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Allergy & Asthma Newsletter

Food Allergy Action Plan Can Keep Kids From Harm

Parents, teachers and school staff need to take measures to ensure the safety of the more than 2.2 million American students with food allergies, says the American Academy of Allergy, Asthma & Immunology.

"Open and frequent communication between parents and school staff is a key ingredient to keeping food-allergic students out of harm. It takes a partnership to establish effective avoidance strategies and emergency plans," Dr. Michael Pistiner, a member of the AAAAI Adverse Reactions to Foods Committee, said in an academy news release.

The AAAAI offers a checklist of safety tips and a sample food allergy action plan to assist parents and school staff as they prepare for the new school year. Among the tips:

- Inform the school cafeteria, teachers and other staff of what foods your child must avoid. Pack bag

lunches. Your child should avoid classroom snacks and refrain from sharing food with friends.

- When there's a classroom party, provide your child with safe snacks he or she can eat during the party.
- Push for "no eating" policies on buses and in other settings where there's no supervision of children.

Pistiner, whose own nut-allergic son enters kindergarten this fall, added another important tip.

"Parents should be aware of expiration dates and keep in contact with their allergist to insure that all medication, especially self-injectable epinephrine, is replaced prior to expiration," he said.

More information

Visit the American Academy of Allergy, Asthma & Immunology for more on food allergies and their management at <http://www.aaaai.org/patients/gallery/foodallergy.asp>.

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When Your Pet Makes You Sneeze

Almost seven in 10 American homes have one or more pets. But 10 million of these pet owners are allergic to their beloved cat or dog. Are you one of them?

Many pet owners put up with allergies or even asthma attacks triggered by their beloved pets. Pets shed dander, or skin flakes. When dander becomes airborne, it can trigger an allergic reaction or asthma attack in some people. But there are things you can do to help manage allergies and asthma triggered by pets.

Remove the pet or control the allergens

Asthma is potentially life-threatening, and sometimes you have to give up your pet to protect your health. Finding a new home for your pet can be tough, but it is the best way of removing pet allergens from the home if you have asthma attacks or severe allergic reactions to your pet.

But many people with less severe allergies prefer to keep their pet and try to get rid of pet allergens in other ways. This may include thorough cleanings or the use of an air filter. There is conflicting evidence about whether you can reduce the amount of pet allergen in the home, still keep your pet and help control asthma and allergic reactions.

Talk to your doctor to find out what is best for you. You may come up with a compromise. If so, try out some of these tips to help cope with your pet allergies.

- Ban pets from the bedroom. Keeping pets outside the bedroom can reduce needless suffering since people spend about a third of each day in this room.
- Clean the air. Pet dander is buoyant and floats freely, so you can use electrostatic or HEPA air cleaners to remove unwanted allergenic particles, especially cat dander. It may take six months after the pet has been removed to completely rid the home of cat dander.
- Close but not too close. Avoid hugging or kissing pets.
- Stay away from the litter box. Don't let people with allergies handle litter boxes. Place the boxes away from areas of air filtration intake vents in homes with central heating and air-conditioning.
- Wash up! Wash your hands after handling or touching a pet. This will help avoid spreading the dander.
- Cover up. Consider placing plastic covers on the couch or other upholstered furniture. Pet allergens may be found where the pet sleeps or rests.
- Keep pets clean. Wash your pet weekly. Have a non-allergic person brush the pet regularly, outside of your home.

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Allergy Shots May Help Relieve Symptoms

You've been sneezing. Your nose is running and your eyes are red. That antihistamine you took works ... sometimes.

You're probably one of over 55 million people in the U.S. with allergies to things in the air like pollen, mold, dust mites or animal dander. If you're wondering what can be done to gain some relief, allergy shots - also called immunotherapy - may be right for you.

Allergy shots are often an effective way to manage the allergic forms of:

- Rhinitis (itching, swelling and mucus production)
- Conjunctivitis (eye symptoms)
- Asthma
- Insect sting reactions

Good management of allergic rhinitis, the most common reaction to allergens, is extremely important. It is the sixth leading cause of chronic disease in the U.S. and leads to about 16.7 million doctor visits each year.

The good news is that allergy shots may prevent people with this form of allergies from getting asthma and may help may prevent future allergies.

What are allergy shots?

Immunotherapy uses the body's own natural defenses to cut down on overreactions to certain substances. The shots also help to minimize or eliminate the need for medications.

Allergy shots are a series of injections that contain very small amounts of the substance that you're allergic to. The amount of that substance increases little by little in shots over time.

One shot can be given for each allergy. The shots are usually given once a week for about 30 weeks. The frequency may then be cut to once every two weeks, then every four weeks. This therapy may continue for three to five years, but can go longer.

After you get your shots, you must wait at the doctor's office for at least 20 minutes. This is to make sure you don't have any severe reactions.

You need to make your doctor aware of your health before every injection. If you are sick, especially with asthma or breathing problems, your shots may need to be delayed.

Between 80 percent and 90 percent of people have fewer allergy symptoms after a course of allergy shots. There are also many cases when allergies subside completely after a strict allergy shot regimen.

How do I start?

You will need a thorough medical evaluation with:

- A detailed history
- Physical exam
- Blood and/or skin tests

Some drugs, most notably antihistamines and beta-blockers, can interfere with the skin tests. Your doctor should let you know if you need to change your medicine routine before tests.

There are two types of skin tests. Most commonly, the doctor will take a drop of an allergen and expose you to it through a prick on your back or forearm. Many allergens may be tested at the same time. If you are allergic to one of the substances, redness and swelling will show at the test spot.

The other skin test involves injecting a small amount of an allergen under the skin with a syringe. The doctor will monitor closely for any reactions.

Reactions from both tests usually appear within 20 minutes. Redness, swelling, itchiness and bumps may develop. These reactions should go away within a few hours. If you get a reaction a few hours later, you should report it to your doctor right away.

Your tolerance to the allergens won't happen right after the shots, but many people do start to feel better quickly. Given time, allergy shots can help you live a healthier, more productive life.

What to Ask Your Doctor If You Have Asthma

According to the U.S. Centers for Disease Control and Prevention, the number of asthma sufferers has grown from 6.7 million in 1980 to 20.5 million in 2001, making asthma one of the leading public health problems in the United States today. Asthma does not have a cure, but you have highly effective ways to control symptoms. If you've recently been diagnosed with asthma, here are some questions you may want to ask your physician. Choose the five most important questions. Your doctor might not have time to answer all your questions. Ask for any brochures that your doctor may have.

- What triggers an asthma attack?
- What steps can I take to prevent an asthma attack?
- Will I have asthma for the rest of my life?
- Will my asthma worsen as I get older?
- What are my chances of dying from an asthma attack?
- What is the best therapy available to manage asthma?
- Will I need respiratory therapy?
- Will I need to carry my asthma inhaler all the time?
- Are there any adverse side effects to the asthma medication I'll be taking?
- Will I need to take medication every day or just when I experience asthma symptoms?
- Are there any prescription or nonprescription drugs I should avoid to prevent an adverse reaction with my asthma medication?
- Is there a drug I can take to prevent an asthma attack if I know I'll be coming into contact with one of my asthma triggers?
- Is it possible to manage asthma without medication?
- How long does a typical asthma attack last if it goes untreated?
- Will I have to get rid of my pets?
- Will I need to avoid high elevations?
- Will I need to change my diet?
- Will losing weight reduce my risk of having an asthma attack?
- Are the nonprescription asthma inhalers any good?
- Are there changes I can make in my home or work environments to reduce my risk of having an asthma attack?
- Are there any breathing or relaxation exercises I can do to help me cope with asthma?
- Will I need to limit my physical activities or avoid physical exertion now that I have asthma?
- What should I do if I have an asthma attack but don't have my medication with me?
- Should I avoid secondhand smoke?
- Should I avoid certain foods or alcoholic beverages?
- Can you provide resources to educate my family and friends about asthma?
- Can you refer me to an asthma support group in my area?
- Are researchers likely to find a cure for asthma in the not-too-distant future?

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The Youngest Victims of Secondhand Smoke

Being exposed to secondhand smoke puts young children at risk for many illnesses. Birth defects, ear infections, respiratory problems, asthma and sudden infant death syndrome (SIDS) are just a few of them. Because their young bodies are still developing, children are defenseless against the chemicals in secondhand smoke.

Respiratory tract infections caused by secondhand smoke are responsible for 7,500 to 15,000 hospitalizations each year. It also causes severe asthma symptoms, including more frequent asthma attacks. This affects between 200,000 and 1 million children each year.

The bottom line is that there is no risk-free level of secondhand smoke. Homes need to be completely smoke-free to protect infants and children.

How do you create a smoke-free environment for your child?

Follow these tips from the Surgeon General:

- Don't smoke in your house or car. Don't allow others to, either.
- Ask people not to smoke around your child.
- Until you quit, smoke outside. Even if you open a window or go to another room, your child is not protected from secondhand smoke.
- Teach your child to keep away from secondhand smoke.
- Check to make sure that your child's school and/or day care center is completely smoke-free.

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The Open Airways for Schools Program

The American Lung Association believes its program Open Airways for Schools (OAS) can be a vital step in helping to mobilize community response to the needs of children with asthma. Since the program started in 1996, over 400,000 children in more than 30,000 elementary schools nationwide have learned how to manage their asthma, decrease their asthma attacks and better teach their parents new asthma management skills. Studies show the program works. The OAS program is approved and endorsed by the National Association of School Nurses and listed as a proven effective intervention by the Centers for Disease Control and Prevention. The program was awarded the Health Education Research Award from the National Asthma Education Prevention Program in 1992.

Here are some facts about it:

- Through six 40-minute lessons taught by trained volunteers, the interactive approach uses group decision, stories, games and role-playing to help children learn.
- The program teaches children ages 8 to 11 how to detect the warning signs of asthma, including the environmental factors that can trigger an attack.
- Children who participate in OAS have fewer and less severe asthma attacks, improve their academic performance, have more confidence in their ability to take more steps to manage their asthma, and exert greater influence on their parents' asthma management decisions.
- Children engaged their parents at home with assignments from the asthma classes and effectively influenced their parents.
- By following the program, school environments became more supportive: Children without asthma were more willing to help children with asthma, and children with asthma were able to empathize and give support to each other.

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