Cedar Pollen Ready to Make YOU Miserable this Winter

As the crazy winds blow across the state, so does the cedar pollen coming up from Texas. The pollen count for Cedar was recently the highest since the mid-90s. On Dec. 29th, the cedar count in Austin sat at 21,952, and, according to Allergy & Asthma Associates, was the highest since a count of 32,000 in the mid-90s. What does that mean to us in Oklahoma? We’ve already had several high cedar pollen alert days in December.

Given the level of cedar pollen from Oklahoma and blowing in from Texas, this particular cedar season will be especially difficult. Cedar pollinates from November to March, but the highest pollen counts are seen throughout December, January and February. While other pollen is frozen out due to winter temperatures, cedar pollen is in its full pollination phase.

Generally called Cedar Fever, fever doesn’t usually accompany seasonal allergic rhinitis induced by cedar. Symptoms will include inflammation of the mucus membrane of the nose and sinuses. Since the pollen counts are heavy, it will bring on severe sneezing, nasal itching, runny nose and nasal blockage. Drainage tickles the throat and can cause a significant cough. Sinus blockage can result in sinus headaches. If the cedar allergy isn’t properly treated, patients can develop sinus infections. An inflammation in the Eustachian tube in the ear can cause itching, blockage and even an ear infection.

Cedar fever can bring on an eye inflammation if the eyes react to cedar pollen resulting in itchy, red and watery eyes. If the reaction is severe, swelling can occur in one or both eyes. If left untreated, eye infections can develop.

Two Oklahoma Cities Rank in Top 12 Fall Allergy Capital List

Two Oklahoma cities were again named as 2016 Fall Allergy Capitals. According to the Asthma and Allergy Foundation of America (AAFA), Oklahoma City moved up to sixth from seventh place and Tulsa tied with Providence, Rhode Island, for 12th place on the just released 2016 Fall Allergy Capitals. Each year, AAFA ranks the most challenging places to live with fall allergies in the United States.

Rankings are based on pollen levels, use of over the counter and prescription allergy medication and the number of Board Certified allergists in each city. The top five cities include #1 Jackson, Mississippi; #2 Memphis, Tennessee; #3 McAllen, Texas; #4 Louisville, Kentucky, and #5 Syracuse, New York.

Allergies are the 6th leading cause of chronic illness in the United States. According to the Centers for Disease Control and Prevention (continued on page 3)
Please Join Us for an Open House in Norman
Thursday, January 12, 2017
Norman Chamber Ribbon Cutting 3:30 p.m.
Open House 4-6 p.m.

3560 R.C. Luttrell Drive
Appetizers

3580 R.C. Luttrell Drive
Dinner

3560 R.C. Luttrell Drive, Suite 200
Desserts

Progressive Dinner & Gift Basket Drawings at Each Location
Food by LaBaguette

Norman Satellite Office Open

The new Norman building opened Dec. 8. The new building has 6,660 square feet with 4,600 of that dedicated to the OAAC practice. The new office features artwork by Oklahoma artists and lots of close parking space for clients. Five OAAC allergists see patients at the Norman clinic - Drs. Warren Filley, Patricia Overhulser, Dean Atkinson, Richard Hatch and Shahan Stutes.

Expanded Injection Hours at Norman and Edmond in January

OAAC is proud to announce that patients who receive immunotherapy (allergy shots) will now have an extra day during the week to make that happen. Starting in January, the Norman and Edmond satellite clinics will offer injections on Wednesdays 10-5:40.

“We are continually looking for ways to enhance our customer service and capabilities,” said Scott Dennis, MHA, OAAC chief operating officer. “By expanding our hours, our clients will have a wider range of days to choose from when undergoing immunotherapy and can select the best day for their convenience.”
Cedar Pollen Allergy...
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If you are experiencing some of these symptoms, you may have an allergy to cedar pollen. To diagnose cedar allergy, your OAAC allergist will perform a detailed physical examination and then allergy testing.

Depending on how severe the symptoms are, some non-medicinal treatments may help. For those with milder symptoms, a nasal wash can be used (like a Neti-pot) or a nasal spray could be used.

Your allergist may prescribe an anti-inflammatory nasal steroid which is very effective in controlling allergic rhinitis symptoms. Nasal cromolyn sodium is a milder anti-inflammatory available over the counter and can help some patients.

Other treatment options include Leukotriene antagonists (oral anti-inflammatory medications) and oral steroids which are reserved for patients with severe symptoms of allergic rhinitis. They are used for a short duration due to possible side effects.

Oral antihistamines can block the effect of the histamine. Antihistamine nasal sprays work topically and help with a number of symptoms of allergic rhinitis. Nasal blockage can be treated with oral decongestants, which can be short acting or long acting. They can be used alone or in combination with antihistamines.

A skin prick test will show what allergens you are having a reaction to including if you are reacting to cedar.

Oral decongestants can raise heart rate and blood pressure and should be used with caution. Decongestant nasal sprays are topical decongestants and are not recommended for long term use because of rebound effects. Nasal anti-cholinergic sprays can help reduce nasal drainage and are used for symptomatic relief for nasal drainage.

Immunotherapy slowly desensitizes patients to what they are allergic to and improves symptoms of allergic rhinitis. Small and incremental doses of allergens are injected subcutaneously during the build-up phase. Once the maintenance dose is reached, injections are continued for 3-5 years. Immunotherapy also helps allergy-induced asthma.

For more information, talk to your OAAC allergist.

Fall Allergy Capitals...
(continued from page 1)

Control and Prevention (CDC), 8.4 percent of U.S. children suffer from hay fever, and 10 percent have respiratory allergies. Nasal allergies affect more than 50 million Americans, and the resulting doctor visits, allergy medicines, and other factors contribute to more than $18 billion in health costs.

Rounding out the top 20 were #7 Buffalo, New York; #8 Dayton, Ohio; #9 Toledo, Ohio; #10 Knoxville, Tennessee; #11 New Orleans, Louisiana; #12 Providence, Rhode Island, and Tulsa, Oklahoma; #14 Baton Rouge, Louisiana; #15 Little Rock, Arkansas; #16 San Antonio, Texas; #17 Akron, Ohio; #18 Youngstown, Ohio; #19 Springfield, Massachusetts, and #20 Richmond, Virginia.

Social Media Also Used for Important Announcements

Remember to Follow OAAC on Facebook and Twitter

In addition to posting pollen and mold counts each day, OAAC also uses social media to post for an announcement such as a building losing power or other issues. Follow us on Facebook at https://www.facebook.com/oklahomaallergyasthmaclinic/ and on Twitter @okallergyasthma
In November, media outlets were reporting deadly asthma epidemics from thunderstorms in Australia. According to a 2016 study published in the Clinical & Experimental Allergy journal, severe thunderstorms have been linked to increases in allergy and asthma-related health problems.

Severe asthma epidemics have been triggered by fierce winds and torrential downpours of thunderstorms. These outbreaks have been reported worldwide – from the United Kingdom, Canada, Italy, Australia and the United States since 1980. The Centers for Disease Control Prevention (CDC) estimates 25 million Americans have respiratory allergies.

Thunderstorm asthma led to at least eight deaths in southeastern Australia in November and 8,500 people were hospitalized. When high concentrations of pollen and mold spores are in the air, a thunderstorm can trigger asthma symptoms, even in those who have not suffered from these symptoms before.

A 2006 study published in the European Journal of Allergy and Clinical Immunology suspects that the thunderstorm winds may pull in full pollen grains which get broken down into smaller fragments during the storm. The smaller fragments may be dragged to the surface by strong storm winds. The higher concentration of pollen grains, combined with the storm’s heavy rainfall causes the grains to swell and eventually rupture into tiny fragments that are dispersed into the air. After being inhaled, the smaller particles can be more harmful than the whole pollen grains because of their size.

The study reported that these allergens can likely penetrate deeper into the lung, provoking more severe symptoms. The study also found evidence of increased mold spore counts have been found during thunderstorms. Fungal spores react to changes in humidity and temperature and can affect people who have other respiratory problems, not only those who suffer from seasonal allergies.

Not everyone who gets thunderstorm asthma has had it before, according to the Australian Society of Clinical Immunology and Allergy. They have had severe pollen allergic rhinitis and most have found to be allergic to ryegrass. Presumably the massive load of small allergenic particles being inhaled straight into the lung triggers these attacks.

According to Asthma UK, cold and damp air can impact the sensitive airways of people suffering from asthma and can trigger coughing, wheezing, shortness of breath and tightness in the chest.

Staying indoors during thunderstorms, managing symptoms, using the proper medication and consulting with your allergist, can help those suffering from allergies and asthma to reduce the effects weather has.

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**OAAC Employee**

**Janie Cantrell**

**Celebrates 50 Years of Service**

Fifty years ago, Janie Cantrell did what most Oklahomans did at that time to find a job. She went to the state employment office and through that contact, found that the Oklahoma Allergy & Asthma Clinic had an opening.

For many years, Janie served as the secretarial supervisor and also was Dr. Robert Ellis’ secretary. When Dr. Ellis retired, Janie decided she wanted to relax a bit and transfer her supervisory duties.

Today, Janie’s title is “office coordinator” and she works with Drs. Stutes, Hatch, Atkinson and splits duties for Stefanie Rollins.

Janie has two sons, five grandchildren and two great grandchildren.

“It’s been great. The clinic has been very good to me,” said Janie.

In her spare time, she enjoys family time and yard work.