the risk of developing asthma. It is also important to note that among known asthmatics, aspirin can acutely precipitate bronchospasm and a severe asthma attack. Additional study is warranted to confirm that this reduction was caused by the aspirin.

It is always important that you consult your medical provider before changing or initiating any new therapy.

1. Stevenson DD, et al Aspirin Desensitization Treatment of Aspirin-Sensitive Patients with Rhinosinusitis-Asthma: long term outcomes. *J Allergy Clin Immunol* 1996;98:751-8
2. Graham R, et al. Aspirin and Decreased Adult-Onset Asthma. *Am J Respir Crit Care Med* 2007;175:120-5.

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# Anchorage Public Forum, You are invited!



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March 2, 2007

Be prepared for Spring:

Asthma & The Outdoor Environment

April 13, 2007

Asthma & the Athlete

May 4, 2007

Environmental Controls &  
Managing Your Asthma