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WHAT ARE LEUKOTRIENES AND WHY ARE THEY IMPORTANT TO YOU?

* A word that's hard to spell, a **leukotriene** is, simply put, a group of **hormones that cause symptoms of both hay fever (allergic rhinitis) and asthma**. There are **2 types** of leukotrienes in the body: one type acts on conditions like cystic fibrosis, IBS (irritable bowel syndrome) and psoriasis. The other type is released by mast cells and **causes inflammation in the airways** (broncho-constriction) during asthma flares. They're also **responsible for some** of the changes in the airways resulting in **irritation to the smooth muscle in the airway** and this irritation, also called hyper-reactivity, plays a very big part in both acute (sudden) asthma flares and in chronic (constant) asthma symptoms.

* **Leukotriene modifiers** are the most recent type of **medication approved** by the FDA to **treat both asthma and allergic rhinitis**, and that's why they're important to you. The last major medication treatment breakthrough for asthma was made in 1972 when inhaled corticosteroids were developed. Not considered as effective as inhaled steroids in treating severe asthma, **leukotriene modifiers are recommended** for people with **mild persistent or moderate persistent asthma or those who have allergic rhinitis**. What does this mean?

* **Asthma is classified** by 4 levels or **degrees of severity**. It's important to remember that these classifications or degrees of asthma can change with each individual over time depending on how well symptoms are controlled and the individual's disease progress. The classifications are:

- 1) **Mild Intermittent Asthma**: symptoms occur less than twice a week, flares don't last long, night time symptoms occur less than twice a month and peak flow readings vary less than 20%
- 2) **Mild Persistent Asthma**: symptoms occur more than twice a week but not daily, flares affect daily activities, nighttime symptoms might wake you more than twice a month and peak flow readings vary from 20-30%.
- 3) **Moderate Persistent Asthma**: symptoms occur daily and you must use inhaled albuterol drugs daily, flares occur more than twice a week and they restrict normal activity, you're awakened more than once a week due to symptoms, peak flow reading varies more than 30%
- 4) **Severe Persistent Asthma**: symptoms are constant or always present and they really limit normal activities, flares occur frequently both during the day and night, peak flow reading varies more than 30%.

* **Leukotriene modifiers work** by **preventing broncho-constriction** (airway tightening), **preventing the production of excess mucus in the airways** and **preventing swelling of the airways**. If taken regularly, as they're prescribed, they **can prevent asthma flares or exacerbations** in mild intermittent asthma patients because they **can prevent the symptoms that lead to the flares**.

* Leukotriene modifiers are also **beneficial for those with allergies**. There is **debate** about whether **using leukotriene modifiers alone**, without using inhaled steroids with them, is **completely effective for asthma patients**. But some patients don't want to use inhaled steroids, even though they are generally safe, so leukotriene modifiers are **an option to prevent symptoms for those with mild intermittent asthma**.

* Most people can tolerate these drugs well without many side effects, but **like all medications**, there are **always some side-effects** for some individuals. Currently there are 3 branded medications of leukotriene modifiers. One of these might create side effects with the liver so it's suggested that liver function be checked every 3 months the first year a patient uses this medication and then be more intermittently tested as time passes with no hint of liver problems. Some medical experts feel using some leukotriene modifiers may also stimulate thoughts of suicide but there is no conclusive proof for that at this time. If using a blood thinner, leukotriene modifiers will interfere with the drug. **Be certain your physician is aware of all medications you're taking, including any OTC medications, vitamins or herbal remedies** as well as any alternative medicine activities (yoga, massage, acupuncture, Reiki, meditation, etc) you may be practicing.

* There are real benefits to this class of medication. It's an **oral, not inhaled medication**, which means it's taken by mouth and this makes it easier to use by most children and some adults. Another obvious benefit is that leukotriene modifiers treat both asthma and allergy symptoms and since approximately 70% of asthmatics have allergic asthma, this is important in a treatment plan.

* Leukotriene modifiers might be an option for those with mild to moderate intermittent asthma but generally not as effective as inhaled steroids and they are fairly effective in treating allergy symptoms. This is for your physician to determine with you. Follow their directions when it comes to using these or any medications. For more information on allergies and asthma, contact AAFA-TX at info@aafatexas.org or refer to our website www.aafatexas.org

Upcoming AAFA-TX programs: 1) Jan. 29 "Tools To Manage Your Asthma & Allergies" Lunch & Learn, Zale Corp., Irving, William Neaville, MD, instructor 2) **General information**, eligibility qualifications and the application for the 2008-2009 academic year "**Kareem Bacchus and AAFA-TX Memorial Scholarships**" is available online at www.aafatexas.org Deadlines for application is March 31, 2009. Successful candidates will be notified by June, 2009. For more information, send your inquiries to info@aafatexas.org

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