



The Wheezing & Sneezing Times

Academy Allergy, Asthma & Sinus, P.C.



Household Chemicals and Asthma

Reminders:

Watch for the latest **pollen counts on the right side of our website.*

If you take a **seasonal anti-histamine, now is the time to start taking it!*

Bargain inhaler! Is it really a bargain? Wal-Mart and Sam's Club are selling new HFA asthma inhalers called Relion for just \$9 per inhaler. Sounds like a bargain right? Wrong! This inhaler only contains 60 doses of medication compared to the 240 doses that most other inhalers have. In the end, you will end up spending 2-3 times what you will spend on your prescribed inhaler. If it sounds too good to be true...it probably is!

What **services can we offer to improve our office? We want to hear from you!*

**Let us know: Do you like our newsletter? How often do you read it? What topics would you like see discussed? Overall, is it helpful? Let us know!*

Every home has them, household chemicals. Many of these chemicals are volatile organic compounds (VOC). VOCs are certain solid or liquid compounds that are converted to a gas at room temperature making it easy to breathe the compounds into the lungs. VOCs are emitted by products used in homes, offices, arts, crafts and hobbies. They include: hairspray, scented shampoo, cosmetics, chlorinated water, building materials furnishings, gasoline, dry cleaning fluids, household cleaners, pesticides, paint, room fresheners, computer equipment, inks, toners, correction fluid, glues, permanent markers and photographic chemicals. The highest concentration of VOC is found in new homes and new buildings.

Why worry about VOCs? Adults who have been exposed to cleaning chemicals have been shown to have a greater risk of developing asthma. Now, new research proves that even pre-natal exposure to household chemicals is linked to an increased risk of asthma in children. British researchers found that young children whose mothers frequently used household chemicals during pregnancy were at greater risk of wheezing. The more often their mothers used these household chemicals, the greater the odds that the child would develop a wheezing problem by age 7.



How do I reduce my exposure to VOCs? VOC exposure reduction can be controlled by following these steps:

- Use latex based paints designated as "low VOC".
- Replace household cleaners with an all-purpose cleanser such as baking soda.
- Store food in glass instead of plastic containers.
- Allow plastic products or dry-cleaned clothes to air before bringing them into the home.
- Replace carpeting and underlay with hardwood flooring (vinyl releases VOC) which can be cleaned with water and vinegar if finished with polyurethane.
- Use unscented products.
- Avoid storing newspapers or grocery bags inside the home.
- Minimize the use of upholstered furniture.
- Store all paints, strippers, caulking agents, waxes, finishes, pesticides, fungicides, etc. away from the home.

Once recognition of VOCs is accomplished, eliminating or controlling them will help control and/or reduce the risk of developing asthma.

Jennifer Mierau, RN, AE-C





YELLOW ZONE



The New Yellow Zone

YELLOW ZONE



Did you know the most common symptom of asthma is not wheezing or shortness of breath? The most common symptom of asthma is *cough*. What may seem to be a simple cough, or annoyance to some, has the potential to blossom into a full blown asthma flare, ending in the emergency room visit. The **Yellow Zone** of your Asthma Action Plan is specifically designed to alert you of symptoms warning that your asthma may be worsening or is out of control. It lists the medications prescribed to you with instructions of when and how to take them to treat those symptoms and hopefully keep you out of the emergency room.

The National Asthma Education and Prevention Program (NAEPP) issued new guidelines in 2007 stating that the most effective treatment for patients in the **yellow zone** is a short burst of oral corticosteroid (Prednisone, Orapred, Medrol, Pediapred or Prednisolone) if their symptoms are not responding to their rescue medication.

We at AAAS have incorporated these new guidelines into our Asthma Action Plan by providing our patients with a prescription for Prednisone or Orapred issued at their regular check up visit *to be kept on hand* until needed in the **Yellow Zone**. It is extremely important each patient understand when to fill and use this prescription.

Coughing, wheezing, shortness of breath with or without exertion, or chest tightness are all symptoms of the **Yellow Zone**. If your asthma is under control, you are in the **green zone** and should not be experiencing any of these symptoms. Any one of these symptoms is like a **red** warning light on the dashboard of your car, alerting you that something is wrong and you need to take action. At the first sign of *any* of these symptoms, you are cautioned to take action by *using your rescue medication regularly every 4 hours*. Your individualized Asthma Action Plan will denote what your rescue medication is: Albuterol (Proventil, ProAir, Ventolin), Xopenex, Maxair or Atrovent, or Albuterol nebs.) Your rescue medication should work within 5-10 minutes and last for about 4 hours.

In the **Yellow Zone**, *it is crucial* to **continue** using your rescue inhaler *every four hours* while awake and in the night if you are awakened with asthma symptoms. You need to continue to use your rescue inhaler every 4 hours *for at least 24 hours*. **If your symptoms are responding**, i.e. your cough is controlled for 3-4 hr and your chest tightness lessens; then *continue* using your rescue medication every 4 hours *every day* until your symptoms have completely resolved. You will know when to stop using your rescue medication when you can go a complete full 24 hours without any chest symptoms.

If your symptoms are not controlled with regular use of your rescue inhaler, *contact our office* for an appointment. You may need changes in your daily medication regimen. Or you may need the recommended oral steroid to prevent your asthma symptoms from worsening. In either event you would *need to be evaluated* by one of our practitioners to determine what you need at that moment.

If your symptoms do not respond after 24 hours of regular use of your rescue inhaler **and it is a weekend or another day when our office is closed**, this is when you fill the prescription and begin taking Prednisone. Filling *this prescription does not preempt an office visit*. If you need to start this medication, we ask that you call our office the first business day to schedule an appointment. This way our practitioners can examine you and evaluate what treatment is *still required* to bring your asthma under control. So whenever you get that prescription filled on a weekend, your next step should be to call our office for an appointment.

Next time you cough, take time to consider: Am I in the **Yellow Zone**? Do I need to start using my rescue medication? You may then find yourself spending less time being sick with your asthma under control and prevent any unwanted trips to the emergency room.

Sandee Falk, RN, AE-C

The New St. Vincent Northeast Office

In November of 2008, Dr. Patterson expanded his practice by opening a new office in the new St. Vincent Medical Center Northeast (located off of Olio Road). Dr. Patterson has the ability to see new and established patients at the new St. Vincent Northeast office. This office is open Thursday afternoons from 1:00pm to 4:45pm and is located in Suite 301. Unlike our Parkside office, we do not give allergy injections; you will still need to go to Parkside to receive your injections. If you are given orders for blood work or x-rays, the St. Vincent Medical Center does have a lab and x-ray capabilities. In case of an emergency there is an Emergency Department located on the main floor.

As a reminder to our patients, Dr. Patterson is affiliated with multiple hospitals including St. Vincent, Community and Clarian North.

Currently, there is some minor road construction in front of the St. Vincent Medical Center, but if you follow the blue St. Vincent signs you will find your way to the front door. If you are having difficulties finding the office please call us or visit our website where we have directions and a map. Wanting to see Dr. Patterson at the St. Vincent office? Give us a call and we would be happy to schedule an appointment. Come see us at our new office!

Meghan Myers, Front Office Assistant



Exercise-Induced Asthma Influenced By Sweat, Tears and Saliva



If you are an athlete that can produce adequate amounts of sweat, tears and saliva, you don't need to worry about having exercise-induced asthma. At least, that's what researchers of a recent study have found.

Cold, dry air inhaled during exercise can stimulate bronchospasm, a condition that causes the symptoms associated with exercise-induced asthma. The water within the airways that is lost during exercise needs to be replenished to avoid these bronchospasms. Since fluid loss is greater in cold air, exercise-induced asthma occurs more often during the winter months or when athletes are exposed to cold, dry air. Researchers have found that the same mechanism that makes you sweat controls airway secretions. If you can sweat, you can replenish the water that is lost during exercise, avoiding bronchospasms and exercise-induced asthma.

The study also concluded that sweat secretion is also linked to saliva and tear production. The ability to produce sweat, saliva and tears may become a marker to identify if a person can replenish respiratory fluids and maintain humidity in the airways.

Exercise-induced asthma produces asthma symptoms in otherwise healthy individuals during exercise or physical activity. It produces symptoms such as coughing, wheezing, and chest tightness. Individuals experiencing these symptoms should consult their physician. Exercise-induced asthma is commonly controlled with use of a rescue inhaler prior to exercise or physical activity.

As researchers stated, "during their training athletes may sweat, drool, or cry; at least they will not gasp."

(Reference: *Chest*. 2008; 134: 552-558)

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