



Allergy Shots Make More Sense for Many Reasons

by Jeffrey A. Wald, MD



Sublingual immunotherapy, or SLIT, is a form of immunotherapy that involves putting drops of allergen extracts under the tongue—referred to as “allergy drops”—on a daily basis.

You may have heard of this alternative to allergy shots, but what you might not know is sublingual immunotherapy is not approved by the Food and Drug Administration (FDA) in the United States and is not covered by most insurance companies.

Though seemingly revolutionary, it is not new. In Europe, sublingual drop therapy has been used and studied extensively for over 60 years and as many as 50 to 75 percent of allergy patients have their allergy immunotherapy in the form of drops instead of shots. In Europe it is used primarily in patients who are mono-sensitized, meaning they are allergic to only one thing. While this is relatively common on that continent, mono-sensitization is a rarity in the US. Recently SLIT has had increased interest in the United States, and though it is readily available through some doctor’s offices, it is still not approved for coverage by health insurance. Furthermore, if it is billed using the code for allergy shots, this is considered a billing error and the patient likely will be responsible for 100 percent of the charge.

“It is important to stress that most studies on SLIT are from Europe, and involve **single** standardized allergens,” states Jeffrey A. Wald, M.D., an allergist with Kansas City Allergy & Asthma Associates. “In America most patients have multiple allergy sensitizations and triggers. The drops currently available in the US are nowhere near the potency used in Europe. It is inappropriate to extrapolate the data from mono-

sensitized patients in Europe getting concentrated extracts to the average patient here with many allergies and getting lower doses.”

Dr. Wald states that KCAA has been involved in controlled trials of SLIT and oral immunotherapy in the US, part of the process required for these products to obtain FDA approval. If and when SLIT becomes FDA approved and more information is available on appropriate and safe doses, KCAA will offer this option to appropriate patients as an alternative to shots. “KCAA’s participation in these trials means that we will have experience with these products and have first-hand knowledge of the scientific data on this therapy.”

While serious and fatal reactions to SLIT have not been reported to date in Europe, side effects have included:

- Lip, mouth and tongue irritation and swelling
- Eye itching, redness and swelling
- Nausea, vomiting, abdominal cramping and diarrhea
- Sneezing, nasal itching and congestion
- Asthma symptoms

“We need to carefully assess both the efficacy and safety in the US. Another major issue is that there are very few studies on the safety and efficacy in children,” states Dr. Wald.

The benefits of allergy shots are well established in controlled studies. According to the American Academy of Allergy, Asthma & Immunology, allergy shots are effective in reducing or eliminating seasonal allergy symptoms in up to 90 percent of patients. They also decrease allergic asthma and have decreased the likelihood of developing asthma in children with allergies from 58 percent down to 23 percent.

If you believe immunotherapy would be beneficial to you, contact an allergist at Kansas City Allergy & Asthma Associates.

Dr. Wald is board certified in Allergy, Asthma and Immunology. He graduated from the University of Missouri-Columbia School of Medicine. He completed his training in Allergy, Asthma & Immunology at National Jewish Hospital in Denver and has been at KCAA since 1989. He is active in the community, teaches medical school, Nurse Practitioner and Physician Assistants students and served six years on the Asthma & Allergy Foundation of America’s national Board of Directors.

Issue Highlights

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A Night On The Town With Food Allergies



Often times, those with food allergies can find it difficult to find a balance in social situations, such as dining at a friend's house or planning a night on the town with dinner for two.

For those who are allergic to one or more foods, they may experience a reaction within seconds of contact. Reactions include breaking out in hives, itching, swelling, cramping, vomiting, diarrhea, shortness of breath and/or difficulty swallowing. Allergic reactions to foods have the potential to take a life.

Detecting the exact food that has caused your symptoms is not always as black and white as you might think and **a test alone will not suffice**. The test results must be interpreted in the context of a thorough allergy history.

If you have experienced any of these symptoms after eating, but haven't seen a board certified allergist, please make an appointment at Kansas City Allergy & Asthma Associates.

According to the Centers for Disease Control and Prevention (CDC), there are eight types of foods that account for 90 percent of all allergic food reactions in the USA: milk, eggs, peanuts, tree nuts (such as walnuts, almonds, cashews and pecans), wheat, soy, fish and shellfish.

Though many grocery shelves and restaurants are becoming sensitive to special diet needs, when dining out it's not always as simple as asking for a gluten-free menu. In fact, many

times restaurant menus don't list the ingredients and food-wary patrons have to verify that the server can give an accurate account of what is in each food item. Ask to speak to the chef or the manager. If the wrong information is given to someone with a food allergy, their reaction could be life-threatening.

Until recently, there has been no requirement for food allergy education in the United States. Slowly, that is changing. In February 2011, The Food Allergy Awareness Act will be put into play in over 14,000 Massachusetts eating establishments. They will be required to implement a new set of regulations designed to increase food allergy awareness in restaurants.

By increasing basic awareness and encouraging effective communication, some reactions may be prevented and eating out will hopefully become less stressful for those with food allergies.

When dining with food allergies, communication is key. If you have food allergies, it is imperative that you alert servers and managers before ordering. Simple dishes made from scratch are safest. Remember to always carry emergency medicine. If an allergen-free meal cannot be safely served, then avoid the risk and politely leave.

Kids Korner

Back-to-School Triggers for Allergies and Asthma

For children with fall allergies, going back to school means dealing with more than just daily homework. A child with allergies is often under attack from classroom triggers. By taking extra steps to manage your child's allergies and asthma, he or she can enjoy class time and focus on school. Having an action plan for avoiding classroom triggers will help both your child and the teacher know what to do.

Allergies and asthma account for over 14 million missed school days a year, according to the American Academy of Allergy, Asthma & Immunology (AAAAI). Depending on your child's allergic or asthmatic triggers, your child may want to skip outdoor recess when pollen or mold counts are high.

Classroom triggers include dust mites, chalk dust, animal dander from classroom pets or on students' clothing, open classroom windows, food day celebrations or indoor molds.

Parents have less control over the allergens their children may be exposed to at school than they do at home. But, by following this checklist, you will reduce your child's classroom triggers:

- Before school starts, tour the school to identify potential asthma/allergy triggers in the classrooms.
- Make sure to have an "Allergy and Asthma Action Plan" on file at school.
- Schedule a meeting with teachers and the school nurse to discuss your child's condition.
- Encourage your child to take all allergy and asthma medications in the morning before school.
- Review your child's triggers with them and encourage them to ask his or her teacher for help when symptoms worsen.
- If your child is allergic to certain foods, inform school cafeteria staff and teachers to avoid triggers and suggest safe alternatives.
- Make sure your child has all of their medications with them at school.

To keep asthma under control, it's important that your child take his or her medicine as prescribed. Skipping controller medications can make symptoms worse, and forgetting to take a prescribed medication can lead to severe flare-ups and even emergency department visits. It is important to make sure your child is receiving optimal treatment and that he or she receive a yearly check up before the start of the new school year, in order to be prepared.



Disclaimer: This article is meant for information purposes only. If a child has seasonal allergies or asthma, always consult a doctor and follow his or her directions to manage your child's condition.

COMBATING FALL ALLERGIES DUE TO RAGWEED AND MOLD SPORES



By Derrick R. Ward, MD

If the fall season has you staying indoors, avoiding environmental elements, you're not alone. For America's 60 million seasonal allergy sufferers, fall can be one of the most difficult times of the year as ragweed releases its pollen into the air and mold and fungus spores increase due to the decay of leaves and other plants.

According to the Asthma and Allergy Foundation of America (AAFA), allergies are considered the fifth leading cause of chronic disease and are a major cause of work absenteeism, resulting in nearly 4 million missed or lost workdays each year.

Sneezing, stuffy or runny nose, itchy eyes, nose and throat and trouble sleeping make life miserable for these people. AAFA reports that of the Americans who are allergic to pollen-producing plants, 75 percent are allergic to ragweed. People with allergies to one type of pollen tend to develop allergies to other pollens as well. Complications from severe allergies can include asthma attacks, chronic sinusitis and headaches.

Derrick R. Ward, M.D., a board certified allergist with KCAA, suggests seeking an allergist when: your over-the-counter pills don't work, you have a history of asthma, and/or you believe you have severe allergies.

"Seasonal allergies can be further aggravated by weather changes," states Dr. Ward. "Allergy sufferers will notice an increase in symptoms with barometric pressure, humidity and temperature fluctuations. This is particularly true for those who, in addition to allergies, also suffer from asthma."

A recent article reported that significantly more children reported asthma and allergy symptoms in Detroit area hospitals on days where humidity levels rose by more than 10% and temperatures by more than 10 degrees F according to researchers at the University of Michigan Allergy and Asthma program.

"In addition to September being peak ragweed season, this is the time of year that mold spore counts are the highest," states Dr. Ward. "To limit exposure to mold, avoid dead vegetation (leaves, cut grass, etc.) and control moisture and humidity within your home."

Monitoring moisture levels is key to preventing mold and mildew growth and the resulting allergens from forming. Removing excess moisture also protects against moisture damage to clothing, furniture and valuables and eliminates musty odors.

To minimize exposure to ragweed pollen and mold and fungal spores, Dr. Ward recommends:

- Stay indoors as much as possible, especially in the early morning when pollen is released.
- Monitor pollen counts in your area by visiting KCAA at www.kcallergy.com.
- After spending time outside, take a shower to remove pollen from your hair and skin.
- Remove shoes and jackets immediately upon entering the house to minimize the spread of pollen.
- Keep windows at home and in the car closed.
- Use air-conditioning as long as possible to clean the air and reduce moisture.

If you suffer from allergies or asthma, you should make an appointment with a board certified allergist at KCAA.

Dr. Ward is board certified in Allergy, Asthma, Immunology and Internal Medicine; he received his M.D. from Southern Illinois University in Springfield, IL. He is a life-long sufferer of allergies himself and, therefore, has great interest in teaching patients and their families about their allergies and asthma.

Allergy Answers

Q: How do I know if my insurance fits my allergy and asthma needs?

A: Depending on your health insurance, you may or may not be receiving the best coverage. It might be time to make adjustments to your current policy if it doesn't meet your medical needs. Here are a few tips to getting the best coverage for you:

Review your policy every year.

Read the fine print to make sure your policy still matches the needs of your family and that you're not paying more than you should. As an example, some insurance companies charge more for allergy testing than others.

Many individual policies exclude pre-existing conditions.

If your family has had any allergy issues in the past, it could affect coverage on a new individual policy. If you can't locate one without a waiting period, get one with a shorter waiting period.

Know which prescription drugs require prior authorization.

Be aware of which of your medications your insurance covers and the costs associated with it. Sometimes insurance companies require patients to try over-the-counter medications or their preferred medications before they'll allow authorization on medication chosen by your physician.

Understand if specialists and allergists are covered.

It's important to know exactly what your insurance policy covers. Many insurance companies may charge you more for specialty services, such as allergy testing. Review your individual policy to determine if allergy prescriptions and services are covered.

Changing your plan to fit your needs is important. Often times, you can save big bucks on deductibles by paying more monthly, which in turn could be better for your wallet. Shop around for a policy that is going to give you the most for your health dollar.



PAY ATTENTION TO THE WARNING SIGNS- Your Child May Have Asthma

If your child has recently begun coughing, has chest tightness, shortness of breath and/or wheezing, this could be the beginning of asthma. It's important that you know the symptoms and how to limit your child's exposure to asthma triggers. Early warning signs for asthma may seem like nothing more than the common cold, but pay attention because the following symptoms, when heightened, can create more than just a scare:

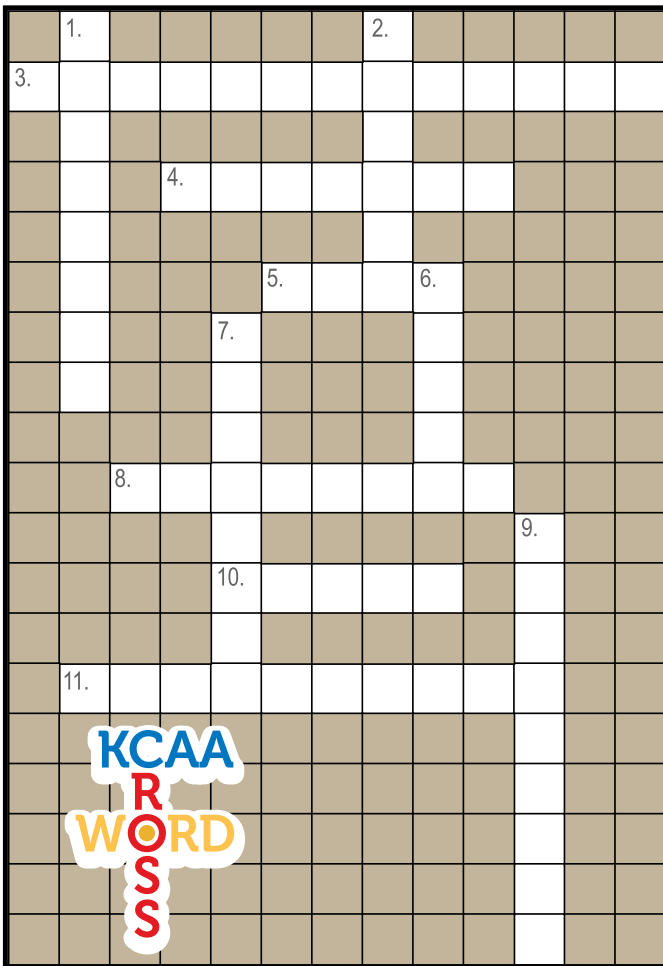
- Recurrent coughing
- Coughing or shortness of breath with exercise or not wanting to exercise
- Colds tending to go into the chest and cause a lingering cough
- Recurrent croup
- Feeling or looking tired
- Reliever medication being used more often than usual
- Difficulty sleeping because of symptoms

According to the American Academy of Allergy, Asthma & Immunology (AAAAI), asthma is the most common, serious chronic disease of childhood, affecting nearly nine million children in the United States.

Even though asthma cannot be cured, damage to the lungs can be reversed or minimized, especially if diagnosed early. Delays in diagnosis and treatment can lead to irreversible scarring of the lungs. Avoiding asthma triggers and adhering to a management plan can control severe flares or exacerbations.

Good ways to avoid an asthma attack include performing regular peak flow meter readings, or in younger children, keeping an asthma sign diary, maintaining the prescribed medication schedule, monitoring symptoms and most of all, avoiding triggers. Knowing the conditions that can trigger your child's asthma can prepare you for anything year round. Be aware of any decrease in environmental air quality (increasing pollution index), increase in the pollen or mold counts, windy or dusty conditions, high humidity and high temperature, cold temperature and colds or sinus infections.

If your child begins to show early warning signs that may suggest asthma, it's important that you seek the advice of a board certified allergist at Kansas City Allergy & Asthma Associates.



Answer Key can be found at the end of the *Kids Korner* article.

ACROSS

3. Common drug class used to treat allergy symptoms
4. Common nasal spray used to treat children with allergies
5. Result of contact with poison ivy, nickel or other irritants
8. Common trigger for asthma
10. Common symptom associated with eczema
11. Stuffy nose

DOWN

1. Common allergy symptom
2. Complaint associated with bumble bees, wasps, hornets and yellow jackets
6. Red, raised itchy bumps that move around
7. High-pitched sound often made during an asthma attack
9. Rhinitis



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