

**Special points of interest:**

- Flu shots are recommended for those diagnosed with asthma & close contacts
- “United Airway Theory”: manage your nose and you lungs together
- Support Group for Parents of Food Allergic Kids—November 3 & December 1
- Renew your AAFA Alaska Membership, support asthma & allergy education in Alaska

## From the President

In the new asthma guidelines, there is increased emphasis on control of asthma. In past guidelines, asthma was classified by severity of asthma. As we learn more about asthma, we realize that the severity of asthma can wax and wane. When we think about control of asthma, we think about how well we are



Asthma and Allergy  
Foundation of America  
ALASKA CHAPTER

meeting the goals of asthma control. For people with asthma, they should be able to sleep, play and learn- while using the lowest amount of medication possible. If you or your child is not in control, then you and your provider should work together to improve control. The new guidelines also modify the stepwise ap-

proach to asthma management. The recommendations are divided for younger children age 0-4; older children age 5-11 and youths to adults  $\geq 12$  years of age. The stepwise approach expands to six steps instead of the progressive actions within

each step in the prior guidelines.

Medications have been repositioned within the six steps of care. Inhaled corticosteroids continue as the preferred long-term controller medication for all ages. Omalizumab has been added as a consideration for asthmatics  $\geq$  age 12 who have allergies as a trigger for their asthma and who have moderate to severe persistent asthma

uncontrolled with inhaled steroids, long acting bronchodilators, leukotriene modifiers and concomitant problems treated. There is increased emphasis on patient education and control of environmental conditions that affect asthma- specifically allergens- so modifying the environment to decrease exposure to dust mites, pets and other allergens and to consider immunotherapy as an adjunctive therapy for asthma. As always, patients should be involved in their asthma care and be knowledgeable about their responsibilities for their health. When we work together- providers, patients, educators; we can improve the lives of people with asthma so they can sleep, play and learn.

Teresa Neeno, MD

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### 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.

### Inside this issue:

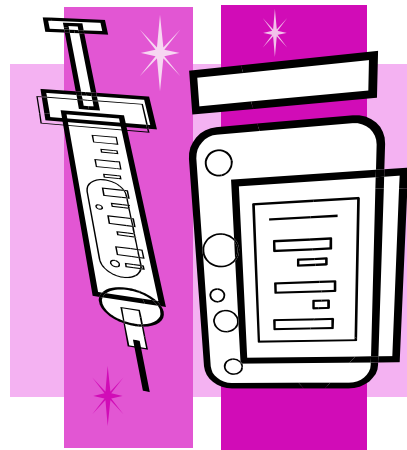
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## Flu SHOT: 'Tis the Season

Among the long list of those that should receive the annual flu shot according to the Centers for Disease Control and Prevention are those people living with asthma. Here in Alaska, the peak flu season tends to be February and March. Plan to get your flu shot now, though, so that you are protected by the time flu season rolls around. It takes 2 weeks for your body to develop a defense against the flu once you have received the vaccine. Don't do tomorrow—what you could do today!

Additionally those that live with someone that has asthma (also known as a household contact) should plan to get the flu shot as well provided they meet the criteria/recommendations for receiving the flu shot.

Influenza, or the flu, causes such symptoms as fever, cough, sore throat, headache, muscle aches and fatigue which last several days. Some people's symptoms are more severe and they get sicker. The flu can lead to pneumonia which is dangerous for those with breathing problems, i.e. asthma.



Take control of your asthma: get your Flu Shot

### DON'T GET A FLU SHOT!

If you have an allergy to egg or if you have had an allergic reaction to the flu shot in the past, the flu shot is not recommended for you. However, DO consider vaccinating your family members that are not allergic to eggs (or the flu shot) with the flu shot to help prevent the flu for the family member that can not get a flu shot.

This year, the nasal vaccine for Influenza, is available for healthy kids as young as age 2 years old. However, because the nasal flu vaccine is a live, attenuated vaccine, it is not recom-

mend for those with a weakened immune systems or those with long-term health problems, i.e. asthma. The nasal flu vaccine is also NOT recommended for those with an allergy to egg.

Neither the 'flu shot' nor the 'flu nasal spray' can cause the flu. The 'flu shot' is made from viruses that have been killed. This is referred to as "inactivated" vaccine. The nasal spray, although made from a weakened virus, does not cause influenza. The nasal spray vaccine can cause mild symptoms such as: runny nose, congestion, sore throat, head ache and muscle aches, abdominal pain, fever, and wheezing. Reactions from the 'flu shot' tend to be less flu-like (some fever or aches) and more complaints related to an injection (tenderness/pain at the injection site). Life-threatening allergic reactions are very rare.

For more information on the Flu Shot talk with your health care provider or visit these websites:

[www.cdc.gov/flu/](http://www.cdc.gov/flu/) or  
[www.epi.hss.state.ak.us/id/influenza/fluinfo.htm](http://www.epi.hss.state.ak.us/id/influenza/fluinfo.htm)

Don't wait! Get your flu shot today—before the flu season hits. Typically, in Alaska, the flu season is at its worst in February & March.

## Hamburgers, hot dogs, hot tamales, OH MY. Stomach? Asthma?

Asthma can also flare due to significant indigestion or gastro-esophageal reflux disease (GERD). GERD happens when acid from your stomach backs up into the esophagus. There is a nerve that comes from the lower part of your esophagus (the vagal nerve) that is stimulated or aggravated when reflux occurs. This Vagal nerve also stimulates your airways—which then in turn triggers your asthma symptoms.

Symptoms associated with GERD include: heartburn (repeated or severe),

recurrent vomiting, night time asthma complications or asthma symptoms after meals or exercise, frequent cough or hoarseness.

Treating reflux is another way to avoid an asthma exacerbation. Your health care provider might recommend medications like an antacid or medication to reduce the acid production in the stom-

ach. Other non-medicine treatments for reflux include: eating smaller, more frequent meals, avoid eating right before going to bed, elevate the head of the bed on blocks, avoid eating spicy/fatty foods and minimize or avoid alcoholic drinks.



Take control of your asthma: minimize reflux symptoms

## 17th annual "Living with Asthma" poster contest: Entries Due December 29, 2007

The 17th annual "Living with Asthma" poster contest, co-sponsored by the AAAAI and the American Academy of Pediatrics (AAP), is open to children in grades 1 through 8 who have asthma.

If you're one of the more than 9 million children who have asthma, you know the wheezing, coughing, shortness of breath and other symptoms can keep you from activities you enjoy. But by taking your medicine and following an asthma action plan, you can keep these symptoms under control.

### How do you control your asthma?

Express your asthma control in a colorful poster and you could win great prizes. Your poster might show how you exercise, play team sports, go to camp, participate in band, dance, monitor your

breathing, control your asthma triggers, take your medicine, follow your doctor's advice, or use an asthma action plan.

### Contest information

The poster contest runs from September 1 to December 29, 2007. Any student in grades 1 through 8 who has asthma can enter.

- Go to [www.aaaai.org](http://www.aaaai.org) and follow links to the poster contest.
- Download the Entry Form.
- Create your poster in color with crayons, colored pencils, paint, gel pens, etc., on a plain white sheet of paper that is at least 8 ½ x 11 inches, but no larger than 16 x 20 inches.
- Send your poster and entry form by December 29, 2007 to: AAAAI/AAP

Poster Contest, 555 E Wells Street, Suite 1100, Milwaukee, WI 53202

### Prizes

First, second and third-place prizes will be awarded in three categories:

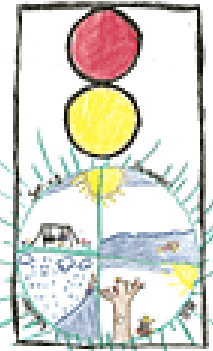
- 1st and 2nd grade
- 3rd through 5th grade
- 6th through 8th grade

First prize is a \$500 U.S. savings bond and a \$200 Target gift certificate, second prize a \$250 U.S. savings bond and a \$100 Target gift certificate, and third prize is a \$100 U.S. savings bond and a \$50 Target gift certificate. Each winner's school will receive a free supply of asthma education materials, too!

### Questions?

Contact the AAAAI at (414) 272-6071 or via e-mail [postercontest@aaaai.org](mailto:postercontest@aaaai.org)

ASTHMA CAN'T STOP ME!!



2003 Poster Contest Winner

First Place, Grades 1 and 2

Emily Bell

Eagle River, Alaska

Physician:

Dr. Thad Woodard

## Managing asthma = Managing Rhinitis (a.k.a. a runny nose)

There is recent evidence for the "united airway theory" where what happens in the upper airway affects what happens in the lower airways. People with asthma often have rhinitis: swelling of the mucous membranes of the nose causing sneezing, itching, nasal drainage and congestion. By treating the top of your airway (the nose) it is likely that your lower airway (your lungs) can be less reactive & therefore you could have fewer asthma exacerbations.

Health Care Providers often prescribe nasal inhaled steroids if you have allergic rhinitis. This type of medication can help decrease the reaction to allergies by preventing

the allergic reaction to start, decrease swelling in the nose which then decreases the mucous production or nasal discharge. Of course, oral antihistamines (non-sedating type preferred) and implementing environmental controls to help minimize the exposure to allergies are also helpful.

Other people have non-allergic rhinitis or vasomotor rhinitis—a runny, drippy nose that is not caused by exposure to an allergen. Often it is a strong smell or an odor or an irritant like smoke that can cause this reaction. Avoiding strong perfumes or odors or irritants such as smoke can eliminate this problem. Many other factors

can cause non-allergic rhinitis. To list a few: hormone changes, spicy foods, alcoholic drinks, meds such as aspirin, ibuprofen, beta-blocker heart medications, sedatives &/or anti-depressants, infections, weather changes, or prolonged use of decongestant nasal sprays.

Treatment for non-allergic rhinitis can be accomplished by using saline rinses or saline nasal sprays (which "washes" your nose of the odor or irritant) others find benefit using an anti-cholinergic nasal spray such as ipratropium (Atrovent) to help block the reaction. Allergy medications typically do not work for non-allergic rhinitis because there is not an allergy that is causing this reaction.



Take control of your asthma: treat the nose

When using a nasal spray medication:

- first blow your nose &/or rinse your nose with a saline spray
- tilt your chin down to your chest
- insert the nasal medicine into one nostril aiming the "spray" toward your ears
- while spraying, breathe in through your nose slowly
- repeat the procedure in the other nostril
- spray in each nostril the number of sprays as directed by your health care provider (typically one or two sprays in each nostril)

LEARN MORE ABOUT ASTHMA & ALLERGIES ✓ TAKE CONTROL

ASTHMA &  
ALLERGY FORUMS

## Asthma Care Training for Kids

for School-aged kids and their parents  
Coming Soon in 2008

January 5, 2008

Food Allergies: Facts and Fears

Speaker Dr. Melinda Rathkopf

Location: Mat-Su Regional Medical Center

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

## 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

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

**December 1**—Let's talk recipes

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  
(907) 696-4810  
Or 800-651-4914

## Five Ways to Cope with Kids Food Allergies—

as seen on the Today Show, October 2007 [www.msnbc.msn.com](http://www.msnbc.msn.com)

- 1. Allergy-proof your home**—label safe-foods clearly in the cabinets for the food allergic family member. Consider organizing all safe foods in one place at a level that a child can access. This labeling system helps others that come into the home (family members, baby-sitters, friends).
- 2. Buy Allergy-free foods**—read the labels repeatedly—even foods you have found safe in the past. There are companies that have pre-made goodies that are allergy free. Make sure they are allergy free for your needs.
- 3. Educate and inform your child's school**—about which foods are and are not safe. Have a written allergy action plan to handle an accidental exposure. Talk with the teacher, class, parents, school nurse, bus driver, office staff etc about what food allergies are & what to do in case of an accidental exposure—how to administer self-injecting epinephrine & call 911. AAFA AK has programs to educate child care providers & school faculty on allergy and asthma management.
- 4. Write down your food allergies**—have a list of the foods that are offending and all of the possible names that the food can be called. Take this with you to shop, eat out, & travel. Don't forget a medic alert bracelet or name-tags.
- 5. Have the kids learn to self-administer**—have epinephrine available at all times. Have a written Allergy Action Plan. When children are mature enough to administer themselves, they should carry it at all times. In Alaska, legislation allows kids to carry their allergy & asthma medication at all times in school if agreed by the HCP, Parents, School and the teen agrees to use as directed AND when an Allergy (and asthma) Action Plan is in place.

## Be a Part of AAFA Alaska: Membership

AAFA Alaska believes that education enhances quality of life for people with asthma & allergies. The Alaska Chapter of AAFA has made a commitment 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.



- Bear \$250
- Porcupine \$100
- Ptarmigan \$50
- Puffin \$25

Name \_\_\_\_\_

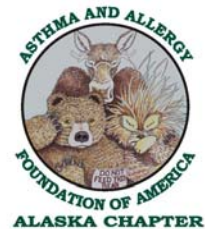
Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

- 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.
- Memberships at \$250 and higher will receive Polar Fleece Vest with AAFA Alaska Logo embroidered.



## Thank you to our 2nd Annual Asthma & Allergy Conference Sponsors

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## Save the Date! 3rd Annual Asthma & Allergy Conference: September 12 & 13, 2008

AAFA Alaska does not endorse any specific product or company.

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1-800-651-4914

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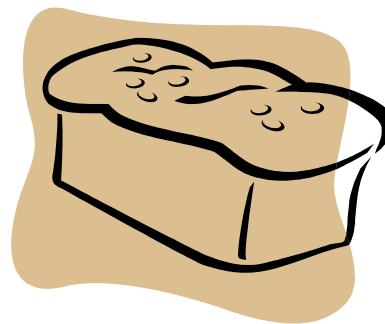
## Wheat-less Gingerbread

1 1/4c rice flour  
1 1/4c corn starch  
2 tsp baking soda  
1 tsp cinnamon  
1/4 tsp cloves  
1/4 tsp ginger  
Mix the above together well,  
or use sifter to combine.

Mix together:  
1/2 c sugar  
1 c molasses  
1/2 c butter or margarine  
1 c boiling water  
Then add 2 well-beaten eggs.

Combine all ingredients and  
beat until thoroughly  
blended. Pour into a greased  
9x9 pan and bake at 325 de-  
grees for 45min or until tests  
done.

This delicious re-  
cipe is copied from  
Joy of Cooking.  
You can adapt this  
recipe for food  
allergy. For in-  
stance if you need  
**corn-free**, you  
could use tapioca  
or potato starch. If  
you need **dairy-**  
**free**, use a marga-  
rine such as Nu-  
coa. If you need  
**egg-free**, use 2 tablespoon  
flax seed meal mixed with 6  
tablespoons water in place of  
the 2 eggs. If you are not  
allergic to corn, you could  
also use 1/2 tsp xanthan gum  
mixed in with the gin-  
gerbread some volume.



Adapt this recipe to fit your specific food allergies!

Submitted by Sherryl Meek,  
RD, LD