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ALLERGY ALERT: Warm weather, high winds, blooming plants, grass and weeds = trouble for all who suffer with airborne allergies. Protect yourself with knowledge. For the most current pollen counts, go to www.weather.com/activities/health/allergies/index.html
Insert your zip code for instant info then breathe easier!

IN THE NEWS: FOOD ALLERGIES

- * Only 3% of elementary aged children & 2% of adults have proven food allergies yet most people sometimes have an *unpleasant reaction or intolerance* to a food. A **true food allergy is an abnormal immune system response** to a food: **food intolerance is sensitivity**, not an immune system reaction.
- * Those with true food allergies must identify the foods they're allergic to, and, **to prevent an allergic reaction, always avoid that food.** Food allergy reactions can be extremely dangerous, even causing death through anaphylaxis.
- * **Children are most commonly allergic** to cow's milk, hen's eggs, peanuts (a legume, not a nut), tree nuts (like pecans, almonds, walnuts), soybeans (also a legume) and wheat. The **incidence of peanut allergy** in the US has **doubled** between 1997 and 2002 and is the food allergy that can most often lead to death through anaphylaxis. Sometimes children can "outgrow" or become "tolerant" to some of their allergies to milk, eggs, wheat and soybeans.
- * **Blood tests are generally used to determine true food allergies along with symptom observation**, but these tests aren't always accurate because they might indicate allergy when it is only intolerance - a false positive.
- * A food "**challenge**" might be used to a) determine if there is a real food allergy or 2) to determine if a child has "outgrown" a food allergy. In a challenge, the patient eats a tiny amount of the allergic food and then is observed for allergic reactions. Potentially dangerous, **these challenges can only be done in a physician's office under medical supervision** in case a bad reaction does occur. Food challenges are generally used with children when there is better than a 50-50 chance that the allergy no longer exists and is usually used to test milk, egg and peanuts. If the child "passes" the challenge, they might be able to eat the suspected foods without danger of an allergic reaction.
- * A Duke University research project is trying to build food tolerance by gradually introducing tiny amounts of the allergic food into the child's regular diet – desensitization. At this time, the only foods being tested are eggs and peanuts. **BUT this is an extremely dangerous approach and SHOULD NOT be attempted at home.** This is research that holds promise but **MUST be done under strict medical supervision.** Scientists are also trying to develop a peanut which has less of the protein that causes allergy. Both of these projects are still in the experimental stage.

MEDICATION ALLERGIES:

- * It is very **difficult to determine a drug allergy** because they can be caused by many different medications. Some drugs have side effects that imitate an allergic reaction making it hard to determine what is happening – allergy or side effect. *A true drug allergy is a hyper-sensitivity and the reaction will always be the same to the offending drug.*
- * **Women are more likely to have drug allergies**, but for anyone to have them, they must first have a genetic predisposition for allergy and have at least 2 exposures to that drug (the first exposure causes sensitization then the next causes an allergic reaction).
- * **Signs of a drug allergy** can include **skin reactions** – itching, flushed skin, hives; or **digestive system reactions** – tingling and burning in the mouth and throat, nausea, vomiting, stomach pain, diarrhea; or **respiratory reactions** – congestion, runny nose, sneezing, wheezing or difficulty breathing, swelling in the throat, or a combination of these reactions. A **severe reaction can cause anaphylaxis** and if not treated immediately with epinephrine can lead to death.
- * Sometimes a drug allergy won't show-up for several days but there may be other symptoms like fever, aching joints or rashes when taking the drug – before other symptoms appear.
- * If it is determined through experience or testing that you have a drug allergy, the **best way to treat it is to avoid that drug.** You can help to do that by: 1) Learning both the generic and the trade name of the drug(s) you're allergic to and reading all product labels to see if that drug is included. 2) Telling your family, friends, colleagues, doctors that you are allergic to that drug. 3) Wearing a medic alert bracelet 4) Always carrying your epinephrine devices with you if your doctor feels there is risk for anaphylaxis.
- * **IF you must use the drug** you're allergic to because there is no other medical option, then **physicians would pre-treat you with steroids or antihistamines** before you were given the allergic drug. This is a very **dangerous option.** It might **also be necessary to desensitize you to the drug in a hospital setting** – gradually giving minute amounts of the drug until you build a tolerance. But this tolerance lasts for that single drug course only. If you must use the drug again, the whole process would have to be repeated. **Avoidance is still the best option for drug allergies.** Speak with your physician if you suspect you have drug allergies. For more info on allergies or asthma, contact AAFA-TX.

Upcoming Free AAFA-TX Programs: **1) Sat. April 14** "Asthma & Allergy Essentials", Lexington Childcare Center, Plano, Darla Theis, Instructor. **2) Sat. April 21** "Asthma & Allergy Essentials" Small Miracles Childcare, Plano, Darla Theis, instructor **3) Wed. April 25** –Lunch & Learn Wellness Program, Brinker International, Dallas, Dr. William Lumry, instructor. **4)** Are you interested in political advocacy to help improve healthcare in the USA? Attend AANMA's Asthma Conference on Capital Hill, April 30-May 2, 2007, Washington, DC. For more info, or to register, call 800-878-4403x108. For more info on asthma & allergies, contact AAFA-TX.

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