

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 (joanhart@aafatexas.org) to your address book to ensure delivery. Welcome SAFER Houston, a food allergy, asthma and allergy support group affiliate of AAFA-TX.

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ASK THE DOCTOR

*One of the many services provided by AAFA-TX is a patient and healthcare provider Help Line. Several specialists including **Robert Rogers, MD**, Fort Worth Allergy & Asthma Associates, 817-233-2089, **William Lumry, MD**, Allergy & Asthma Specialists, Dallas, 214-373-7374 and **Richard Herrscher, MD**, AIR Care, Plano and Dallas, 972-473-7544 were kind enough to share their expertise and respond to some of these questions.

* **Help Line Question:** Would you recommend children with asthma be given the Swine Flu vaccine when available? Would the vaccines interfere with their asthma medication therapy?

* **Dr. Herrscher speaks:** Yes, I would highly recommend they get the shots. Data from the CDC web site indicate that **hospitalization rates** due to risk factors from swine flu have been **highest in the 0-4 yr old and 5-24 yr old age groups**. **Asthma** has been identified as the **major risk factor for hospitalization and severe illness with this flu**, with 32% of all patients hospitalized having a primary diagnosis of asthma. So we can see that **patients with asthma, particularly children, are at increased risk** for severe illness from the swine flu. The vaccines **would not interfere with asthma medication therapy** and I would recommend that all **patients with asthma use their medications as prescribed** during the upcoming flu season, so that their asthma is under full control should they get infected. This will also help reduce the risk of more severe illness or even death. Editor's note: Children between 6 months and 10 years will require two doses 21 days apart, according to Anthony Fauci, MD, director of the National Institute of Allergy and Infectious Diseases. The CDC said 3.4 million doses of a live vaccine nasal spray would be delivered first. The nasal spray is only to be used by people 2 through 49 years without underlying medical conditions (like asthma) and who aren't pregnant. So it would not be used by the very youngest children or those with respiratory problems. It is now believed those 10 and older require only one dose of vaccine.

* **Help Line Question:** How accurate is RAST testing for allergies? Who might be a good candidate for this testing, if recommended?

* **Dr. Lumry speaks:** RadioAllergo Sorbent Tests or **RAST tests are blood tests** used to determine if an individual has an **allergy** to a certain substance. When one develops an allergy to a substance, the body makes an **antibody called IgE** that reacts to that specific substance. **Five percent of this specific IgE is in the blood** and 95 percent is attached to allergy cells in the nose, lungs, skin and elsewhere in the body. **RAST tests measure the specific IgE in the blood**. If done in a reputable lab, they can accurately determine if there is an allergy present for a specific substance **but they are not as sensitive as allergy skin tests** because only 5 percent of the IgE is circulating in the blood. This means a RAST test may under-diagnose allergy. [i.e., an allergy to a certain substance may not be detected].

Although the **skin prick allergy test is the "gold standard" for diagnosing allergy** and is preferred by Board Certified Allergists, RAST tests can be used in individuals whose skin tests may not be accurate. This includes the very young and very old, individuals who cannot stop the use of antihistamine containing drugs, individuals who have extensive skin rash or whose skin is so sensitive it whelps (makes a raised bump) with just a pin prick, and individuals who have had life threatening reactions to something that needs to be tested, such as peanuts.

* **Help Line Question:** My six year old son has a constant hacking cough. He does take his controller medicine at night time yet he sounds like he has no breath. What is going on?

* **Dr. Rogers speaks:** This is a tough one, with many possible explanations. It is **not normal to have a constant cough**, and you need to work with your son's physician to determine the cause. Since you mention that he uses a controller medicine, I presume your son has asthma. His cough could be a symptom of poorly controlled asthma, but there are other possibilities as well. A methodological evaluation by your healthcare provider should determine the cause.

* **Help Line Question:** One of my students, who does not have exercise-induced asthma, uses his rescue inhaler right before he has his phys ed class (3 times a wk.) His action plan indicates he should only use his inhaler as needed, not before each gym class. Is it a good idea for him to use his inhaler this way? He's 11 years old.

* **Dr. Rogers speaks:** Well, you face a dilemma: does this student tolerate exercise without having any asthma symptoms because of the pre-treatment with albuterol, or does the student truly not have exercise induced asthma symptoms so using the albuterol wouldn't make a difference? The only way to answer the question would be for the student to experiment and to stop using the rescue inhaler prior to exercise and see if asthma symptoms occur. You will then know if he needs pre-treatment with albuterol or not.

* **Help Line Question:** Is my 5 year old, who has allergic asthma, too young to have immunotherapy? How long can she undergo this therapy if she can have immunotherapy?

* **Dr. Lumry speaks:** Your **5 year old is not too young** to receive **allergy desensitization therapy (immunotherapy)**. In fact she may be a perfect candidate. Recent studies have shown that allergy **immunotherapy** given to **young children can prevent those with nasal allergy from developing allergic asthma**. Allergy immunotherapy has also been shown to **decrease the development of new allergies in young children** who at the time the injections begin only have one or two allergic sensitivities. Typically, allergy desensitization therapy is given for 3-5 years depending on the response to the therapy. If you have questions about asthma or allergy, email your inquiries to info@aafatexas.org

Upcoming AAFA-TX programs: 1) **October 6-8**, Health Awareness Week, Gardere, Wynne, Sewell LLP, Dallas. 2) **Oct. 10** Baylor College of Medicine's 4th Annual Community Health Day, 10 am-4 pm, Lyon's Health Center, Houston 77020 3) **October 14-15**, Corporate Health Fair, Affiliated Computer Services, Inc., Dallas. For more info, contact info@aafatexas.org or see www.aafatexas.org/events

Information contained in this publication should not be used as a substitute for responsible professional care to diagnose and treat specific symptoms and