

ma report



Allergy & Asthma Network

Mothers of Asthmatics

800.878.4403

aanma.org

May 2009
Volume 24 Issue 2

Helping Others Breathe Easier

People need people. We like being connected. We carry personal phones, text our messages, send e-mail, blog until our brains get slippery, tweet our whereabouts and post our opinions. But when nothing but the unbiased voice of experience and understanding will do, pick up the phone and call AANMA.

Carol Jones, RN, AE-C, heads up AANMA's Support Center (800.315.8056, www.aanma.org/ask-a-nurse/). As one of the nation's leading asthma nurse educators, she's heard it all. She and her husband and now-grown children all have asthma, too. Plug her number into your phone, and next time you have a question, push SEND.

AANMA needs people, too! We need people who will volunteer in their communities as part of our Outreach Services Program. Right now, AANMA Outreach Service Coordinators are distributing *Breathless Bethany Buttercup* children's books to primary care practices in their hometowns. Want to help? Contact Andrea (aholka@aanma.org).

And we need advocates who will help defend patient access to appropriate care and medications as healthcare reform measures move forward. Talk to Sandra (sfwalker@aanma.org). You can reach Andrea or Sandra at 800.878.4403.

Let's face it: We're far more successful when we work together. Your membership support, workplace contributions, gifts and donations help fund the many services we provide. As a volunteer, you help magnify the work in ways that wouldn't be possible without you.

Help AANMA eliminate suffering and death due to asthma, allergies and related conditions. We can do it and reduce the \$20+ billion annual cost of this disease at the same time. Will you pick up the torch and join us?

We're only a click or (better yet) phone call away - 800.878.4403. It does us good when we hear your voice, too.

Nancy Sander, President and Founder
Allergy & Asthma Network Mothers
of Asthmatics

Message to Congress

Stopping asthma deaths: It's not only possible – it's a goal long overdue.

At AANMA's 12th annual Asthma Awareness Day Capitol Hill on May 6, we will ask Congress to take no-nonsense steps to save lives and dramatically reduce the \$20 billion burden that asthma places on families.

For more than 20 years, American tax dollars have supported federal programs aimed at eliminating suffering and death due to asthma – programs mandated by Congress and run by agencies such as the National Institutes of Health, the Centers for Disease Control and Prevention, and the Environmental Protection Agency.

Ironically, our dollars have also been used to prevent patient access to the care these programs say are necessary.

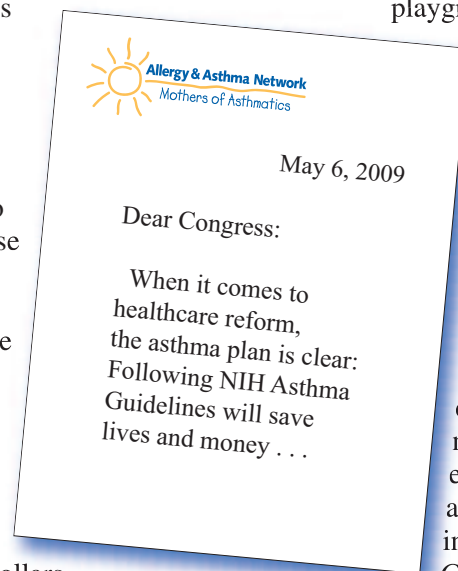
We know what it takes to put patients and parents back to work and kids back to school and on the playground where they

belong – without asthma symptoms or soaring healthcare costs. It takes patient access to specialty care, personalized written asthma action plans, strategic use of medications and inhalation devices, ongoing monitoring and environmental management, as outlined in the NIH *EPR-3: Guidelines for the*

Diagnosis and Management of Asthma.

Instead, short-sighted federal and private health insurance policies

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"Food Bites" Angel
is in memory of Nita Sekhri

Allergy & Asthma Network Mothers of Asthmatics (AANMA) is the leading nonprofit organization dedicated to eliminating suffering and death due to asthma, allergies and related conditions. Our core areas of expertise are education, advocacy and community outreach. AANMA is a 501(c)(3) tax-exempt nonprofit organization.

**Support is easy.
Call 800.878.4403.
Donate online.**

Please support AANMA in your workplace giving campaign.

**Combined
Federal Campaign
(CFC) #12222 and
United Way #2505**

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focus on limiting medication choices to only the least expensive drugs or requiring patients to fail (suffer) one, two or three therapies before allowing proven treatments they needed all along.

Allergy & Asthma Network Mothers of Asthmatics is calling on Congress to take the following steps to stop asthma deaths, reduce suffering and eliminate wasteful spending now:

- Ensure all asthma patients have access to Guidelines-level care.
- Ensure federal funds favor state programs/services that follow Guidelines recommendations for individualized asthma treatment plans and specialty care.
- Refuse to support healthcare reform legislation that results in patient barriers to Guidelines-level care, such as restrictive formularies, reimbursement issues and access to specialty care and diagnostic tests.
- Ensure graduate medical education and specialty training

programs continue to equip specialists to provide Guidelines-level care.



- Establish a collaborative effort among federal health agencies to ensure all patients receive the benefits of federally funded programs such as NAEPP Guidelines, NIAID research, EPA Indoor Air Quality initiatives and CDC surveillance programs.

This practical, evidence-based, patient-centered and disease-specific plan is a model for successful health-care reform. It is based on the belief that all children and adults with asthma want to be well and would rather overcome breathing difficulties than struggle with revolving-door emergency department visits, hospitalizations and heroic life-saving measures.

Here's the bottom line:

You can wait and see what happens to you after healthcare reform decisions are made OR you can make healthcare reform work for you. **Get involved today.**

May 6, 2009

Asthma Awareness Day









CAPITOL HILL

Congressional Briefing,
8:30 am

Health Fair
11 am–1:30 pm

**Free asthma screening –
consultation with allergists –
state-of-the-art nitric oxide tests**

**Foyer, Rayburn House Office
Building, Washington, DC**

Is it Asthma?

By Laurie Ross

Each year at Asthma Awareness Day Capitol Hill, the American College of Allergy, Asthma & Immunology (ACAAI) joins AANMA to kick off their Nationwide Asthma Screening Program.

Volunteer allergists and respiratory therapists contribute their time and expertise to give free lung function (spirometry) tests and talk with AADCH visitors about their symptoms and breathing concerns.

Last year, I decided to do it myself. I'd had an annoying little cough for months – nothing really big, just always there. No other symptoms; no allergies that I knew of; just this tickly throat.

So I filled in the questionnaire about my symptoms and stepped up to the spirometry table. It was funny, really. For the test, you take a deep breath and exhale into the tube – but you have to keep blowing and blowing until your lungs are fully empty. Several people are doing this test at the same time, so the scene is very lively as respiratory therapist “cheerleaders” urge people on, shouting “Blow blow blow blow!” The spirometers they use are the same sophisticated instruments used in doctors’ office.

Armed with my questionnaire and the print-out of my spirometry results, I sat down with the allergist. I was lucky enough to get Diane Schuller, MD – who is the chairperson of AANMA’s Board of Directors and a very prominent allergist (the first woman president of ACAAI). Amazing – she and the other volunteers at the event are highly trained physicians who usually charge hundreds of dollars to do these tests and discuss the results, but I was getting it for free!

Dr. Schuller was warm and friendly – very approachable. After listening



patiently to my concerns and reviewing my papers, she told me my results didn’t point clearly to asthma, but did show indications of lung issues. Given my symptoms and history, she advised me to see a physician for allergy tests and possible medication. (The screening doctors will discuss medications with you, but they can’t prescribe it at the event.)

I walked away feeling relieved, in a way, that my symptoms weren’t “all in my head” and grateful that I had been offered this opportunity for free advice. As it turns out, when I went to see a local allergist (Dr. Schuller practices in Pennsylvania – too far to make it on my lunch hour!), my allergy tests were negative

and the physician said I was probably experiencing the remnants of a mild pneumonia that had been making the rounds some months before. A round of antibiotics cleared the infection more fully and sent my cough away for good.

Do you ever wonder if you have asthma – or if a friend or relative does? Or do know you have it but wonder if you’re doing the right things to manage symptoms? The Nationwide Asthma Screening Program offers hundreds of free screenings across the country during the month of May. Find a screening near you or take the online symptom questionnaire by visiting the ACAAI Web site at www.acaai.org/public.

Going the Distance with Asthma and COPD

Running a marathon is challenging enough with two healthy lungs. Two athletes in this month’s Boston Marathon proved it can be done despite severe respiratory problems.

Mike McBride, 55, and Stephen Gaudet, 54, competed in the marathon’s Mobility Impaired division. McBride has severe chronic obstructive pulmonary disease (COPD) and had to pull his 80-pound oxygen cart behind him for the entire length of the race. Gaudet, who has had asthma all his life, needed inhalers along the route. The two finished together in seven and a half hours, which qualifies them to race next year.

McBride was the first person with COPD to compete in the marathon. (Not just anyone can enter the Boston Marathon; participants must prove themselves first.) He was diagnosed with the lung disease four years ago. COPD International touts McBride’s story as proof of the value of exercise for everyone. Check out McBride’s blog at COPD International (www.copd-international.com/library/boston.htm).

Now, on your feet, all you couch potatoes! No excuses!



Tips For Teens: Traveling With Food Allergies

Having a food allergy shouldn't stop you from enjoying everything life has to offer. This article is the first in a series that will offer practical coping tips for teens and their families. Here, Brooke Jacobsen, a 21-year-old senior at Colgate University, shares her travel tips.

Outgoing, confident and driven are three adjectives that define me. My life-threatening allergies to eggs, peanuts, tree nuts, fish and shellfish are part of the description, too. But I have never let my food allergies stand in the way of living my life. Since my diagnosis at age two, I have had countless play dates and sleepovers, and attended day camp and, later, sleepaway camp.

I also have traveled all over the world, with and without my parents. I recently returned from a semester abroad, living in Italy and traveling and dining in eight different countries. In spite of the language barrier, you can eat safely while you're overseas. I hope these tips will alleviate some worries and fears and help you enjoy your trip!

- Carry a bag of pasta from home. I have yet to come across a restaurant unwilling to boil a pot of water and cook my pasta in it. On my first trip to London in fifth grade, I went with 20 pre-bagged servings of Ronzoni pasta, putting butter and cheese on it myself. It was the safest and easiest option for me at that age.

- Create a business-sized card that lists your food allergies and states that your food must be cooked in a clean and safe area to avoid cross-contamination. (For sample cards in several languages, visit the "Features



& Downloads" section on www.faiusa.org.) I found that the wait staff could not have been more accommodating, reading the card themselves and showing it to the head chef, managers and maitre-d'.

- If you have a comfortable and successful experience at a restaurant, GO BACK! When I pulled out one of my bright-green Italian-language cards, the waiters would remember me instantly, saying, "I know. I know. No fish, no eggs, no nuts!" Repeating my allergy information might make

me sound like a broken record, but having the staff recognize me made my dining experience stress-free.

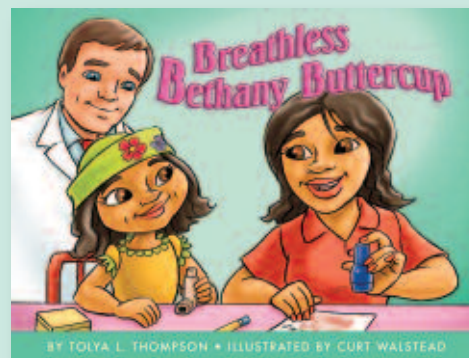
- Never be embarrassed if you feel you're not communicating effectively. It can happen with or without a language barrier. If the wait staff doesn't seem to understand your situation, always trust your gut and seek out another staff member or manager. In fact, there may be times when the safest choice is to not eat at all! Find a nearby supermarket after the meal ends.

- You never know if your flight is going to be delayed, so pack extra snacks. I was flying home from Greece through Zurich, and my second flight was cancelled. They ended up flying me to Milan and then busing me five hours to Florence. The four extra Special K bars I had packed came in handy for my travel partner and me. Not the healthiest dinner—but a safe one!

Reprinted with permission of the Food Allergy Initiative, www.faiusa.org.

Breathless Bethany Buttercup

What's colorful, kid-friendly and asthma-helpful? The new – FREE – kids' book, *Breathless Bethany Buttercup*. When Bethany can't run and play without wheezing, her mom takes her to see a physician. Together, they set up an asthma management plan that has Bethany back on the playground for good! For your free copy, go to www.aanma.org. Written by Tolya L. Thompson, the book is a joint project of AANMA and Schering-Plough.





Ask Dr. White

Dear Dr. White,

My 16-year-old daughter's exercise-induced asthma is getting worse. We want to increase her lung capacity to keep her lungs strong, but she can't do aerobic exercise anymore without her chest tightening up unbearably. She takes Allegra, Nasonex and Symbicort for her allergies and we're going to try allergy shots, but that seems like so much medicine for a body to take at such a young age. What can we do?

*Susanna Boeck
Novato, CA*

Dear Susanna,

Many parents share your feeling that multiple medicines seem like a lot for a young person to have to take. Let me offer you a slightly different perspective, however.

Symbicort and Nasonex are topical corticosteroids, meaning they deliver medication directly to the parts of the body that are affected by allergy – in this case, the lungs and the nose. Before we had topical corticosteroids, doctors used to treat asthma and allergies with systemic corticosteroids like prednisone – medication that is swallowed or injected and then circulates throughout the body through the bloodstream.

Prednisone is effective (and important in many cases), but it causes a lot of undesirable side effects, such as growth retardation, cataracts, elevated blood sugar, osteoporosis and mood swings, to name a few.

We can reduce these effects by delivering the medication directly to the organs that need help. After all, why should your fingertip, or any other body part, receive as much steroid as your asthmatic lungs?

So, while daily use of Nasonex and Symbicort may feel like a lot of medication, as far as the body is concerned it's a lot less than taking a tiny prednisone tablet daily.

My own philosophy is that we need to do whatever it takes, including medications, to allow a child to interact normally with his or her peers. Otherwise we invite additional behavioral and/or medical problems.

I think you're on the right track with starting allergy shots. Allergy shots work by making the body less allergic over time, and the shots offer the person with allergic asthma the best chance of improving to the point where medications can be greatly reduced, or possibly eliminated.

You're also on the right track by encouraging regular exercise. Exercise doesn't actually change lung function, but it can enhance how efficiently we use

oxygen. Thus, a person who is in good physical shape feels less short of breath than a person in poor physical shape. What's more, lack of exercise can lead to obesity, which can make asthma worse and less responsive to medication. A disproportionate number of children with asthma are overweight, and it's not clear whether the obesity leads to the asthma, or, more likely, whether the child notices shortness of breath with exercise and slowly turns into a couch potato to avoid breathing problems.

If your daughter is experiencing chest tightness with exercise, you might want to check with your doctor about using albuterol or levalbuterol before exercise, which helps prevent symptoms in many individuals. Review her inhaler technique with her doctor to be sure that she is using the device effectively; without proper inhaler technique, a lot of the medication dose can be lost. I've seen a number of people who were having problems despite taking all the right medicines, but who got much better after adding a holding chamber and improving their inhaler technique.

Martha White, MD is a board-certified allergist and director of research at the Institute of Asthma and Allergy in Wheaton, MD, and medical editor of The MA Report. Do you have a medical question? E-mail editor@aanma.org, or write to Ask Dr. White, AANMA, 2751 Prosperity Ave., Suite 150, Fairfax, VA 22031.



Read related articles at www.aanma.org

- Mastering HFA Inhalers: Step-by-Step Instructions
- Winning Strategies for Athletes with Asthma and Allergies
- Vocal Cord Dysfunction: Something to Talk About



What's Bugging You?

Q: When are antibiotics used to treat a sinus infection?

- Always
- Sometimes
- Never

A: "Sometimes" – Read why...

Many pharmacies today are giving away antibiotics free, but that doesn't mean they're a sure fire cure for what ails you. They are some of the most powerful tools doctors have to fight infection – so long as it's caused by bacteria. But they do nothing for colds, flu, sore throat, cough and sinus congestion caused by viruses.

It used to be the case that your doctor might prescribe an antibiotic "just in case" your illness was bacterial. Today, we know better. Overuse of these medicines is birthing new strains of drug-resistant bacteria that are harder to kill.

Survival of the Fittest

Every time you take penicillin or another antibiotic, the drug will kill most of the bacteria it runs into. But a few tenacious germs may survive, multiply and create drug-resistant bugs.

What that means is that your next infection may be harder to cure. And if you pass those resistant germs on to others in your family or your community, it becomes harder for them to get well, too. That explains how the dangerous strains of drug-resistant pneumonia and the difficult-to-treat and sometimes fatal skin infection MRSA (methicillin-resistant

Staphylococcus aureus) have arisen. MRSA is sometimes referred to as ORSA (oxacillin-resistant) because the antibiotic methicillin is no longer available.

What's the difference?

Different antibiotics have been developed to fight specific bacteria. Common types include penicillins, cephalosporins and sulfonamides. Your doctor will choose the one most likely to work for you, taking into account the type of infection you have, your age, other medications you take and other medical conditions you might have.

If you have asthma or allergies, be watchful for allergic reactions. The most common allergy-causing antibiotics are the penicillin drugs, followed by sulfonamides. Symptoms may include hives, below-the-skin swelling or life-threatening anaphylaxis – and a drug allergy can also set off asthma. If you suspect you may be allergic to a medicine, talk with your physician about an allergy evaluation and alternative treatments.

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Smart Antibiotic Use

When your healthcare provider prescribes an antibiotic, there are things you can do to help it work:

- Take all the medicine you are given, even if you begin to feel better. If you stop too soon, the drug may not kill all the bacteria and you could get sick again. You may also need a stronger and more expensive medication if remaining bacteria have become resistant to the first antibiotic.
- Don't skip doses. Antibiotics are most effective when taken regularly.
- Don't share antibiotics or save them for the next infection. You might think you can stop taking your medicine early and save the

rest for the next time you or a friend get sick, but this is not a good idea. Taking the wrong medicine in the future can delay appropriate treatment and make your condition worse.

Do You Yogurt?

Bacteria are not all bad. Our bodies are naturally full of friendly bugs that help our immune system and proper digestion. However, antibiotics are not very picky about what they attack. So when they kill good bacteria along with the bad, you can develop stomach problems like gas, cramping or diarrhea.

That's why some people taking antibiotics try to replace those friendly bacteria by eating yogurt and other foods containing probiotics, microor-

ganisms similar to the friendly bacteria in the gut. In addition to yogurt, natural sources of probiotics include fermented and unfermented milk, miso, tempeh and some juices and soy beverages. Probiotics are also available as supplements and food additives.

The National Center for Complementary and Alternative Medicine (NCCAM) says the benefits of probiotics haven't been fully proven and warns that different strains will have different effects for various people. So while yogurt may be an easy choice (unless you're allergic to dairy), talk with your physician before using herbal supplements or alternative therapies. ■ LR

Tid Bits

Allergen-Free Olive Oil?

The state of Connecticut wants to protect people with food allergies by making sure that olive oil sold in the state isn't contaminated with peanut, hazelnut or soy oil, so they have set state standards that manufacturers must meet. "The Department of Consumer Protection has found instances in which olive oil being sold in Connecticut was actually a mixture of soy oil with some low-grade olive pomace

oil," says Consumer Protection Commissioner Jerry Farrell, Jr. The problem was first brought to light by *The New Yorker* magazine in August 2007. Check out Connecticut's regulations and the International Olive Oil Council's (IOOC) trade standards at www.ct.gov/dcp.

Safety tip: Stick to olive oil bearing an IOOC certification or California's COOC stamp of approval.



Stop Smoking Today!

Trying to stop smoking? *Parents* magazine and the American Legacy Foundation have teamed up to create *Parents Quit For Good*, an online program that offers step-by-step assistance and advice. There's even a way to set up your own personalized "quit smoking" plan. Give yourself, your family and friends the best gift ever: lungs free of cigarette smoke!



Wiki-Whatever

Researchers at Nova Southeastern University in Florida say the online user-edited Web resource Wikipedia can't be

trusted when it comes to medication information (*The Annals of Pharmacotherapy*, December 2008). They found only a few errors when they checked entries, but it seems there was quite a bit of information left out – especially about side effects or cross-reactions with other medications. For accurate, dependable information, go to the National Library of Medicine's DailyMed.



WIKIPEDIA
The Free Encyclopedia



People are our passion here at AANMA. We're grateful for the support of each and every member we've had the privilege of helping over the past 24 years. That's why we're profiling some of our long-time friends in this Alumni Club section.

What sweeter delight than to see our young people all grown up and helping others in their communities ...

All Grown Up . . . and Helping Others

I joined Mothers of Asthmatics when Nancy's newsletter was featured in a local newspaper in November 1985. My daughter, born in 1982, had severe asthma and I was desperate for information. No one can understand the helplessness I felt. Doctors gave her drugs, but never shared practical information.

The newsletter was a godsend. I looked forward to each issue and finally felt I was making progress in dealing with this condition. I would go to the doctor with an item from the newsletter and they would say, "Hey, that's a good idea!"

I purchased products recommended and was able to be an advocate for my child.

I shared this info with so many mothers over the past 24 years. Every time I helped another mother, I felt I was "paying forward" the help I had been given.

My daughter is now a physician assistant and my son is a health teacher. They still have asthma.

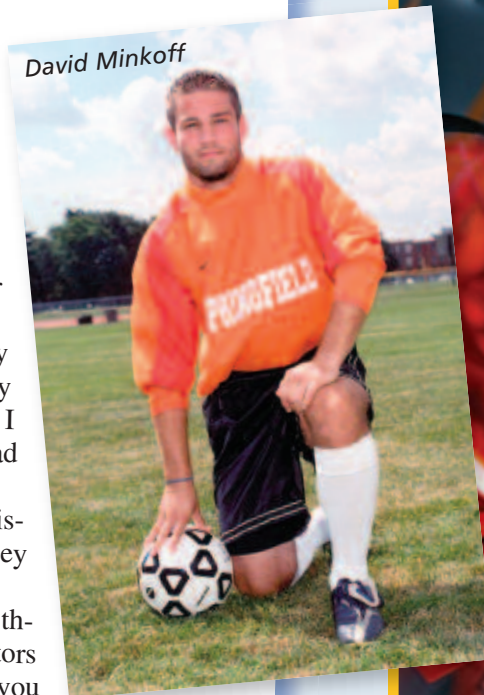
My advice to mothers is to become educated about asthma and allergies. Learn all you can. Ask questions. Doctors will give you more help and information if they know you understand what they are telling you. Be your child's best advocate. Hang in there through the years when your child is too young to help themselves, then educate them!

Bless you for making a difference in our lives!!

Nancy Minkoff
(and Jaclyn and David)



Jaclyn Minkoff



David Minkoff

Do you have a story to tell about how AANMA has helped you? Send us a note – and a photograph – and we'll share it with our readers. Just e-mail editor@aanma.org or send mail to 2751 Prosperity Ave., Suite 150, Fairfax, VA 22031. Thank you for your friendship!

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