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AAFA-TX thanks those who made donations in memory of and in tribute to Scott Bower of San Antonio, Ashley Taft of Temple, TX & Lillian T. LeBlanc of New Iberia, LA. These gifts will help us serve the community with free programs and services. Thank you. For more information, contact AAFA-TX

**ARE YOU BOTHERED BY URTICARIA – OTHERWISE KNOWN AS HIVES?**

- \* About 20% of us develop these red, swollen and very itchy skin welts known as hives at some time in our lives.
- \* Hives almost always occur rapidly, and believe it or not, for most, each individual hive lasts less than 24 hours, often disappearing in 2-4 hours; but for most folks, a bout of hives can last anywhere from a few hours to six weeks.
- \* For some people, however, hives are present all the time or last for years in the form of **chronic urticaria**. Though it may feel like it to those affected, **chronic hives aren't life-threatening** but can cause disability and lots of distress.
- \* **Sudden or acute hives are an allergic reaction to a normally non-threatening substance** (unlike poison ivy, oak or sumac which are threatening to the skin). Hives can be caused by foods, medications or insect bites or stings, but no one knows with certainty what causes chronic hives. Many physicians think chronic hives may be a reaction to oneself.
- \* **Chronic, or continual, hives** can be made worse by heat, stress, fatigue or exertion, alcoholic drinks, fever, hyperthyroidism and even PMS. Some people have what is known as "pressure" hives; they occur on the buttock (from sitting in the same position too long) or around the waist if belts are worn too tight. Hives caused by heat or stress are usually small welts within a larger area of red and are usually on the neck or chest.
- \* **Chronic hives** shouldn't be ignored; they **should be examined by a physician to determine the cause**. It may be a symptom of something else triggering the reaction. Your physician will want to rule out other diseases that can have hives as a symptom such as hepatitis, hyperthyroidism, Lupus or even possibly (but rarely) cancer.
- \* Once your doctor rules out the more serious illnesses, they will usually ask about any contact with substances that might cause an allergic reaction or to activities that might trigger hives. For **15-20% of people with chronic hives, the trigger is heat, cold, light or exercise**.
- \* If you have hives of any kind, the most immediate need is how to **treat hives**. Just like other allergies, the **best way to treat them is to avoid the cause or trigger** – if you know what does trigger them. However, if you can't pinpoint the actual cause, then time is the only real treatment; **they will eventually go away**.
- \* There are very good medications (various non-sedating antihistamines) that can relieve the itching and bring relief right away for most people. Ask your healthcare provider which one he feels might work best for you.
- \* If you have chronic hives, there are stronger antihistamines but they usually cause drowsiness and have other side effects. Sometimes corticosteroids might be prescribed for a short time. Ask your healthcare provider what is best.
- \* The discomfort of hives can also be helped by common-sense actions: don't scratch, there's always the risk of bacterial infection from dirty hands or fingernails; wear looser clothing so the hives aren't irritated by chafing; take cool, not hot, baths or showers; avoid using any perfumes or scented creams while you have the hives, especially near the hive site; an old remedy is to dust corn starch on hives to relieve itching. But above all, avoid the trigger, if you know it.

**IN THE NEWS: ASTHMA & ALLERGIES**

- \* There are two basic steps **to keeping your asthma in control: identify and eliminate** contact with your **triggers** and then develop a **good medication plan** that works for you - and follow it. But there's a third step to this equation: the time you take your medications plays a role, too.
- \* Our body acts and reacts differently during a 24 hr. day – it's called circadian rhythms - and these rhythms affect asthma and allergies too. It's suggested that you **take your allergy medication before bedtime** and your **asthma meds in the late afternoon**. The reason: many allergy symptoms - weepy eyes, runny nose and sneezing - occur in the morning. Taking the meds before bed means the meds are still in your system when you awake and you have more allergy relief when you need it.
- \* **Asthma symptoms usually peak early morning**, about 4 a.m. If you're taking oral steroids for severe asthma, using them in the late afternoon means they're still in your system when symptoms are worse. If you have moderate asthma and are using steroid inhalers, use them between 3 - 5:30 p.m. for best symptom control.
- \* But the most important thing to remember, whether you can discipline yourself to use your meds at these hours, is to **continue to use your controller medications as prescribed – even when you're feeling ok!** You may not have any symptoms BECAUSE you're using your controller meds. If you have trouble taking your meds at the specified time, then take them when you would normally perform another activity at a regular time, like brushing your teeth at night. The most important thing is to **use your meds**. Always ask your healthcare provider when you should be taking your meds.

**Upcoming Free AAFA-TX Programs** 1) **Wed. Aug. 1**, 'Clear Channel Employees Health Fair,' San Antonio 2) **Tues. Aug. 14, 8 am-11 am**, "Asthma Management & Education" a CEU program for nurses worth 3 CEU, Houston. Online pre-registration required with Houston ISD. **Space is limited** 3) **Wed. Aug. 15** – Asthma Education for Ector ISD Nurses, Odessa. Contact Laura Mathew, 432-368-2837, for more info.

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