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BUSTING MYTHS ABOUT ASTHMA AND ALLERGIES

* **MYTH:** Children outgrow asthma in their teens. Once they hit puberty their asthma disappears, they don't have the disease anymore so they don't need to use asthma medications. **FALSE!** Asthma is a **chronic disease**. The **symptoms** of the disease (cough, wheezing, shortness of breath, chest tightness) **may disappear** or improve because the patient is following their medication plan (in compliance) or has eliminated their asthma triggers which cause their symptoms to occur, **but the disease is always there**. For an unknown reason, probably hormonal, asthma symptoms do lessen or stop during **puberty** making teens think they no longer have asthma, but this isn't true. They still have the disease but symptoms decrease. There is no cure for asthma yet -but it can be controlled.

* **MYTH:** An asthma diagnosis means a patient's quality of life changes for the worse. Asthma patients have to restrict their lives or suffer with symptoms. **FALSE!** With a proper diagnosis and the right management plan **asthma patients can live normal lives**. A management plan includes identifying and using the correct medications for that individual patient, eliminating and avoiding environmental allergens that trigger symptoms (if the patient has allergy triggered asthma) and learning everything they can about the disease so they can control asthma.

* **MYTH:** Exercise can trigger an anaphylactic reaction. **TRUE AND FALSE!** A few people are really allergic to exercise but **exercise-induced anaphylaxis is rare**. It can cause hives, fainting, vomiting and difficulty breathing during a workout with symptoms lasting up to 4 hours. But in most of these cases, the anaphylactic **reaction is triggered by a food** such as peanuts, shellfish, eggs, or in 2 reported cases, celery. And in order to have this exercise induced anaphylactic reaction, they had to have eaten these foods **right before strenuous exercise**. If you eat a peanut butter sandwich then go watch TV, nothing. Eat the peanut butter sandwich and jog on the treadmill, it may be bad news for someone affected by this syndrome. The reason for this is exercise increases heart rate, causing blood to circulate faster in the body, picking up food allergens along the way. Jogging and running are most likely to trigger the anaphylaxis but dancing, skiing, volleyball, even raking leaves or mowing can also cause this reaction. Extremely rare, there have only been 1000 cases of documented exercise-induced anaphylaxis since 1970, with 1 death. If you have an anaphylactic allergy to exercise, the **reactions can be controlled by waiting a few hours after eating before exercise** plus always using a warm-up, cool-down period when exercising.

* **MYTH:** If you have a stuffy head, sore throat and sneezing, you only have a cold. **FALSE!** If these symptoms, which can even lead to a migraine headache, occur at the same time each year, **they might be allergy symptoms instead of a cold**. How can you tell the difference between a cold and an allergy? One way is the quickness symptoms appear. **Colds take a day or more to show symptoms** and the symptoms gradually get worse, adding loss of appetite and perhaps headache to the list. These symptoms lessen and disappear within 7-10 days. Normal treatment for colds is to treat the symptoms, wash hands frequently, get plenty of rest and drink lots of fluids. **Allergy symptoms**, though, **begin hard and fast**. Sneezing is sudden and strong. Congestion is immediate. And symptoms can disappear almost immediately too, when the offending allergen is no longer provoking symptoms. Allergies almost always cause itchy eyes, nose and throat but colds usually don't. Someone with a cold may have a fever, body aches and colored mucus but these symptoms normally don't occur with allergy. Allergies are treated in a variety of ways including antihistamines, decongestants, and immunotherapy. The most effective way to treat an allergy is to identify then eliminate or avoid the trigger or allergen for the symptoms. If in doubt about your symptoms always talk with your healthcare provider.

* **MYTH:** Taking corticosteroids to treat asthma is potentially dangerous, can cause weight gain and should be avoided. **FALSE!** Asthma corticosteroid medications are not the same as the steroids taken by athletes to improve performance. Oral (taken by mouth) corticosteroids can increase weight but these are only prescribed for the most severe asthma. **Inhaled corticosteroid medications are one of the safest and most effective treatments for mild or moderate persistent asthma** according to most specialists. The drugs don't become less effective the longer you use them, either. If inhaled corticosteroid medications aren't as effective for you this year as they were last year, it's not the fault of the medication. It means **your asthma is getting worse or changing**. Make an appointment with your physician to discuss the progress of your disease and whether you need to "step-up" (increase) or change your medications.

* **MYTH:** Epinephrine (adrenaline) is sometimes used as asthma medication. **TRUE!** Asthma patients usually require 2 types of medications commonly referred to as "relievers" and "controllers." Adrenaline is one of the earliest inhaled and injected drugs used to treat asthma as a quick-acting reliever drug. **Adrenaline** does more than open up the bronchial tubes to make breathing easier, though: it **increases heart rate and blood pressure** which is **not desirable**. New medications don't have this negative side-effect so epinephrine is **seldom used anymore** to stop sudden symptoms.

Upcoming AAFA-TX programs: **1) Nov. 5** "Tools To Manage Your Asthma & Allergies" McKesson Corp., Eric Schmitt, MD, instructor **2) Nov. 8** "Walk for Food Allergy: Moving toward a Cure" Bob Woodruff Park, Plano, reg. begins 9 am. Sponsored by FAAN and partnered with AAFA-TX. **3) Nov. 12, 7 pm**, SAFERHouston Food Allergy Support Group open meeting, "Managing Food Allergies During the Holidays" Montgomery Cty. S. Regional Library in the Woodlands, Houston **4) Nov. 19, 1:30-4:30 pm** "Asthma Management & Education" a continuing ed. program worth 3 contact hours for nurses, 2 ARCE for registered therapists and 3 ACPE for pharmacists. Albuquerque, NM, Jan Tippett, instructor. Pre-registration required. A small fee for pharmacists, register with Julie, 505-265-8729. Contact info@aafatexas.org or check our website www.aafatexas.org for more information on activities.

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