New Medical Treatments
Sublingual Immunotherapy
Subcutaneous immunotherapy
Which one is right for me?
By OAAC Allergist Dr. Shahan Stutes

Sublingual immunotherapy (dissolvable pollen tablets) and subcutaneous immunotherapy ("allergy shots") are both forms of allergen specific immunotherapy therapy. Allergen specific immunotherapy is unique from allergy medications, because in addition to controlling symptoms, it changes the body's immune response to allergens. The significance of modifying the immune response can be illustrated by observing the differences in allergy symptoms after discontinuing various types of therapy.

If one were to stop taking their allergy medications (antihistamines or nasal sprays), symptoms would quickly return. However, with allergen specific immunotherapy, the majority of patients have continued symptom relief even after stopping therapy. This occurs because immunotherapy has modified the allergic response in a positive way, controlling symptoms long after stopping therapy.

This year, the FDA approved three sublingual immunotherapy tablets, Ragwitek, Oralair and Grastek. Ragwitek is FDA approved for the treatment of allergic rhinitis and allergic conjunctivitis caused by ragweed pollen in patients 18 to 65 years of age. Ragweed is one of the most significant pollinators during the fall allergy season. Oralair is FDA approved for the treatment of allergic rhinitis and allergic conjunctivitis by grass pollens (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass) in patients 18 to 65 years of age. Grastek is FDA approved for the treatment of allergic rhinitis and allergic conjunctivitis caused by timothy grass pollen in patients age 5 to 65 years. Timothy grass pollinates in late spring, summer, and early fall. It is most prevalent in northern regions of the United States but is a minor grass pollinator in our region. These dissolvable tablets are placed under the tongue and held for 1 minute. The tablets must be started at least 12 weeks before the start of the ragweed or grass season and continued through the end of the pollen season. After the pollen season is complete, they may be stopped until 12 weeks prior to next year's season, or they may be continued year round for at least 3 years to give long lasting symptom relief to grass or ragweed pollen allergy. Sublingual therapies for other types of pollen, dander, and mold are currently not FDA approved.

“Allergy shots” are injections that are FDA approved for the treatment of na-

Dr. Claflin Plans Retirement

He is hanging up that white jacket in December after spending most of his life as an allergist with the Oklahoma Allergy & Asthma Clinic. James “Jim” Claflin, M.D., has decided that it is time to enjoy the simpler things in life with his wife, Marcee, in Edmond.

His immediate plans include not having a schedule, playing with their two Westie dogs, and doing some Do It Yourself projects around the home. He and Marcee also plan to travel more around the country and the world.

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sal allergies, allergic conjunctivitis, and allergic asthma. A myriad of pollen extracts are available to include in allergy injections such as grass, tree, weed, dust mite, cat, dog, etc. Your allergist has the unique ability to tailor your allergy shot prescription to include the different types of allergens causing your symptoms based on your history and skin testing. It is recommended that allergy shots be administered in a medical facility by trained personnel and treatment should be continued for 3-5 years for most patients. Most patients have sustained relief of their allergy symptoms even after discontinuation of therapy.

What are some of the key differences between sublingual immunotherapy and allergy shots?
1. The most obvious is the route of administration: Injection versus tablets under the tongue.
2. Location: Sublingual immunotherapy may be administered at home. It is recommended that allergy shots be given in a medical facility.
3. Frequency: Sublingual immunotherapy has to be given daily whereas subcutaneous immunotherapy is given every 1 to 4 weeks.
4. Approved ages: Grastek (timothy grass) is approved for ages 5 to 65 years, Oralair (grass mix) to ages 18 to 65 and Ragwitek (ragweed) 18 to 65 years of age. Allergy shots do not have a lower or upper age limit.
5. Contraindications: Sublingual immunotherapy should not be used in patients with a history of any severe systemic allergic reaction (such as food, drug, or insect anaphylaxis) and patients with a history of Eosinophilic esophagitis, whereas allergy shots do not have these limitations.
6. Head to head trials of sublingual immunotherapy and allergy shots do not exist, but indirect comparisons of large numbers of trials suggest that allergy shots tend to provide patients with a larger amount of symptom improvement and length of benefit compared to placebo than sublingual immunotherapy.
7. Targeted allergens: Allergy shots can be tailored to you by your allergist to include the different allergens causing your symptoms. Sublingual immunotherapy is only FDA approved to treat ragweed, timothy grass or grass mix.

Which one is right for you? If you have year round symptoms and are allergic to several allergens, allergy shots may be the best fit. If your symptoms are mainly caused by grass or ragweed pollen, then sublingual immunotherapy may be a good choice. Your allergist can help you decide which is the best treatment option.

Dr. John and Sharon Bozalis to be honored as Living Treasures

On September 25, OAAC retired Allergist, Dr. John Bozalis and his wife, Sharon, will be honored by the Oklahoma Health Center Foundation as Treasured Oklahomans. The Treasures For Tomorrow event will be held at the Skirvin Hilton Hotel. Both have made significant contributions to the health of Oklahoma’s school children and to the community. For more information, visit the OHCF website at www.oklahomahealthcenter.com.

Do EpiPens Expire?
EpiPens do expire. The expiration date should be stamped on the label on the EpiPen. Always check the date when you pick up your EpiPen at the pharmacy to ensure it isn’t almost ready to expire. The liquid in the EpiPen should be clear. With cloudy or discolored liquid, you should dispose of the EpiPen properly. The effectiveness of the epinephrine rapidly decreases after the expiration date. Keep your EpiPen out of extreme temperatures. Some manufacturers offer a coupon for replacement. Check online or at your pharmacy to see if a coupon is available.
E-Cigarettes Good or Bad Smoking Alternative?

Even though they are touted as the answer to quitting smoking, are E-Cigarettes really doing what is promised? Studies are still underway on the health effects of e-cigarettes. In the June issue of the Annals of Allergy, Asthma & Immunology, the scientific journal of the American College of Allergy, Asthma and Immunology (ACAAI), an article examined the risks that included the ongoing dependence on nicotine and the dual use of e-cigarettes and regular cigarettes.

The article’s authors say that there is no evidence of any health benefits, promoted by e-cigarette makers, to help those who smoke cigarettes cut back.

“Despite the apparent optimism surrounding e-cigarettes and their purported therapeutic role in smoking cessation, there just simply is not enough evidence to suggest that consumers should use e-cigarettes for this purpose,” said allergist Andrew Nickels, M.D., lead author, ACAAI member, Mayo Clinic Division of Allergy and Immunology.

Another concern noted by the article was that people, who use e-cigarettes in public but still smoke regular cigarettes at home, continue to expose children and those with asthma in the household to second-hand smoke. According to the Centers for Disease Control, second-hand smoke causes heart disease and lung cancer in nonsmoking adults and a number of health conditions, including sudden infant death syndrome (SIDS) and respiratory infections, in children.

More than 126 million nonsmoking Americans continue to be exposed to secondhand smoke in homes, vehicles, workplaces, and public places. Most exposure to tobacco smoke occurs in homes and workplaces. Almost 60 percent of U.S. children aged 3–11 years— or almost 22 million children—are exposed to secondhand smoke.

“Dual use of both e-cigarettes and regular cigarettes carries the risk of second hand smoke exposure, causing worsening respiratory effects on children and asthma sufferers. It also promotes ongoing nicotine dependence,” said Chitra Dinakar, M.D., co-author, ACAAI fellow and professor of Pediatrics, Children’s Mercy Hospitals.

E-cigarettes are still fairly new to consumers and other long-term health complications that could result from use and haven’t been discovered as of yet. Long-term exposure to these substances is unknown. Since there is no oversight in the production of e-cigarettes, consumers for the most part don’t know what’s inside. The US Food and Drug Administration admit that the safety and efficacy of e-cigarettes hasn’t been fully studies. Consumers have no way of knowing if e-cigarettes are safe for their intended use.

New Asthma Diagnostic Tool

OAAC recently added a new piece of equipment to aid patients in the assessment, treatment and long term monitoring of asthma. This new equipment measures a gas called exhaled nitric oxide (eNO).

You breathe into a mouthpiece of a machine that measures your nitric oxide level. Nitric oxide is produced throughout the body including the lungs and helps to fight inflammation and relax constricted muscles. High levels of exhaled nitric oxide in your breath can be a sign of airway inflammation. Nitric oxide levels help predict the likelihood of steroid responsiveness with inhalers, bronchodilator response, and peak flow variation. It can also help “stepping up” and “stepping down” asthma medication therapy.
Dr. Claflin joined OAAC in 1989. He also suffers from allergy and asthma which drew him to that field of medical study. He is originally from Wakita and received his undergraduate degree from Northwestern Oklahoma State University. He completed his medical school training at the University of Oklahoma College of Medicine.

His pediatric training was accomplished at the University of Texas Medical Branch in Galveston, Texas, with a Fellowship in Allergy and Clinical Immunology at Wilford Hall USAF Medical Center, Lackland Air Force Base in San Antonio, Texas.

After several years in his own practice in Fort Worth, Texas, he returned back to Oklahoma to become a member of the OAAC medical staff. Throughout his career, he has been active in the Oklahoma County Medical Society serving as a Director, President-Elect and President.

He and Marcee established a physician exchange program in 2001 with Oklahoma’s Sister State — Gansu Province in the People’s Republic of China. For time spent with Chinese physician colleagues, Dr. Claflin received the George Nigh Global Trade award in 2006 and the Dunhauang Award from the Gansu Provincial Peoples Government in 2007.

The staff wishes Dr. Claflin a wonderful retirement!

Ragweed Allergy Kicks off the Fall Season

If you have been sniffling, dealing with sneezing and congestion this fall, you might have an allergy to ragweed. With the wet summer, ragweed is proliferating, and sending large amounts of pollen into the air. Symptoms can include a runny or stuffy nose and an itchy throat.

When conditions are right, a plant starts to pollinate. Weather affects how much pollen is carried in the air each year, but it has less effect on when pollination occurs. As a rule, weeds pollinate in late summer and fall. The weed that causes 75 percent of all hay fever is ragweed which has numerous species. One ragweed plant is estimated to produce up to 1 billion pollen grains.

Ragweed normally blooms from August to November and releases a fine powder. Ragweed pollen is usually highest between 10 a.m. and 3 p.m. depending on the weather.

Some people with ragweed allergy often feel a tingling or burning in their mouths after eating cantaloupe, honeydew melon, watermelon or bananas. While these fruits can cause symptoms at any time, especially during ragweed season, the symptoms can be heightened. Sunflower seeds, chamomile tea and honey can potentially cause symptoms in some people who are allergic to ragweed. This is due to the cross-reactivity of ragweed pollen with these foods.

**Treatments for Ragweed Allergy**

- Avoid or limit contact with ragweed pollen
- Take medicine to relieve your symptoms. Some allergy medicines need to be taken 1 to 2 weeks before ragweed season begins. Ask your allergist which medicines should be taken ahead of time.
- Allergen immunotherapy can change your body’s immune response to ragweed.

**Avoidance of Ragweed Pollen**

- Wash your hands often to rid pollens
- Limit outdoor time when ragweed counts are high
- Wear a dusk mask when you are outdoors doing home chores like raking or mowing
- Before coming inside, take your outdoor work clothes off so you don’t carry pollen inside
- Clean and replace furnace and air conditioner filters often. Use HEPA filters which removes at least 99 percent of pollen, animal dander, dust and other particles.
- Use your clothes dryer instead of hanging clothes out on a clothesline.

For more information, consult with your OAAC allergist if you suspect you have a ragweed allergy.