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**Air It Out – Electronic Version. Vol. 17, Issue 1, #1 January 2010**

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Ft. Worth, TX 76123 817-297-3132 888-933-2232 [info@aafatexas.org](mailto:info@aafatexas.org) [www.aafatexas.org](http://www.aafatexas.org) **HAPPY NEW YEAR TO ONE AND ALL!**

**LATEST ASTHMA & ALLERGY RESEARCH: HIGHLIGHTS OF THE ACAAI ANNUAL MEETING**

\* The American College of Allergy, Asthma & Immunology is a professional association of 5,500 allergists/immunologists and allied health professionals. Established in 1942, the College is dedicated to improving the quality of patient care in allergy and immunology through research, advocacy and professional and public education. Their annual meeting was held in November, 2009 in Miami Beach and *Air It Out* would like to share some of the noteworthy research highlights from this outstanding educational organization's sessions.

\* **Epinephrine and Anaphylaxis.** A recent study confirmed even though it's legal in all 50 states for EMS teams to carry and administer epinephrine, more than **30% of the states don't require ALL first responders to have the drug** or administer it in their ambulance. In fact, in 15 states, it's not even a requirement that the EMS responders have the drug in their vehicles. Not all emergency responders have a **trained paramedic** on their team. Advanced Life Saving teams do have a trained paramedic on the team and some ambulances are manned by volunteers with less training and are known as Basic Life Saving teams. In Texas, ALS ambulances normally have epinephrine but BLS ambulance teams usually don't. What does this mean for you? It means **many anaphylactic patients don't get epinephrine before they get to the hospital** and to save a life, it's imperative to give the drug immediately. If you have anaphylactic allergies, **you must protect yourself by having your epipen with you.** Don't leave it in the car (heat and cold will affect the drug), don't leave it in your medicine chest or in your dresser or desk. Carry it on your person.

\* **New asthma treatment.** After several years of independent studies testing its benefits and safety, by spring, 2010, the FDA may approve a device that uses **radio frequency induced heat** to ease asthma symptoms for those with severe asthma that isn't controlled with regular medications. **Bronchial thermoplasty** is done under light anesthesia in 3 sessions, each about 3 weeks apart. A bronchoscope is inserted into the large airways and a catheter tip is expanded so it touches the airway walls, then radio energy, which is converted into heat, reduces the smooth muscle mass in the airways easing constriction. For about 3 months after these treatments, patients had more asthma flares than earlier, many causing hospital stays, which is normal to the procedure. **But for the long range, patients tested 12 months after the procedure had 34% fewer asthma flares and an 84% reduction in emergency room visits.** Basically, the **procedure remodels the airways.** Some critics worry about the long-term (5-10 yrs) effect on asthma patients but many think the procedure would benefit those with very severe, uncontrollable asthma or better yet, COPD patients.

\* **Adult Asthma.** The CDC has strongly recommended that **all adults (21-64) with asthma need the pneumonia vaccine once** to prevent asthma complications that could become fatal. Its standard procedure now to recommend that all adults, with or without asthma, get the pneumonia vaccine at age 65. One injection is sufficient for all patients.

\* **Non-allergic rhinitis.** You're not imaging it. You can have rhinitis and not have allergies. Millions who have no pollen or environmental allergens still suffer from rhinitis (runny nose, congestion, post nasal drip and the cough associated with it). But something still triggers the symptoms. With the help of a **new environmental exposure chamber**, scientists learned the **strongest triggers for these non-allergic rhinitis patients.** 51% had symptoms when exposed to cold dry air; 70% reacted to a change from warm humid air to cold dry air; 47% had symptoms after a 2 hr. exposure to two parts per million of ozone; 32% reacted to a 15 minute exposure to 15 parts per million of acetic acid (which smells like a fish and chips restaurant); 43% had symptoms to a potpourri fragrance. This new method to test for triggers will help scientists learn more about this disease and also may help in testing new drugs to control it.

\* **HFA propelled albuterol.** With the switch from CFC propelled MDI (metered dose inhaler) albuterol to environmentally safe HFA propellant gas a year ago, many patients complained the new MDI's weren't as effective, that the spray was weaker or softer and didn't work since they didn't feel the same cold "blast" as they did with the old inhalers. Some patients physically panicked due to these differences, making it even more difficult to breathe. Scientists know the **new inhalers are just as effective and safe;** the **problem is the inhalers require different methods to use and care for them** and many healthcare providers didn't fully explain and demonstrate how to use the new inhalers. The biggest changes in use are that the **new inhalers need to be primed when first used** or when not used for a long period or time; they **must be shaken before every use;** the canister has to be **pushed down all the way** and the patient **must close their mouth after using** the inhaler. Studies conclude that **patient education was the key to the transition in inhalers** and just telling a patient how to use an inhaler isn't as effective as showing them how to use it. For more info and the proper care and use of an MDI, contact [info@aafatexas.org](mailto:info@aafatexas.org) or visit our website [www.aafatexas.org](http://www.aafatexas.org)

**Upcoming AAFA-TX programs:** 1) Applications for 3 AAFA-TX Kareem Bacchus Scholarships are now available at [www.aafatexas.org](http://www.aafatexas.org). Completed applications MUST be returned to AAFA-TX before March 15, 2010. 2) **Jan. 15, 2010** "Asthma Management & Education" a continuing education program for nurses, respiratory therapists and educators worth 3 CEU. Little Rock, AR. Instructor Jeanette Arnold, MSN, CFNP, AE-C 3) **Jan. 18, 2010** "Asthma Management & Education" a continuing education program for nurses, respiratory therapists and educators worth 3 CEU. Amarillo, TX. Instructor: Don Cui, PA-C, AE-C. 4) **Feb. 15** "Asthma Management & Education" a continuing education program for nurses, respiratory therapists and educators worth 3 CEU. Houston, TX. Instructor: Gwen Carlton, FNP, DNP-BC, AE-C. Pre-registration required. Questions? [info@aafatexas.org](mailto:info@aafatexas.org)

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