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MORE “ASK THE DOCTOR”

* We continue this issue with more responses to AAFA-TX's patient and healthcare provider Help Line. Our respected specialists, **Robert Rogers, MD**, Ft. 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 the questions.

* **Help Line Question:** My 9 year old has **exercise induced asthma** and has to use his inhaler before sports or P.E. classes, plus occasionally in other situations. If he's using his inhaler 4 to 5 times a day, does this mean he's not in control?

* **Dr. Rogers speaks:** Yes, the need for a rescue inhaler for relief of symptoms more than 2 days per week, or 2 nights per month, indicates that asthma is not adequately controlled. He is clearly a candidate for more aggressive controller therapy. It's best to see his healthcare provider for assistance in controlling his asthma.

* **Help Line Question:** Many of my asthma diagnosed students don't have an **action plan** and they don't have peak flow meters. Is there a way to assess them with **peak flow meters** if they don't have an action plan and a "personal best" reading?

* **Dr. Herrscher speaks:** Yes, you can get a peak flow reading and compare it to **age matched controls**. This is not as good as comparing to a patient's own personal best since you may over or under-estimate the severity of the reading, but this can give you some idea if a patient is way low compared to age matched controls. You should **always interpret any peak flow reading in the setting of medical symptoms**. If a patient is wheezing or has other asthma symptoms and gives a peak flow reading that seems normal for age matched controls, this does not mean they are not having an asthma flare. They are likely below their personal best, and this number is likely higher than the age matched control numbers. If the **peak flow reading is low compared to age matched controls** then you should have **more concern for the severity** of the episode. Please refer to published age matched peak flow readings. One source:

<http://www.healthcaresouth.com/pages/asthmaaverpeak.htm>

* **Help Line Question:** Flu season is here. How can I tell if my little girl is having **flu symptoms or asthma symptoms?**

* **Dr. Lumry speaks:** The **typical symptoms of influenza** are fever, cough and generalized body aches. **Other common symptoms** are headache, fatigue, sore throat, and runny nose. **Children**, more commonly than adults, **can have diarrhea and vomiting**. Obviously other medical illnesses including the common cold can cause similar symptoms. **Typical asthma symptoms include** cough, breathlessness, wheezing and chest tightness and occasionally chest pain. Young children occasionally complain of a stomach ache. **Asthma does not cause fever, headache, sore throat, vomiting or diarrhea**. Influenza and other infections that affect the respiratory tract can make asthma worse and when someone with asthma gets a respiratory infection they should be monitored closely for worsening of their asthma.

* **Help Line Questions:** One of the diagnostic asthma tests is **Spirometry**. Once a patient is diagnosed, how often should they have spirometry?

* **Dr. Herrscher speaks:** This really depends on the patient's medical situation, in other words how stable is the patient. **Patients with unstable asthma** [frequent flares] **should have spirometry every 3-4 months** and perhaps more frequently during difficult times of the year like winter or during peak allergy seasons [fall and spring]. If a **medication change** is made, either increasing or decreasing medication, **then follow-up spirometry should be performed 1-2 months** after the medication change to gauge the effect of this change. In children with stable asthma [no frequent symptoms] on a constant medication plan, spirometry 2x a year is appropriate. In stable adults once or twice a year is ok.

* If you have specific questions about asthma or allergy, whether for yourself or your child or for a patient, email your inquires to info@aafatexas.org or refer to www.aafatexas.org

Flu Update: A preliminary CDC analysis covering **hospitalizations** from April through August, 2009 confirmed on 10/14/09 that most patients hospitalized with the pandemic **H1N1** influenza virus have underlying conditions that increase the risk for complications. In more than 500 hospitalized children evaluated, the **most common conditions included asthma**, chronic lung disease, neurologic and neuromuscular disorders, and sickle-cell anemia and other blood disorders. Among 1,400 hospitalized adults, the most common conditions were asthma, diabetes, chronic lung disease, chronic heart disease, and suppressed immune systems in order of frequency.

Upcoming AAFA-TX programs: 1) Current thru July 2012 Do you have mild to severe asthma? Do you have asthma symptoms at least once a week even though you're following your medication therapy? Are you between 18 and 65 years of age? If so, you may want to participate in a biofeedback breathing technique study funded by the NIH and taking place now through July 2012 at Baylor University Medical Center and Southern Methodist University in Dallas. No medications will be changed during the 4 week long study. The objective is to learn better breathing technique to alleviate or prevent symptoms. For more info and to enroll in this free study, call 214-768-3414. Stress, Anxiety and Chronic Disease Research Center, Southern Methodist University, Expressway Tower, 6116 N. Central Expressway, Dallas, 75206 For more info contact info@aafatexas.org or see www.aafatexas.org/events

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