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## From the President

This past weekend as I was outside in the fabulous sunny weather I was struck by the fact that summer is almost over. Soon, we will be settling into the fall routine with school and after school activities. As we prepare for the new school year, it is important to reassess your child’s asthma and/or allergy action plans. Are there new allergies? Has your child’s weight changed (which affects dosages of medications)? Are prescriptions current?

For a second year, Verus Pharmaceuticals has donated Twinject (epinephrine auto injectors) to the Anchorage school district to be used for children with severe allergies requiring the availability of injectable epinephrine. These devices are available for use during the school hours. This generous gift helps provide a safe environment (medically) for our children at school.

Don’t forget the hours before and after school. Children involved in before or after school activities need their own auto injector. Child care providers, coaches, &/or teachers during these hours need to know what an allergic reaction is, when to treat an allergic reaction, and how to treat an allergic reaction.

As kids get older and more responsible, they should be allowed to carry their own auto injector and administer it if needed. Avoidance of a food allergen is the key to success. We need to con-

tinually revisit reading labels for our food allergic children, reminding them they are not alone with their food allergies and the importance of always carrying their injectable epinephrine—prepared if an accidental exposure does occur. The teen years are especially challenging—the need to “fit in”, struggles with autonomy and authority, the feeling of being “invincible”, add in food allergies and perhaps friends that don’t understand—“it can take only a bite”.

With education for our children, their friends, child care providers, and the general public, the stigma of food allergies is diminished and our children are safer. We can’t change ourselves or our children, but, we can make the environment safer to “live without limits”.

“Be prepared”. Update or obtain a written asthma & allergy action plan from your health care provider; review the “how-to’s and what to do” in case of an emergency; attend asthma &/or allergy education classes; and stay alert—avoid the allergy and treat your symptoms. Have a great first day, back to school!

Thank you to everyone who has contributed to AAFA Alaska. We appreciate your support and would like to hear from you.

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.**

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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: Quick-Relief Asthma Inhaler

Short-acting, quick-relief Albuterol inhalers are an essential part of the medicine cabinet for those with asthma. During an asthma exacerbation, the muscles around the airway tighten (constrict). Imagine the small diameter of a straw. Now, take your fingers and gently squeeze the straw—the opening of the straw has gotten smaller. Your fingers pinching the straw are like the muscles around the airway squeezing the airway shut. This makes breathing difficult. Albuterol relaxes the muscles around the airways—this action works quickly. Breathing should become easier within 15 minutes of taking the medication. Therefore, Albuterol is considered an “emergency” inhaler and should be carried at all times. Albuterol does not treat the swelling or the mucous build up in an asthmatics lungs. Daily medications (i.e. inhaled corticosteroids) help reduce the swelling & mucous.

Albuterol inhalers were originally made with a propellant to help get the medicine from the inhaler, into your lungs. This propellant uses CFCs (chlorofluorocarbons), which is harmful to the Earth’s Ozone. Inhalers are now being made with HFA (hydrofluoroalkane) as required by the government and does not harm the environment. In 2005, the FDA mandated that CFC inhalers are to be removed from the market by December 31, 2008.

The transition is happening now in anticipation of the December 2008 deadline. HFA Albuterol is available. Begin talking with your health care provider (HCP) about your asthma control medications. Though the same medicine is in both the CFC and HFA inhalers, there are noted differences. Specific differences include the taste and the force of the spray. The HFA spray is less forceful than the CFC inhaler you are accustomed to. HFA inhalers also do not freeze like CFC inhalers—a great benefit for those participating in outdoor activities. Additionally, it is important to read the patient instructions that accompany your medication to see how to clean the inhaler.

As you start the new school year, review your asthma management plan with your HCP. Ask what type of inhaler you currently are using? If you are using CFC, consider making the switch to the HFA inhaler now. When you make this transition, be sure to monitor your asthma and notify your HCP if you think you are not responding the way you should. Although a spacer device is not required with the HFA devices, spacer usage is still preferred to ensure that less medicine is left sitting in the mouth & throat and that the maximum amount of medicine gets into the lungs.

The cost of an HFA is likely to be higher because there are no generic versions available. Check with your insurance programs. For financial assistance the Partnership for Prescription Assistance may be helpful: [www.pparxak.org](http://www.pparxak.org) or 1-888-477-2669.

For more information on transitioning to HFA inhalers, go to [www.transitionnow.org](http://www.transitionnow.org).

## Wheat-Free French Pancakes corn/barley/rice free Contains Egg

2/3 cup of amaranth flour  
 1/3 cup tapioca flour  
 1/2 tsp salt  
 1 tsp baking powder (corn-free, if omitting corn ingredients)  
 2 scant tablespoons sugar  
 Mix these dry ingredients together.

In a separate bowl, mix together:  
 2 beaten eggs  
 2/3 cup milk (use soy or oat milk if cannot use dairy milk or rice milk)  
 1/3 water  
 1/2 tsp vanilla (use pure vanilla w/o corn ingredient).

Add wet ingredients to dry ingredients and mix quickly just until ingredients are all combined. Should have no big lumps, small ones are OK. Let batter sit while you are heating a small frying pan to medium heat. Put in a small amount of butter, margarine or oil just before you pour in the batter. Pour in a small quantity of batter, enough to make 5 or 6 inch pancake. Flip when the bottom is brown and top looks set an inch or more around the edges. Lightly brown the second side. Remove and place on a warmed plate. Fry the rest of the batter as mentioned, adding a dab of butter to pan for each new pancake.

You can pour syrup over pancakes, or sprinkle sugar of your choice, or use jelly. They can be eaten cold if you like.

*This recipe is adapted from The Joy of Cooking cookbook by Sherryl G. Meek, RD, LD, LLC. March 2007*

## Blueberry or Cranberry Muffins dairy/wheat/egg/corn/soy/nut free

Adapted from Joy of Cooking  
 by AAFA-Alaska Support Group: Parents of Food Allergic Children (aafaFood@gci.net)

Combine dry ingredients:  
 3/4 cup amaranth flour  
 1/2 cup quinoa flour or flakes  
 1/2 cup tapioca flour/starch  
 1 tsp salt (dextrose free if allergic to corn)  
 2 tsp baking powder (corn free\*)  
 1/3 cup sugar

Combine wet ingredients:  
 1/2 cup white bean puree' (puree cooked white beans in blender)  
 2 Tbsp flax seed meal  
 2 to 4 Tbsp oil or melted margarine  
 3/4 cup rice milk (or you can use orange juice-if so, use a bit less baking powder)

Combine wet ingredients with the dry, until all liquid is incorporated and there are no big lumps.

In another bowl, coat 1 cup blueberries or cranberries with tapioca flour/starch. (If you are using blueberries, a nice addition is 1 tsp grated or zested lemon rind. If you are using cranberries, grated/zested orange rind is very nice.) Add the berries to the muffin mixture and fold ingredients well, scraping sides and bottom of bowl. Drop by spoonfuls into greased muffin tin. Bake at 400 for 15-20 minutes. Insert a thin-bladed knife into center of a muffin to test for doneness. It should come out clean if done. When done, remove from oven and let the muffins sit in the tin for a couple of minutes to set. Remove muffins gently from tin and serve.

\*Corn-free baking powder can be purchased under Featherweight or Ener-G brand.

Or you can make your own baking powder mixture:  
 combine 2 tsp cream of tartar, 2 tsp arrowroot flour, 1 tsp baking soda.

LEARN MORE ABOUT ASTHMA & ALLERGIES ✓ TAKE CONTROL

ASTHMA & ALLERGY FORUMS

August 24: Asthma Basics for Adults

Speaker: Dr. Melinda Rathkopf  
Alaska Regional Hospital, ROOM Ivy 1

October 5:

Speaker:  
Alaska Regional Hospital

RSVP: 349-0637 OR [www.aafaAlaska.com](http://www.aafaAlaska.com) OR [aafaAlaska@gci.net](mailto:aafaAlaska@gci.net)

AAFA AK's Support Group: Parents with Food Allergic Kids



**Meets at Mat-Su Regional Medical Center**

Matanuska Room—From the main entrance; pass the cafeteria on the right

**August 4**—How do YOU travel with food allergies?

**September**—Labor Day Weekend, no meeting

**October 6**—Holiday ideas: plan the (food safe) party!

**November 3**—Socializing w/ Food Allergies: what does this mean to you?

**December 1**—Let's talk recipes

**January 5, 2008**—Food Allergies: Facts and Fears,

Guest Speaker Dr. Melinda Rathkopf

Support group meets 1st Saturday of the Month from 9:30 to 11:00 a.m.

Let us know you are interested! [aafaFood@gci.net](mailto:aafaFood@gci.net) (907) 696-4810 800-651-4914

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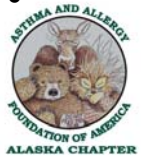
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Order an AAFA Alaska Chapter Polar Fleece Vest Cost: \$50

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## Indoor Air Quality 101

People with asthma and allergies know the importance of good indoor air quality to their health. As cold weather approaches and we move inside, it's a good time to consider ways to improve the indoor air. In Alaska, residents can spend as much as 90% of their time inside during the cold months. With our air-tight homes, this often means breathing stale air or being exposed to common indoor pollutants.

Remember the most frequent indoor asthma triggers and take the recommended steps to avoid them: cigarette smoke, pet dander, dust mites, and molds. Keep your home's humidity between 30-50% and follow the manufacturer's instruction for cleaning and changing your furnace filters. Remember also that many household products can produce potent fumes or strong odors that are particularly irritating when used in tightly sealed winter homes.

Carbon monoxide (CO) is a serious concern even for healthy individuals. This odorless, colorless gas results when carbon is incompletely burned during combustion. Even at low levels it can cause significant symptoms

such as disorientation, nausea, headaches, and dizziness, and can be fatal at high concentrations.

Common sources of CO are motor vehicle exhaust outside, and indoors from attached garages; leaky chimneys and back drafting from furnaces; un-vented space heaters using gas or kerosene; generators or other gasoline powered equipment; wood stoves; fireplaces; gas stoves and tobacco smoke.

To reduce exposure to CO, follow these tips:

- **do not idle your vehicle inside the garage**
- **don't operate fuel burning equipment or appliances *un-vented* inside the home or garage**
- **have gas appliances (stoves, dryers, hot water heaters, etc) properly installed, vented and maintained**
- **open the flue when using the fireplace**
- **install and use an exhaust fan over a gas cooking stove**
- **use a wood stove that is the appropriate size and meets EPA emission standards**
- **get an annual inspection and maintenance if necessary of your central heating system**
- **install, use and maintain CO monitors in your home**

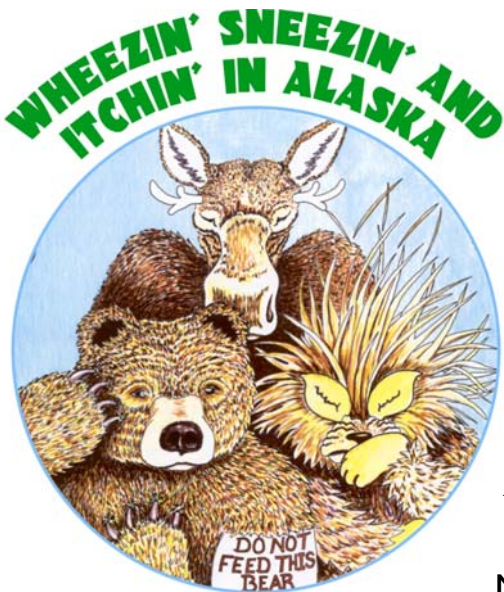
Visit EPA's website [www.epa.gov/iaq](http://www.epa.gov/iaq) for more info on CO or other topics about indoor air quality.



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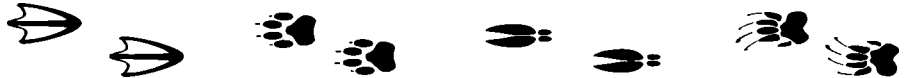


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