

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](mailto:info@aafatexas.org). Addresses are never shared. Thank you. Please add new sender's email ([joanhart@aafatexas.org](mailto: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.

**Air It Out – Electronic Version. Vol. 17, Issue 6, #1 June 2010**

Asthma & Allergy Foundation of America, Texas Chapter, 9101 Quarter Horse Lane  
Ft. Worth, TX 76123 817-297-3132 888-933-2232 [info@aafatexas.org](mailto:info@aafatexas.org) [www.aafatexas.org](http://www.aafatexas.org)

**AAFA-TX has received tributes in memory of Mrs. Linda Nichols Zacharyan of Orange, CA. Thank you.**

**ASTHMA NEWS, 2010**

\* Just because you have shortness of breath when you exercise doesn't mean you have asthma, yet many patients with this complaint are being diagnosed with asthma. In a study conducted by the Colorado Allergy and Asthma Centers in Denver, researchers discovered that **46.2% of patients who were diagnosed with exercise induced asthma** after symptom assessment, physical examination and pulmonary function testing **didn't have asthma** but were simply overexerting themselves. Another **21.4%** in the study **had shortness of breath because they weren't fit enough** for the level of exercise they were attempting. Instead of asthma, these patients **had other health problems**. Many of the people in the study, aged 3-68, participated because they weren't responding to their asthma medications – because they didn't have asthma. Researchers found that for the adolescents in the study, their shortness of breath came when they tried to move from recreational sports to the varsity competitive level: the kids overexerted themselves trying to perform at a level they weren't ready to reach.

\* If you're an **asthma patient over 65**, it **may be more difficult to control your asthma symptoms**. A study conducted by the National Asthma Survey discovered more than 2 million Americans over 65 have asthma and they can have more complications and deaths due to their asthma. The study discovered these **older patients had almost 20 days out of a month with asthma symptoms** compared with 13 days for younger adults. Those over 65 also had **twice the number of severe asthma flares** as younger adults during the tested 3 month period. Older patients had **twice the number of overnight hospital stays** and more limitations on their activities and lifestyle than younger adults with asthma. **Why?** One explanation was that those over 65 may have other serious health problems (diabetes, heart, arthritis, etc.) and the patients don't recognize their asthma symptoms or they don't focus on their asthma symptoms. They may think difficult breathing is heart-related and not asthma. Since they are not as concerned about their asthma symptoms they don't follow their asthma control plans and don't use medications as instructed. **Patient education can help to solve this problem.**

\* In New York City **asthma is the #1 cause of absenteeism and hospitalization for kids under age 14**. The NYC health department began the **"Managing Asthma in Daycare" program**. When a child entered one of the 40 daycare centers in Brooklyn, they were screened for asthma using a brief respiratory questionnaire. If the **results** were positive for asthma, the child was sent home with an asthma action plan parents were to take to their healthcare provider before the child returned to school. What this study discovered later was that **these children were either under-prescribed or over-prescribed with inhaled corticosteroid, or controller medications**. Of the 350 kids diagnosed with asthma, 57% had intermittent asthma and 10% of those kids were given inhaled corticosteroids but none of them should have had them under the NIH (National Institutes of Health) medication guidelines. For the kids diagnosed with persistent asthma, only 48% were given inhaled corticosteroids and all should have had them according to guidelines. The study said better education on medication use would improve this situation.

\* Is there a link between getting asthma and taking acetaminophen? The International Study of Asthma & Allergies in Childhood (ISAAC) and a larger Canadian study to clarify data from the ISAAC study, indicates that **infants less than 1 yr of age who were given acetaminophen for fever had a 47% risk of acquiring asthma by age 6-7**. If mother's used the drug during pregnancy there was a 50% chance their babies might have wheezing and the risk of getting asthma in these kids was 28% higher, although another study in Obstetrics & Gynecology believes findings are unclear and require further study on this subject. The ISAAC study said **adults who used acetaminophen had a 74% higher risk of getting asthma than adults who never used the drug**. The reason for these findings isn't clear. There is an association between acetaminophen and asthma but it may not be cause/effect. Kids with severe asthma may be more likely to use the drug for viral or other infections due to asthma or infections that lead to an asthma diagnosis. Another reason for the link may be that acetaminophen may boost an enzyme involved in an anti-inflammatory reaction in asthma patients. Even after this 10 yr. long study, **no conclusion can be reached; more study is needed**. In the meantime, the American Academy of Pediatrics still recommends acetaminophen as the drug of choice to control childhood fever, but follow the recommended dose. (The recent product recall is because of contaminated medication). Adults might want to switch to ibuprofen for fever since there hasn't been any link to asthma for this drug. If you have questions about the use of these drugs discuss this with your healthcare provider or pharmacist. For more info on asthma and allergies, contact [info@aafatexas.org](mailto:info@aafatexas.org) or see [www.aafatexas.org](http://www.aafatexas.org)

**Upcoming AAFA-TX programs:** 1) **June 14** "Asthma Management & Education" a continuing education program for nurses, respiratory therapists and educators worth 3 CEU. Dallas. Pre-registration required with Dallas ISD or AAFA-TX. Questions? Visit [www.aafatexas.org](http://www.aafatexas.org) for details or contact [info@aafatexas.org](mailto:info@aafatexas.org) 2) Do you have food allergies? Do you have questions about various restaurants and your food allergies? Visit the website tailored to answer food allergy and restaurant questions: <http://www.allergyeats.com> 3) **July 17, 11 am- 2 pm** – SAFER Houston first annual Parent's Conference – Beck's Prime Restaurant, Memorial Loop, Houston. **For more information, see [www.SAFERhouston.com](http://www.SAFERhouston.com)**

Information contained in this publication should not be used as a substitute for responsible professional care to diagnose and treat specific symptoms and illness. Any reference to products and procedures is not an endorsement. AAFA-TX and all parties associated with this Bulletin will not be held responsible for any action taken by readers as a result of this Newsletter.