

Dear Readers: This is the free newsletter of the Asthma & Allergy Foundation of America, Texas Chapter. If you do not wish to receive other newsletters from AAFA-TX, please request we remove your address. To subscribe, email your request to info@aafatexas.org. Addresses are never shared. Thank you. Please add new sender's email (ioanhart@aafatexas.org) to your address book to ensure delivery.

Air It Out – Electronic Version. Vol. 15, Issue 5 , #2 May 2008

Asthma & Allergy Foundation of America, Texas Chapter, 9101 Quarter Horse Lane
Ft. Worth, TX 76123 817-297-3132 888-933-2232 info@aafatexas.org www.aafatexas.org

Congratulations Will Gaffney of San Antonio, Randall Fowler of Abilene and Aaron Lewallen of Hamilton, TX, recipients of the AAFA-TX and Kareem Bacchus Memorial Fund Scholarships. For details, refer to www.aafatexas.org

ECZEMA

* **Ecze**ma is a difficult word to pronounce and sounds menacing. Although not life threatening, this skin disorder causes extreme discomfort and reduces the quality of life for the approximately 15 million Americans who have it. 90% of these patients acquired **eczema (atopic dermatitis)** before the age of 5 yrs. and most will have it their whole life. **Atopic** refers to an inherited tendency to develop allergies or allergic diseases like asthma, food allergies or rhinitis (hay fever); **dermatitis** refers to the skin. **No one yet knows what causes eczema**; some scientists think it's an inherited trait (genes), others blame the environment and others believe its an impaired immune system and yet others think its a combination of these factors, but all agree these is a **link between eczema and allergies**.

* **Ecze**ma appears on an infant's skin as a rash over large areas of the body including the face, hands, scalp, arms, legs, feet and the diaper area. For adults and older children the rash usually appears on hands, neck, upper arms, in the crook of the elbow, behind the knees and even on the eyelids. Beside a rash, **other symptoms**, like dry skin, **vary among individuals** but the intense **itchiness is true for almost all patients**. Scratching can lead to bacterial infections which then can lead to impetigo, which is caused by either a staph or streptococcal bacteria. **Controlling eczema means keeping the original rash from becoming worse so that scratching doesn't cause these secondary skin infections**.

* It is the **itching of eczema which decreases the quality of life** for all affected. **Treatment to prevent itching**, which can cause the other infections, includes keeping the skin moisturized to prevent dry and irritated skin. To prevent dried skin, it's recommended to bathe in warm, not hot water and to avoid bathing too often or too long. This is especially true in winter when normally there's less moisture (humidity) in the air (low humidity causes skin to dry out). In winter adults usually don't need to bathe daily, a sponge-bath of the personal areas daily and bathing completely a few times a week will be fine for most adults with eczema. Another important part to controlling the rash/itch is to use unscented soaps or soap-free cleansers and apply unscented lotions and creams immediately after bathing to keep the skin moist.

* When the rash does become worse and is inflamed or swollen, a flare-up is occurring. A physician might then recommend a topical **corticosteroid cream** to reduce the inflammation, which will then hopefully stop the itching. There can be **side effects to these creams** if the dosage is too high or if they're used for a long period of time (usually more than 4 weeks). These side effects include thinning of the skin, developing visible blood vessels just under surface skin (spider veins), or developing little purplish or reddish spots that contain blood, or even encouraging stretch marks. There is a new type of corticosteroid cream and ointment, calcineurin inhibitors, which works on the immune system to help reduce the causes of inflammation. Ask your physician if these prescription medications might be best for you.

* Sometimes when the topical ointments aren't working, a physician may prescribe an **oral corticosteroid** which has systemic or whole body effects. They are only used for a short period of time and not very often. For some persons, oral antihistamines like benedryl may relieve the itch. Another treatment option is **phototherapy** which uses ultraviolet light waves on the skin to stop inflammation and itching. This therapy may be combined with a drug called psoralen if the ultraviolet light isn't effective. Always discuss any drug, ointment or other treatment plan with your healthcare provider.

CAN INTRODUCING AN INFANT TO SOLID FOODS TOO SOON CAUSE ALLERGIES OR ECZEMA?

* Discovering the cause of any disease will help discover the cure. This is as true for allergies as it is for cancer. We are seeing a worldwide **increase** in the number of **children who have allergies, eczema and asthma**. One theory for this is that solid foods are introduced into an infant's diet too soon. Some parents introduce cereals into an infant's formula as early as one month and then add strained fruits and vegetables at 2-3 months of age. Is this early exposure to solid food a reason the rate of allergies in children is growing? Some physicians believe it is, but the scientific proof isn't conclusive.

* **Very few studies support the theory** that holding back on introducing solid foods until a child is 6 months old prevents allergies, but some studies agree that **waiting to introduce solid foods until the baby is at least 4 months old is beneficial**, but there are no guarantees. Some studies show exclusive breast feeding for 6 months does delay the onset of eczema and reduce the risk of food allergy, but the important words are "delay" and "reduce," not prevent. **Work with your pediatrician to develop the best feeding plan for your infant**.

Upcoming Free AAFA-TX Programs: **1) June 7** "Diagnosing & Managing Allergic Asthma 2008" 8:30-1:30 pm, LaQuinta Inn, Arlington, a CME symposium for medical professionals worth 4.5 cat. 1 CME, 4.5 CE. William Lumry, MD, Robert Rogers, MD, Eric Schmitt, MD, William A. Neville, MD, faculty, Gerald Moore, MD, moderator. Pre-registration required by email info@aafatexas.org. **2) June 18** "Tools To Manage Asthma & Allergies" Wellness Program, ExxonMobil, Las Colinas, Dr. John Meiser, faculty.. **3) check <http://aafatexas.org/events.htm>** for a list of Texas Asthma Camps 2008. For more info, visit aafatexas.org or email info@aafatexas.org.

Information contained in this publication should not be used as a substitute for responsible professional care to diagnose and treat specific symptoms and illness. Any reference to products and procedures is not an endorsement. AAFA-TX and all parties associated with this Bulletin will not be held responsible for any action taken by readers as a result of this Newsletter.