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**Air It Out – Electronic Version. Vol. 17, Issue 7, #1 July 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)

## LATE BREAKING TRIALS FOCUSED ON ASTHMA AND ALLERGY

\* Are you confused by the “latest” studies because they often contradict each other? That may be because many of those “latest” research trials are pilot studies that haven’t stood the test of time: they enroll a handful of patients with follow-up measured in weeks and months, not in years as in the past, then release their findings, perhaps too soon. This doesn’t mean the trials and initial findings aren’t valid, it just means they haven’t been tested long enough. All research has to start somewhere. Longer studies may invalidate the initial findings for some trials or perhaps they will support them. Following are results of some recent trials and studies that may lead the way to better treatments for asthma & allergy.

\* Scientists from the University of Massachusetts have developed an animal model that shows how lung infection in young children can cause asthma later in life. **Chlamydia pneumoniae infection** in the respiratory tract has been identified as a **risk factor** for developing **asthma**. The scientists don’t know how or why this is so, but they can show that when a mouse is infected with respiratory Chlamydia, asthma is induced. What does this mean for you? Take your baby to your healthcare provider at the first sign of respiratory infection. The signs to look for include fever, difficulty breathing, wheezing, skin and nails that turn blue, not eating well and/or confusion. These can be signs of the most common upper respiratory infection, a cold, or something more serious like Chlamydia pneumoniae.

\* Millions of Americans may have Celiac disease or gluten intolerance and not know it. A research project at the Academy of Finland's Research Program on Nutrition, Food and Health (ELVIRA) has new information that **gluten intolerance** is **partly hereditary**; they identified genes that carry a higher risk of developing the condition and some of those genes are linked to the immune system and its function in fighting off certain viruses. These scientists believe gluten intolerance **may be linked to certain viruses**. Why is this important? Gluten intolerance can cause many health problems. If we can discover what causes gluten intolerance, then science can find better ways to diagnose and control it.

\* Do you or your child have an allergy to Timothy grass (a common grass in Texas)? There is an “under the tongue” or **sublingual tablet** approved in Europe for successful **treatment of grass pollen allergies**. When tested in the US in 2009 it had a similar effect on North American children studied, but this drug isn’t FDA approved yet for any purpose in the USA. More and longer tests need to be conducted to see if, indeed, the drug used in sublingual immunotherapy is really effective. The 344 kids, ages 5 to 17, who participated in the study had some signs of desensitization to grass pollen but also had side effects including itching in the mouth, throat irritation, stomach upset, swelling in the mouth, ear aches, and for some, eye irritation and swollen lips. **More study is needed** before it will receive FDA approval. In the meantime, if you have grass allergy, consult your healthcare provider about traditional immunotherapy treatments.

\* New research from UT Southwestern Medical Center in Dallas suggests allergic reactions to pet dander, dust mites and mold may prevent people with allergic asthma from developing a healthy immune response to respiratory viruses such as flu. The study implies that the better your asthma is controlled, the more likely you are to fight off a virus like flu. In patients with allergic asthma that come in contact with an allergic trigger plus a respiratory virus, their allergen may actually interfere with the immune system’s reaction to the virus. Because their immune system can’t fight the flu this may contribute to asthma exacerbations too. In other words, the flu won’t improve and they will have severe asthma symptoms too. What does this mean for you? Follow your asthma control plan, use your asthma medications as directed, eat a healthy diet and exercise regularly to maintain a strong immune system and get flu shots each year.

\* Oral immunotherapy, a food challenge, appears to desensitize children to peanut allergy according to initial results from a Duke University study. **Peanut-allergic children** who completed 48 weeks of therapy gradually exposing them to increasing doses of peanuts could tolerate the equivalent of about 20 peanuts on challenge, compared with 1.5 peanuts among placebo-treated children, before they had an allergic reaction. But the researchers caution parents **NOT to try this at home** or even in the physician’s office yet, warning that it **carries risk of serious allergic or anaphylactic reactions**. “It really gives us hope for future treatments, but it’s really not ready for clinical practice at the present time” say the authors of this study. These results do confirm that oral immunotherapy can improve peanut allergy but the study is ongoing. What does this mean for you? If you or your child has peanut allergy, avoid peanuts at all times, follow your healthcare provider’s instructions and have an epinephrine auto-injector available at all times.

\* Nothing is more important for someone with **anaphylactic allergies** than to have an epinephrine auto-injector available at all times. There are now **4 types of auto-injectors available in the USA**: EpiPen, Twinject, Adrenaclick, and a generic epinephrine injector which is more cost effective. The medication is the same but every one of these injectors is designed differently. It is vital that physicians and pharmacists inform patients as to which injector they are getting and **instruct them how to use that specific brand, especially if they’ve had a different brand earlier**. For more information, contact AAFA-TX at [info@aafatexas.org](mailto:info@aafatexas.org)

**Upcoming AAFA-TX programs:** 1) Coming this fall: The Asthma & Allergy Foundation of America, TX “Tools To Manage Asthma & Allergies in School” will be an a free website resource with printable materials and downloadable slide presentations for the nurse professional, teachers, administrators, patients and parents. Watch for details in the months to come. Questions? Contact [info@aafatexas.org](mailto:info@aafatexas.org) 2) **July 19**, 7-8:45 pm, SAFER Houston Food Allergy support group meeting, Memorial Herman Northwest, classroom B, South tower. Topic: Back to School with Food Allergy. 3) **Sept. 11**, 9:00 am, FAAN Food Allergy Walk, Sam Houston Park, Houston. For more information, contact [dorin@saferhouston.com](mailto:dorin@saferhouston.com) For more info on asthma and allergy, contact AAFA-TX at [info@aafatexas.org](mailto:info@aafatexas.org) or visit [www.aafatexas.org](http://www.aafatexas.org)

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