



The Wheezing & Sneezing Times

Academy Allergy, Asthma & Sinus, P.C.



Spring Has Sprung...So Have Your Allergies!

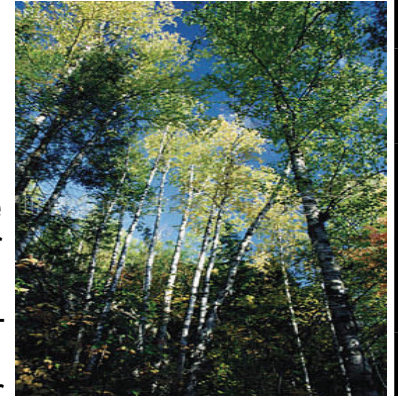
Points of

Interest:

- What do you really know about your health care providers? Take a look at our physician and nurse practitioner biographies.
- Have you looked under the patient education tab? We have included a wide range of information for the conditions that we often diagnose and treat. Check it out **today!!!**

Ah, spring...

The sun is bright, flowers are in bloom, leaves are appearing on the trees and the pollen count is high. That's right, with the beauty of spring comes sneezing, itching, runny nose and watery eyes. Now is the time to start taking your allergy medication. Whether you take an antihistamine like Claritin, Clarinex, Allegra, Zyrtec or a nasal spray like Flonase, Astelin, Nasonex, Nasacort, Rhinocort or Singulair, these medications will help control your allergy symptoms. Your body releases histamine when it comes in contact with allergens such as tree, grass or weed pollen. This is your body's way to fight off intruders (the allergen) leaving you miserable. Antihistamines work by blocking the release of histamine, thereby stopping allergy symptoms. Singulair works by blocking leukotrienes and nasal steroids work by blocking inflammation in the nose.



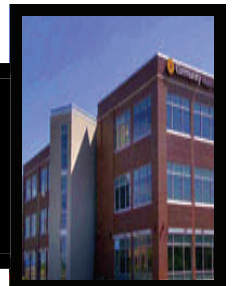
Other ways to control outdoor allergies include:

- Keep your windows closed at home and in the car.
- Stay indoors when the pollen counts are high (you can track updated pollen counts on our website).
- Avoid hanging laundry outside when pollen is in the air.
- Take a shower before going to bed to get the pollen off of your body and out of your hair.
- Change the furnace filter frequently.

With a combination of allergy medication use and environmental controls, you should be able to achieve full relief from your spring allergies. If your allergies are not controlled with these measures, you may benefit from receiving allergy injections.

Olio Road Office

We now have two Fishers locations. Our main office remains in the Community Health Pavilion on Parkside Drive. Our second office is located in the Community Medical Pavilion located off of Olio Road. Please call our main office at 317-621-2455 to set up your appointment for either location. Directions can be obtained by clicking on the directions tab.



ATTENTION METERED DOSE INHALER (MDI) USERS!

The Montreal Protocol on Substances That Deplete the Ozone Layer is an international treaty designed to protect the ozone layer by phasing out the production of a number of substances believed to be responsible for ozone depletion. (Wikipedia) One of the “harmful to the ozone” substances is chlorofluorocarbons (CFCs) which have been used as an aerosol propellant in many products including MDIs. It is predicted that by mid-summer, products containing CFCs will no longer be available and it is mandated that by January 1, 2008, products containing CFCs will no longer be legally produced or sold. In fact, MDIs containing hydrofluoroalkane (HFA), which is an “ozone safe” aerosol propellant, are already available at the pharmacy.

So, how does this affect you as a MDI user?

1. MDIs containing HFA are NOT available as generic products and thus will have the same prescription co-pay as all other non-generic drugs. The increase in cost to you will vary depending upon your prescription coverage plan.
2. You may notice a slight change in taste when using the MDI with HFA as compared with the MDI with CFCs.
3. Both CFC and HFA MDIs are equally effective and thus your medications will still work the same for you!
4. The propellant force is not quite as strong with HFA as it is with CFCs. Those of you who use an aero-chamber (spacer) will not notice a difference. MDIs listed below should always be used with a spacer.

Here is a list of MDIs that will be affected:

1. Albuterol
2. Proventil
3. Ventolin
4. Atrovent

Note: Xopenex HFA was never available with CFCs.

Now what do you do?

There is no special action required for you. Please contact your physician with any questions or concerns.



Announcement!

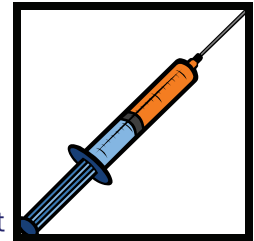
Have you noticed the updated announcements on our website?

Keep an eye on the announcement section of our website for updated announcements on topics such as this!



What are allergy shots?

Immunotherapy, known as allergy shots, is a common treatment for allergic reactions to environmental agents such as tree, weed, and grass pollen, house dust mites, pet allergen, mold and insect venom. Immunotherapy involves the administration of the allergen to which the patient is allergic, in gradually increasing doses. This process is specific and individualized to each patient according to his or her allergy test results. The patient receives only the allergen(s) that he or she is allergic to. Allergy shots work by gradually causing the immune system to become less "sensitive" to a specific allergen. Allergy injections induce a state of immune tolerance to the allergen, thereby making the person less allergic. This is in contrast to allergy medications which just cover up the symptoms.



Allergy injections are normally recommended once a week until a maintenance (high) dose is achieved. Allow about 30 weeks to obtain maintenance dose, after which injections can be administered every 2-4 weeks. The duration of immunotherapy may be three to five years, sometimes longer.

Immunotherapy can also be effective in the prevention and treatment of allergic asthma. Immunotherapy can help relieve the allergic reactions that trigger asthma episodes. This may improve lung function and decrease the need for asthma medications.

Allergy shots help many with environmental allergies to lead a symptom-free life without the use of medications.

Exercise-induced asthma...

With spring comes the annual running of the Indianapolis mini-marathon. Approximately 20 million Americans suffer from asthma symptoms in association with strenuous activity. Exercise-induced asthma may lead many to believe that they are not able to participate in such a high-endurance activity as the mini-marathon. But, with proper asthma management and control, even those diagnosed with exercise-induced asthma can participate in an event such as this.



What is exercise-induced asthma? People with exercise-induced asthma have airways that are overly sensitive to sudden changes in temperature and humidity, especially when breathing colder, drier air. During strenuous activity, people tend to breath through their mouths, allowing the cold, dry air to reach the lower airways without passing through the nose, which normally warms and humidifies the air. Symptoms may include wheezing, chest tightness, coughing and chest pain. This condition is characterized by difficulty in breathing within 5-20 minutes of exercise.

Treatment can be established by using prescribed inhaled or oral medications prior to exercise. In addition to medications, a warm-up period before exercise and a warm-down period after exercise may prevent air in the lungs from changing rapidly from warm to cold and may prevent the symptoms of exercise-induced asthma.

Pursed (narrowed) lip breathing may also help.

According to a recent study, at least one in six athletes representing the United States in the 1996 Olympic Games had a history of asthma. (American Academy of Allergy, Asthma & Immunology). Even if they are not striving to win a medal, almost all people with exercise-induced asthma should be able to exercise to their full ability with appropriate diagnosis and treatment.

The mini-marathon may be full for this year's race, but it is never too late to start training for the 2008 mini-marathon. It is possible for everyone, even those with asthma, with proper treatment and control to participate in this race.

*Tracy Donabue, FNP
Damir Matesic, MD
David Patterson, MD*

