Spotlight on a Major Spring Allergen: Oak Tree

Oak tree pollen is one of the top spring tree allergens. In the U.S., there are many varieties of oak and commonly are found in residential neighborhoods. Oak trees are large and can reach heights of 150 feet. Containing both male and female flowering parts, oak trees produce masses of pollen and can be pollinated too. The acorn is the fruit of the oak tree and provides food to many small animals.

Oklahoma’s winds have been spreading pollen across the state and warmer than average winter temperatures led to an early spring. This has already caused a multitude of high allergy alerts days. Tree pollen can be very fine and powdery and the wind can carry it for miles. Even a tiny amount of pollen can trigger allergy symptoms.

Most think that flowering trees are causing their allergies to worsen. Flowering trees usually have larger, stickier pollen that doesn’t blow in the wind.

What makes tree pollen worse?

Oklahoma’s winds always seem to be sweeping down the plains and wind picks up the dry pollen and blows it through the air. Cold or damp weather usually brings lower pollen counts. If your yard contains trees you are allergic to, this could increase your exposure level up to 10 times as trees located down the street.

Managing your allergies

When the pollen counts are high, stay inside your home or office. It’s tempting when we have warm spring temperatures to come home and raise your windows. Keep the pollen out by keeping your windows closed. Wear a hat if you go outside to keep pollen off of your head and face. Rinse your face when you get inside including your eyebrows and nostrils and wash your hands. Use a sinus irrigation after being outside to clean out your nasal and sinus passages.

Prune your problem trigger trees to reduce the amount of pollen it releases. Removing the trees and replacing them with a type that won’t be as bad to cause allergies such as an apple, cherry, or dogwood fir tree.

Make an appointment to be tested to find out what you are actually allergic to and make an action plan with your allergist. Antihistamines can ease and prevent symptoms. Immunotherapy can also make a difference.

Consider replacing your pollen problem trees with Cherry trees.

Oak trees can be found all over Oklahoma.

Oak pollen is easily spread with Oklahoma’s high winds.
Newly-Issued Clinical Guidelines Recommend Early Peanut Introduction, Not Avoidance

New guidelines were recently released that now recommend infants at high risk of peanut allergy should be introduced to peanuts at 4 to 6 months of age. The National Institute of Allergy and Infectious Diseases (NIAID) along with assistance of the American Academy of Allergy, Asthma & Immunology (AAAAI) and 24 other organizations, issued an addendum to clinical guidelines about peanut introduction to children. The guidelines now recommend that children at high risk should be introduced to peanuts early in life, instead of avoiding all peanut-containing foods.

For the past several years, The Allergist has been publishing information on the Learning Early About Peanut (LEAP) trial. This research led to the new guidelines after finding that children who were high risk for developing peanut allergy were less likely to develop an allergy to peanuts when introduced to peanuts before turning 12 months old.

A panel of experts convened by the NIAID reviewed 64 publications including the LEAP study and created an update to the 2010 Guidelines for the Diagnosis and Management of Food Allergy in the United States.

“Peanut allergy is a growing public health problem,” said Hugh Sampson, M.D., contributing author and coordinating committee member. “In 1999, peanut allergy was estimated to affect 0.4 percent of children and 0.7 percent of adults in the United States, and by 2010, peanut allergy prevalence had increased to approximately 2 percent among children in a national survey.”

Detailed instructions are provided for peanut introduction to infants at three risk levels. Adults should always first consult their healthcare provider — such as a primary care physician or a board-certified allergist before introducing peanuts into a child's diet.

Infants who are most at risk for peanut allergy: These infants have severe eczema, egg allergy or both diseases and are most likely to avoid a peanut allergy with early introduction compared to other risk groups. The LEAP study found that only 1.9 percent of infants who were at high risk of peanut allergy and were introduced to peanuts early in life developed a peanut allergy by age 5. Those infants that were not allowed to have peanuts, 13.7 percent developed an allergy.

Children who are in the high risk group for peanut allergy should see an allergist to determine the safest way to introduce peanuts. If no signs of peanut allergy are shown at the time of testing, the allergist will create a plan with the child’s caretakers to introduce foods containing peanuts at home or undertake a supervised feeding in the healthcare provider’s office. Guidelines recommend starting the introduction process as early as 4 to 6 months.

In the second highest risk group, children who have mild to moderate eczema should be introduced to peanut-containing foods.

Cockroaches in the Home – A real problem for those with Asthma

What do cockroaches have to do with asthma? Exposure to cockroaches in the home is related to severe asthma outcomes and reducing exposure to cockroaches is an important strategy to managing asthma. Cockroaches should be eliminated from the home environment and the recommended strategy is Integrated Pest Management which can be costly and hard to implement. New studies have found that using insecticidal bait alone may be just as effective.

A recent study published in The Journal of Allergy and Clinical Immunology, researchers conducted a 12-month, single component, randomized controlled trial to determine if using insecticidal bait resulted in sustained cockroach elimination in home of asthmatic children in New Orleans. They also looked at whether reducing the number of cockroaches in the home was associated with reduced asthma morbidity, improved biomarkers of inflammation and reduced health care utilization. Moderate to severe asthmatic children were enrolled in the study which looked at 102 children.

Researchers found that homes where bait was applied had significant fewer cockroaches than in control homes and cockroach elimination was sustained over the 12-month follow-up. Reducing cockroaches in the home was associated with improved asthma outcomes. Children living in the intervention homes had significantly fewer days with asthma symptoms, had better lung function and less health care needs.

Asthma management recommendations include a reduction in allergens using multiple strategies. Findings from this study suggest that by reducing cockroaches in the home and using insecticidal baiting, can be an effective alternative to more expensive insect removal/reduction programs.

Baits are inexpensive, readily available to purchase, and can easily be used in the home.

Source: JACI

(continued on page 3)
New FDA-Approved Drug Revolutionizes Atopic Dermatitis Treatment

Allergists are seeing promising benefits for a new drug that was just approved by the Federal Drug Administration in March 2017 for treatment of moderate to severe atopic dermatitis – commonly known as eczema. Dupixent (also known as Dupilumab) improved atopic dermatitis signs and symptoms such as extreme itchiness, anxiety and quality of life. The results were published in the New England Journal of Medicine in October 2016.

Eczema is the most common skin condition, especially in children. It affects one in five infants and around one in fifty adults. It is now thought to be due to “leakiness” of the skin barrier, which causes it to dry out and become prone to irritation and inflammation by many environmental factors. Also, some people with eczema have a food sensitivity which can make eczema symptoms worse. In about half of patients with severe atopic dermatitis, the disease is due to inheritance of a faulty gene in their skin called filaggrin. Unlike with urticaria (hives), the itch of eczema is not only caused by histamine so anti-histamines alone may not control the symptoms. Eczema is often linked with asthma, allergic rhinitis (hay fever) or food allergy. This order of progression is called the atopic march.

Dupixent is taken as an injection and is currently approved for patients age 18 and older. During the drug trials, about 40 percent of patients with moderate to severe atopic dermatitis had complete or near complete clearance of involved skin after 16 weeks of treatments. Approximately two-thirds of patients had at least 75 percent improvement in skin status at 16 and 52 weeks of treatment.

The most common adverse reactions in the two trials were worsening of the atopic dermatitis, injection-site reactions and nasopharyngitis.

Dupixent is the first biologic targeted systemic treatment for atopic dermatitis. Dupixent’s active ingredient is an antibody that binds to a protein [interleukin-4 (IL-4) reception alpha subunit (IL-4RA)] that causes inflammation. By binding to this protein, Dupixent is able to inhibit the inflammatory response that plays a role in the development of atopic dermatitis.

Co-investigator Emma Guttman-Yassky, M.D., Ph.D., of the Icahn School of Medicine at Mount Sinai in New York City thinks this new biologic will have a much better safety profile for patients who need long term treatment.

“I do believe this drug and other drugs that come from this research will revolutionize the treatment of atopic dermatitis,” said Dr. Guttman-Yassky.

Source: MedPage

New Peanut Guidelines

(continued from page 1)

peanuts around 6 months to reduce the risk of peanut allergy.

Children in the lowest risk group – who show no signs of eczema or food allergy – can be introduced when age-appropriate and according to family and cultural preferences.

“The early introduction of dietary peanut in infants, either with a medical provider via an observed first ingestion or a graded food challenge if necessary, or at home, is anticipated to be safe and to contribute to an overall reduction in the prevalence of peanut allergy,” said David Fleischer, M.D., FAAAAI, contributing author and coordinating committee member.

For more information, on specifics concerning these new guidelines, visit with your OAAC Allergist.

Source: AAAAI
Xyzal Available Over the Counter

Xyzal Allergy 24HR is now available as an over-the-counter (OTC) treatment of symptoms associated with seasonal and year-round allergies. Symptoms include runny nose, itchy or watery eyes, sneezing, and itching of the nose or throat.

Until the Food and Drug Administration (FDA)'s approval in February 2017, Xyzal was available only as a prescription drug. Xyzal Allergy 24HR is recommended for use in patients aged 6 years and older. Children’s Xyzal Allergy 24HR oral solution is recommended for use in patients aged 2 years and older.

Staff Spotlight: Get to Know Racquel Gilliland

You’ve probably seen Racquel Gilliland at either the Edmond, Northwest or at the Main office. Racquel is a nurse who has worked at OAAC since March 2012, freshly out of nursing school. Racquel works as Dr. Laura Chong’s nurse and also serves as a floating nurse with the OAAC’s other doctors.

Racquel loves working at the OAAC and particularly enjoys the one on one interaction with patients.

“I love the interaction of helping people and making them feel better,” she said.

She works with each patient from top to finish whether it is taking medical history to helping navigate through x-rays and testing.

Racquel grew up in Piedmont and graduated from Piedmont High School. While in high school, she traveled around the United States singing Italian Opera in competitions. Her college career began at the University of Central Oklahoma where she studied forensic science. Then she found that nursing was her real calling in life and transferred over to Oklahoma State University to complete the nursing program.

Why is the OAAC such a great place to work?

“I love the staff – we are all like a big family,” Racquel said. “The doctors truly care about us and make sure our well being is taken care of.”

She never knows how her day will go in the world of allergies and asthma.

“We get to see a lot of interesting diagnoses from the common to the obscure, you just never know what the day will bring,” she said.

Racquel and her husband have an 8-year-old daughter and a one-year old Mountain Cur dog (their fur baby). During hunting season, Racquel and her husband are out hunting from deer to turkey and in the summer, they enjoy fishing, particularly in the Beaver’s Bend area of Oklahoma.

Mylan EpiPen Recall

Thirteen lots of Mylan's EpiPen and EpiPen Jr. are being voluntarily recalled by the manufacturer.

“This recall is due to the potential that these devices may contain a defective part that may result in the devices’ failure to activate,” according to the FDA.

EpiPens are used to give an emergency injection of epinephrine to treat life-threatening allergic reactions. The 13 lots of recalled EpiPens were distributed between Dec. 17, 2015, and July 1, 2016, the FDA said.

Consumers should contact Mylan at 800-796-9526 or customer.service@mylan.com with any questions. Meridian Medical Technologies manufactured the devices, which were distributed by Mylan Specialty, the FDA said.

EpiPens not included in the recall do not need to be replaced before their expiration dates, the FDA said.

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

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