

Asthma & Allergies / May 2010

**MEDIA
PLANET**

Your guide to breathing easy and living a healthy, active life.

The costs of chronic disease



**Mark Ballow, MD,
FAAAI**
AAAAI President

Given the high incidences, it is safe to assume that nearly every extended family in the U.S. has at least one member with allergies or asthma.

In fact, chances are we all know someone who is currently suffering from symptoms of allergic rhinitis.

This chronic condition affects between 10 and 30 percent of all adults, and as many as 40 percent of children. It accounts for approximately 1.5 million school days missed per year and approximately 28 million days of lost productivity. And, the problem is growing. There has been a 100 percent increase in the prevalence

of allergic rhinitis in each of the last three decades in developed countries.

Or, you may be a parent with a child who was recently diagnosed with asthma. Government data show that in 2006 an estimated 12.4 million Americans had an asthma attack. Nearly 4.1 million of these breathtaking attacks were in children. The majority of these resulted in lost work or school days. Nearly \$20 billion is spent annually on asthma alone.

Absent days and productivity declines are not the only losses associated with allergy and asthma. Over 4000 patients die each year from asthma.

These are chronic conditions without cures. Yet, symptoms can be controlled, health care dollars can be saved and people with asthma or

allergies can lead healthier lives. Proper diagnosis and effective disease management are essential; and we all have roles to play.

The first step is finding a physician who can accurately and efficiently diagnose the problem. Allergies and asthma can be tricky to diagnose because many of the symptoms mirror colds or other conditions. Many people suffer needlessly and spend thousands of dollars on medications before seeing a Board certified allergist/immunologist—an internist or pediatrician with an additional two to three years of training.

The second step is developing and following a treatment plan to avoid triggers and control symptoms. An allergist/immunologist can define the plan, but patients must have the knowledge

and motivation to follow through. Patient education is crucial to a successful treatment plan.

May is national Asthma and Allergy Awareness month—a perfect time to educate family and friends about these conditions. This supplement offers plenty of advice and useful tips. On behalf of the more than 6,000 allergist/immunologists and related healthcare providers who are members of the American Academy of Allergy, Asthma & Immunology (AAAAI), we wish you symptom-free spring and summer seasons.

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Make it a clean sweep

Regular cleaning can help reduce allergy and asthma triggers in your home (such as mold, pet dander, cockroaches and dust mites).

But you may want to pause before you reach for that spray bottle. The use of harsh chemicals may trigger asthma symptoms, and dust that is disturbed when cleaning can trigger both asthma and allergy symptoms.

For individuals with allergic rhinitis or asthma, make sure that you wear a high-quality dust mask and wear plastic gloves. Wear old clothes during cleaning and wash them immediately afterwards in hot water. Take a shower straight away after you have finished your cleaning chores.

Feather dusters are actually not a good idea as they only stir up dust and add more airborne allergens to your environment. Instead, use a damp cleaning cloth to wipe over dusty areas and "capture" the dust first, before it drifts up into the air.

Numerous products have received the "green" seal of approval and are easy on the environment. Many of these are derived from plant or natural sources rather than harsh chemicals. An easy alternative to purchased cleaning products are cleaners that you make yourself from ordinary household ingredients such as lemon, vinegar and baking soda.

Tips for managing allergens

To manage your indoor allergens,

use these tips from the American Academy of Allergy, Asthma & Immunology:

■ **Get rid of extra clutter** that collects dust. This includes stuffed animals, stacks of books, knick-knacks and collectibles.

■ **Put mattresses**, box springs and pillows in special dust mite barrier covers that are allergy-proof or "non-allergenic."

■ **Wash blankets**, sheets and pillowcases in 130 degree water and dry in a hot drier once a week. Humidifiers, especially free-standing ones, can be a source for mold spores.

■ **Avoid having carpeting** in bathrooms or basements and remove any moldy carpeting.

■ **Use a dehumidifier** and keep the humidity level in the home

below 50 percent.

■ **Use air conditioning** to clean, re-circulate and dehumidify the air in the home. Consider using in-home air filters, many of which can be used in conjunction with existing forced air cooling and heating systems.

■ **Keep pets out** of the bedroom and other rooms where people with allergies spend a great deal of time to limit exposure to animal dander. Consider a room filter to lower animal dander.

■ **Vacuum or sweep** the floor after meals, and take the garbage and recyclables out frequently. People with allergies should use a vacuum with a HEPA (high-efficiency particulate) filter or a double bag.

■ **Keep food in containers**

with tight lids and wash dishes immediately after use in hot, soapy water.

■ **Clean surfaces** that attract mold with a bleach mixture, such as the corners of showers or under the sink.

■ **Clean under stoves**, refrigerators or toasters where loose crumbs can accumulate.

■ **Fix leaks** that may leave surfaces wet and allow mold to grow or attract cockroaches.

■ **Block areas** where roaches could enter the home, including crevices, wall cracks, windows, woodwork or floor gaps, cellar and outside doors and drains.

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PANEL OF EXPERTS



Laura Dellutri
Healthy Housekeeper



Josh Waldman
CEO, PureZone
Technologies, LLC



Neil Schachter, MD
Author of *Life and Breath*, past
president of the American Lung
Association of the City of New York



Question 1:

What are some tips for managing asthma and allergies?

Allergies lurk in obvious areas of the home like dusty shelves and carpeting, which homeowners often clean," says Healthy Housekeeper, Laura Dellutri. "But homeowners tend to neglect other areas of the home that can harbor allergens, such as bedding, stuffed animals, and even the air they breathe."

To combat those invisible allergens without stirring them up into the air and making symptoms worse for the effort, Dellutri recommends washing bedding in hot water once a week and encasing mattresses and pillows to help fight off dust mites. She also says that while doctors frequently tell parents to get rid of stuffed animals, placing beloved toys into plastic bags and then into the freezer for five hours, followed by a good cleaning with a HEPA filter vacuum can help keep them mite-free and often allow them to stay in a child's room.

"Don't forget to clean what you can't see—the air you breathe," says Dellutri. "Use a high-performance air filter to help reduce indoor allergens and capture particles." She says to change the filter at the start of each season, and consider changing it more frequently if necessary.

Asthma affects more than 4.8 million U.S. children, making it the most common serious and chronic disease among children and accounting for 10 million absences from school each year," says Josh Waldman, CEO, PureZone Technologies, LLC. Adults aren't exempt either, he says, and growing numbers of grown-ups are finding themselves fighting allergies and asthma thanks, at least in part, to increasing air pollution.

"The worst time for many of those people is at night," when they're surrounded by dust, mites, and other irritants in their bedrooms, he says. And more patients are looking for non-drug therapies to help relieve symptoms, hoping to avoid corticosteroids which are often contra-indicated for children and other pharmaceutical products that can have side effects. That's why many parents and adult patients favor systems that remove pollutants and irritants from the air around their faces while they're sleeping, to reduce symptoms and the need for drugs.

"The buzzword with allergists has typically been that you want to take a multi-faceted approach to treatment," he says. "Remove, purify, and clean, and if it all sounds too overwhelming start with just controlling the breathing zone around your pillow."

According to the Asthma & Allergy Foundation of America, about 40 million Americans have allergies, and seasonal allergies account for more than 8.5 million outpatient office visits each year. Most people tend to head indoors for relief during the Spring allergy season; however, indoor levels of some pollutants may be two to five times higher than outdoor levels, according to the Environmental Protection Agency. In fact, the inside of the home can be a breeding ground for allergens, which may cause irritation of the eyes, nose and throat, as well as congestion and itchiness to those with sensitivities.

To help reduce allergens in the home, improve ventilation by running the air conditioner in warmer months to keep humidity levels lower. Also, if you have a forced air system, use a high performance filter to help remove particulate matter, mold spores and pollen, and change the filter every three months. Carpeting can attract indoor dirt, pet dander and mold spores, which can get kicked up and become airborne, so instead lay washable area rugs whenever possible. Finally, avoid bringing outdoor allergens indoors by removing your shoes before you enter the home.

Treatment can be cost effective

More than 50 million people in the United States suffer from asthma or allergies, putting them near the top of the charts for chronic diseases.

Asthma alone accounts for nearly 500,000 hospitalizations and more than two million emergency room visits each year. Much of this suffering and many of these hospital

costs could be avoided with proper disease management, according to the American Academy of Allergy, Asthma & Immunology (AAAAI).

"One of the first steps to controlling asthma and allergies is finding the right medical support," said AAAAI Executive Vice President Thomas B. Casale, MD. "Proper diagnosis and management of these conditions positively impacts quality

of life as well as overall health care costs."

An allergist/immunologist, often referred to as an allergist, is a physician with the unique skills and experience to effectively and efficiently diagnose and treat allergy, asthma and immune disorders.

Becoming an allergist requires years of specialized training. Following medical school, an allergist has

three years of residency education in internal medicine or pediatrics.

After becoming an internist or pediatrician, an allergist completes at least an additional two years of study in an allergy/immunology training fellowship program. In order to become a board certified allergist/immunologist, physicians must have passed the exam of either the American Board of Internal Medicine or

the American Board of Pediatrics and then passed the certifying examination of the American Board of Allergy and Immunology following their training fellowship.

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How to find help for hay fever

■ Question:

Is there a cure?

Answer: No, but a personalized approach to treatment can ease symptoms.

From 2000 to 2005, the cost of treating allergic rhinitis almost doubled from \$6.1 billion (in 2005 dollars) to \$11.2 billion. More than half of that was spent on prescription medications.

Spring brings green grass, budding flowers and blooming trees—but for millions of people with seasonal allergic rhinitis (hay fever), this seasonal change brings sneezing, runny nose, congestion or an itchy nose, throat, eyes or ears.

These allergic reactions are most commonly caused by pollen and mold spores. Generally, the entire pollen season lasts from February or March through October. Wind-borne pollen

from trees is the first on the scene, followed by grasses and then weeds. In warmer places, pollination can be year-round.

The weather can affect the amount of pollen in the air at any time. Allergy symptoms are often less prominent on rainy, cloudy or windless days because pollen does not move around during these conditions.

Molds are tiny fungi related to mushrooms but without stems, roots or leaves. Much like pollen, their spores float in the air. Outdoor mold spores begin to increase as temperatures rise in the spring and reach their peak in July in warmer states and October in the colder states. They are found year-round in the South and on the West Coast.

Some people think that moving to another area of the country may less-

en their symptoms.

However, many pollen and molds are common to most plant zones in the United States, so moving to escape allergies is not recommended. Also, because allergic conditions can be genetic, people are likely to find new allergens to react to in new environments.

Treatment

Millions of work and school days are missed each year due to the misery of allergic rhinitis or the drowsy, dizzy side effects brought on by trying to treat the symptoms with sedating antihistamines.

Although there is no cure, people do not have to choose between their symptoms or the unintended consequences of certain over-the-counter medications. An allergist/immunologist can successfully diagnose exactly

which pollens or molds are causing the symptoms and provide an appropriate treatment plan.

This personalized approach to targeted treatment may include prescribed medications. These include: non-sedating antihistamines, anti-leukotrienes, decongestants, nasal corticosteroids or antihistamines, or eye drops.

If symptoms continue, an allergist may recommend allergy shots, or immunotherapy. This involves receiving regularly scheduled injections, which help the immune system become more and more resistant to the specific allergen.

According to the National Institute of Allergy and Infectious Diseases (NIAID), almost 85 percent of people with allergic rhinitis will see their hay fever symptoms, as well as their need

for medication, drop significantly within 12 months of immunotherapy treatment.

One of the best measures for controlling rhinitis is to avoid exposure to the allergen causing the symptoms. That means monitoring pollen and mold counts in your region of the country.

The National Allergy Bureau (NAB) is the nation's only pollen and mold counting network certified by the American Academy of Allergy, Asthma & Immunology (AAAAI). As a free service to the public, the NAB compiles pollen and mold levels from nearly 80 certified stations across the nation. You can find these levels at www.aaaai.org/nab.

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The "eyes" have it

Ocular allergies may be more common than nasal allergies in some areas, especially in the southern United States. And, while most people treat nasal allergy symptoms, they often ignore their itchy, red, watery eyes.

People with seasonal allergic conjunctivitis (inflammation of the outermost layer of the eye and inner surface of the eye lids) experience these eye symptoms at certain times during the year—usually from early spring into autumn when outdoor pollen counts are high. Those with perennial allergic conjunctivitis are susceptible at any time of year due to indoor allergens such as pets and dust mites.

Symptoms may appear quickly, soon after the eyes have come into contact with the allergen. The most common symptoms occur when the eyes become irritated, the capillaries (small blood vessels) widen and the eyes become pink or red. Other symptoms include swollen eyelids, a burning sensation, sore or tender eyes. This almost always involves BOTH eyes.

"As with any allergy, the first step is to get an accurate diagnosis from an allergist/immunologist. From that point, a treatment plan can be developed," according to Mark Ballow, MD, president of the American Academy of Allergy, Asthma & Immunology.

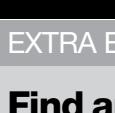
Over-the-counter (OTC) eye drops and antihistamines are commonly used for short-term relief. However,

they may not relieve all symptoms, and prolonged use of some OTC eye drops may actually make symptoms worse.

Prescription eye drops provide both short- and long-term relief of eye allergy symptoms. They may also be

used in conjunction with an oral antihistamine to manage nasal allergy symptoms.

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EXTRA EXTRA

Find an allergist

The AAAAI Web site hosts a "Find an Allergist/Immunologist" referral service. This referral directory lists practicing members of the AAAAI by location and specialty. The directory can be accessed in English or in Spanish. In order to become a member of the AAAAI, physicians must meet strict credentialing criteria.

SOURCE:
www.aaaai.org/physref/

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NEWS

People with asthma often describe an exacerbation as if they are a fish out of water, unable to catch a breath. **It can be frightening.** But it many instances, it can also be avoided.



EXTRA EXTRA

National Allergy Bureau

The National Allergy Bureau™ (NAB™) is the section of the American Academy of Allergy, Asthma and Immunology's (AAAAI) Aeroallergen Network that is responsible for reporting current pollen and mold spore levels to the public.

The Aeroallergen Network is comprised of pollen and spore counting stations staffed primarily by AAAAI member volunteers who generously donate their time and expertise. The NAB currently provides the most accurate and reliable pollen and mold levels from approximately 78 counting stations throughout the United States, two counting stations in Canada, and two counting stations in Argentina. The stations use air sampling equipment to collect airborne pollen and spores which are then examined microscopically. This information is also used for research to aid in the diagnosis, treatment and management of allergic diseases.

Pollen and mold levels are electronically forwarded to local, regional and national media outlets whenever levels are updated by stations as requested by the media outlets.

SOURCE:
www.aaaai.org/nab

How to avoid asthma flare-ups

"Asthma cannot be currently cured and therefore, the goal of asthma therapy is control," reports allergist/immunologist Michael Schatz, MD. As chief of allergy at Kaiser Permanente in San Diego, Dr. Schatz sees plenty of asthma attacks that could have been avoided by proper use of medications.

Rescue medications

There are two general classes of asthma medications: quick-relief or rescue medications, and long-term controller medications.

Short-acting beta-agonist bron-

chodilators are used as quick-relief or rescue medications. If you have asthma, the smooth muscle surrounding your airways can tighten, making it hard for you to breathe. These medications relax this muscle, improving air flow and helping you breathe.

"Some patients feel their asthma is controlled if using rescue medications several times a day reduces their symptoms," said Dr. Schatz. "However, true asthma control means that patients only infrequently have symptoms that require their rescue inhaler."

Long-term control medications

Long-term controller medications are important for many people with asthma, and are taken daily to control airway inflammation and prevent symptoms in people who have frequent asthma symptoms.

Inhaled corticosteroids are the most effective long-term control medications. Leukotriene modifiers are another effective class of long-term control medications. Long-acting beta-agonists bronchodilators, such as salmeterol and formoterol, are also used for long-term control of

asthma. Current recommendations are for them to be used only along with inhaled corticosteroids.

One type of long-term medication may be right for one individual and not as effective in another. Additionally, asthma medications need to be adjusted as the patient and the patient's asthma symptoms change. Together, you and your allergist can work to ensure that asthma interferes with your daily life as little as possible.

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Recent safety issues raised by the U.S. Food and Drug Administration (FDA) regarding the use of **long-acting beta agonists (LABAs)** have generated confusion and concern for both asthma sufferers and physicians.

Understand your asthma medications

The FDA recommended that LABAs never be used as sole therapy for asthma, and they urged patients to "step down" from LABAs once symptoms are under control.

LABAs are long-term controller medications that open the airways and are typically taken on a daily basis. When prescribed in combination with inhaled corticosteroids (ICS), these medications can be very effective in controlling frequent asthma

symptoms.

The American Academy of Allergy, Asthma & Immunology (AAAAI) agrees with the FDA that LABAs should not be the sole medication for treating asthma; however the FDA statement about when to step down is not necessarily consistent with recommended asthma guidelines.

So, when is the right time to begin "stepping down" your asthma controller medications? According to

the AAAAI and allergists/immunologists, prescribing the minimum amount of medication necessary should be a goal. Yet this must be balanced against the risks of potential adverse consequences, such as severe or life-threatening asthma exacerbations.

If you are concerned about your medications, talk to your allergist/immunologist about your treatment plan and the correct use of LABAs. By

closely monitoring your condition, you and your physician can ensure that your asthma does not interfere with your daily life. For more information on asthma and safety precautions, visit www.aaaai.org/members.

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The concept of teaching your child about how to live with a chronic condition may seem overwhelming, but when it comes to controlling asthma, everyone needs to be on the same page regarding identifying asthma triggers and using medications.

Just for kids

How you teach your child depends upon age, but the keys are balancing freedom with supervision and helping children understand that chronic disease does not define or limit who they are.

Toddlers won't connect with lengthy explanations, but they like to play-act. You can mimic asthma treatments with a stuffed toy or doll, or download coloring books or puzzles such as those found within the Just for Kids section of www.aaaai.org.

Preschoolers will be able to understand how the lungs function and what happens during an asthma attack. The American Academy of Allergy, Asthma & Immunology (AAAAI) offers an illustrated storybook on asthma which parents and children can read together. Kids in this age group are also old enough to begin to realize what triggers their symptoms, although this won't necessarily mean that they avoid these triggers.

School-age children are more able to identify and understand asthma triggers, risks and treatment. Now is typically a good time to let them participate in taking their medication, under close supervision. They respond well to video games and hands-on learning with diagrams and photos. They can view inspirational videos of professional athletes with asthma at www.aaaai.org.

Adolescence marks the child's active involvement in an asthma management plan. Teens should actively participate in monitoring their condition, medication and goal setting. Parents should stress the consequences of failure to manage asthma.

Whatever the age, children with asthma should not fear participating in most sports or exercise.

According to Jack Becker, MD, chair of the AAAAI Sports Medicine Committee, children of all ages should get activity on a regular basis, as it helps

with their physical, social and psychological well being. "A child who can not play due to his asthma is excluded from many social interactions as well as loses the opportunity to establishing important tools about learning how to interact with others," Becker reports.

"Under the supervision of their allergist, virtually all asthma patients should be able to participate in physical activity. Some patients will need more or less therapy to achieve this goal safely," he concludes. Uncontrolled asthma can not only limit activity, but also potentially have serious if not deadly consequences.

Whether a child with asthma simply wants to play tee ball or dreams of becoming a professional athlete, it all starts with asthma education.

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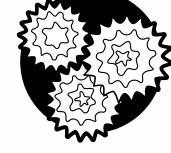
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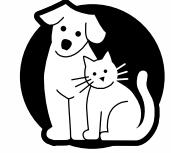
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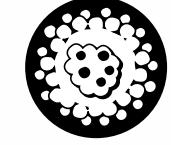
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