Ragweed Season – UGH! It’s Here

Summer fun is quickly turning into fall misery for the millions who suffer from seasonal allergic rhinitis otherwise known as hay fever. The main culprit of fall allergies is ragweed pollen. A ragweed plant only lives one season but packs a powerful punch. One plant can produce up to 1 billion pollen grains that are light weight and float easily through the air.

Fall allergy symptoms normally begin mid-August and run through October. Ragweed pollen counts have already reached very high levels this season. The tall goldenrod species of ragweed gets blamed for most of the pollen. However, the tooth-leaved ragweed that resides low in the grass is the primary culprit.

What happens when an allergic reaction occurs? The body’s immune system treats the allergen as a foreign invader. A chemical reaction develops and releases mediators throughout the blood stream and these chemicals cause allergy symptoms to develop.

“The first step in managing symptoms is proper diagnosis,” said OAAC Board Certified Allergist Dr. Laura Chong. “An allergist will take a physical exam, gather a health history and perform allergy testing to determine exactly what you are and are not allergic to.”

“Ideally, it would be best to avoid contact with the pollen, but at the same time no one can live in a bubble!” said Dr. Chong. “Medications may provide temporary relief from symptoms. Your allergist may also recommend immunotherapy or allergy shots treatment which can significantly reduce the frequency and severity of symptoms caused by allergic rhinitis.”

FDA Publishes New Regulation for Gluten Free Food Labeling

A new regulation defining the term “gluten-free” for voluntary food labeling was published recently by the U.S. Food and Drug Administration. The definition standardizes the meaning of “gluten-free” claims for the almost 3 million Americans who have celiac disease, an autoimmune digestive condition that can only be effectively managed by sticking to a gluten free diet.

In order to use the term “gluten free” on a food product label, it must meet all the requirements of the new definition including that the food must contain less than 20 parts per million of gluten. This rule requires foods with the claims “no gluten,” “free of gluten,” and “without gluten” to meet the new definition.

Many foods currently labeled as gluten free may already be able to meet the new definition. Food manufacturers have one year after the rule was published to be compliant with the new requirements.

Gluten refers to proteins that occur naturally in wheat, rye, barley and cross-bred hybrids of these grains. For those who have celiac disease, gluten containing foods trigger production of antibodies that attack and damage the lining of the small intestine. This damage limits the ability of those with celiac disease to absorb nutrients and puts them at risk of other serious health issues including nutritional deficiencies, osteoporosis, growth retardation, infertility, miscarriages, short stature and intestinal cancers.

Did You Know???

Ragweed can be found in almost ALL states and also in Canada!
Correlation between Tick Bites and Food Allergies

Although meats are a common staple in many people’s diet, meat allergy is a relatively rare condition. This may be explained in part by the fact that most food allergies are due to food proteins. When meats are cooked, the proteins are changed making the food less allergenic.

Typical symptoms of an allergic reaction to a food protein include itching, hives, swelling, nausea, vomiting, shortness of breath or anaphylaxis. These symptoms usually occur within minutes to a few hours after consumption.

However, there is a newly described type of meat allergy that can cause intermittent symptoms hours after eating it. In fact, some people have reported symptoms six hours after eating the meat!

“It’s possible to have reactions caused by an allergy to galactose-alpha-1,3 galactose also called alpha-gal,” said OAAC Allergist Dr. Greg Metz. This is a sugar (carbohydrate) found in beef, lamb and pork meat. The most interesting thing about this new type of allergy, says Dr. Greg Metz, is that the reactions can be delayed for hours after eating it.

Although the reason why some people develop this allergy is unknown, researchers think it may be related to lone star tick bites. Delayed meat allergy is more common in the southern and southeastern United States where the lone star tick is commonly found.

The diagnosis is currently made after an allergist reviews a patient’s symptoms and performs directed allergy testing. If an allergy to alpha gal is found, patients typically need to avoid beef, lamb and pork. Several universities are actively studying this new type of allergy so we can learn more about what causes it and how to best treat it.

ACE Inhibitor Reaction Linked to Pollen?

To reduce morbidity and mortality in patients who have heart and kidney disease, Angiotensin Converting Enzyme inhibitors (ACE) are widely prescribed drugs for these conditions. About one out of 1,000 patients who take an ACE inhibitor can develop a reaction – angioedema – which is swelling that affects the lips and tongue. This reaction can potentially cause serious breathing problems as well.

African Americans, smokers and those who have seasonal allergies are at an increased angioedema risk. For those who have taken an ACE inhibitor for long periods of time and develop angioedema, something in the environment might be a trigger.

A study published in The Journal of Allergy and Clinical Immunology: In Practice compared ACE inhibitor taking patients who developed angioedema during months when pollen counts were increased. Three different groups were studied, a group at Vanderbilt Hospital, a group at Marshfield Clinic and a group who participated in an international study of ACE inhibitors called ONTARGET. The Vanderbilt study found that ACE inhibitor patients who developed angioedema were more likely to have this reaction during increased tree pollen months for those who had seasonal allergies. At Marshfield, patients were more likely to develop angioedema when ragweed pollen was high. The ONTARGET study found patients developing angioedema during pollen season.

ACE inhibitor associated angioedema is more common in patients with a history of seasonal allergies. This study demonstrated that patients taking ACE inhibitors are more likely to develop angioedema during high pollen count times. The mechanism for the mechanism between ACE inhibitor angioedema and pollen allergy remains to be clarified.

If you are taking an ACE inhibitor, be sure and discuss this with your OAAC allergist.

Healthy Tips

- Allergy symptoms are the result of a chain reaction that starts in your immune system.
- If you have a family history of allergies, you are at a much higher risk of developing allergic disease.
- The types of allergic disease include allergic rhinitis (hay fever), eczema, hives, asthma and food allergy.
- Food, medications, insect stings and exposure to latex can trigger anaphylaxis, which is a serious allergic reaction that happens very quickly and in some instances may be fatal.
- If you (or anyone you are with) begin to have an allergic reaction, call for medical help to get to the closest emergency room.
- Talk to your allergist about the many treatments available to help you feel better.
Meet the Staff...Ginny Taylor

Her job title is physician support staff supervisor.

What is a typical day for Ginny? She coordinates all of the doctors’ secretaries. Her goal is to ensure each doctor’s office runs smoothly, that everyone is on the same page and doing everything the same way to stay organized. This helps the patient flow run smoothly. Ginny helped build the electronic medical side of their records four years ago and part of her responsibility is troubleshooting and updating the system. She also has created various forms for use in the clinic.

Ginny is originally from Grand Rapids, Michigan. Her father’s job was transferred to Oklahoma and she has lived in Oklahoma City since age 13. Ginny graduated from Putnam City West High School and lives in Northwest Oklahoma City with her husband of 31 years, Steve. In her spare time, Ginny enjoys relaxing in her flower garden doing yard work.

“What has kept me here for 34 years, I just love the people,” Ginny says. “The clinic is a good place to work. The people are enjoyable. Dr. Filley has a wonderful heart and is an excellent physician.”

School Food Allergy Action Plan

Providing information about your child’s food allergy and medications to the school is critical. With the help of your child’s allergist, complete a one-page Food Allergy Action Plan.

Your child’s school may have its own form, and it may have a slightly different name (i.e., Emergency Care Plan); if not, you can download one from the Food Allergy & Anaphylaxis Network (FAAN) at www.foodallergy.org/page/food-allergy-actionplan1.

The form should include

- A complete list of foods to which your child is allergic.
- The possible symptoms of your child’s allergic reaction.
- The treatment that should be administered to your child, and under what circumstances.
- Contact information for emergency medical services (i.e., 911), your child’s allergist, and you.
- A current picture of your child.
- The signature of your child’s allergist (or other licensed health care provider).

Besides the Food Allergy Action Plan, the school may ask you to provide information such as allergy test results and any history of your child’s allergic reactions. The school also may require you to complete additional medical forms not necessarily related to food allergy.

Epinephrine Auto-Injector

You also must provide the school with at least one epinephrine auto-injector, if prescribed. In fact, many parents provide at least two auto-injectors, in case a second dose is needed. Epinephrine auto-injectors should have a shelf life of 1 year, so be sure to check the expiration date on the auto-injector before giving it to the school. You may want to ensure that the expiration date is at least 12 months away, so that you will not need to replace the device during the school year.

Additional Medications

Depending on your child’s circumstances, you may need to provide the school with additional medications such as antihistamine and/or asthma inhalers. Remember, however, that epinephrine is the first line of defense for treating a potentially life-threatening allergic reaction, and that all efforts should be directed toward its immediate use. Research clearly shows that food allergy fatalities are most commonly associated either with not using epinephrine or with delaying epinephrine treatment.
OAAC’s Dr. John Bozalis Honored for Service

OAAC Allergist Dr. John Bozalis who retired in December was honored recently by the Oklahoma Health Center Foundation. Dr. Bozalis was a founding member of the board in 1991 and has continued to participate as an active member. He is presented with an award by OHCF Board President David Harlow.

OAAC Adventures with Ashley Kringen

OAAC Allergist Dr. Greg Metz (left) and Nurse Jocelyn Dawson (right) gave Rise and Shine KAUT’s reporter Ashley Kringen a live on-air allergy skin test in August during their morning show. Ashley a native of South Dakota, moved to Oklahoma three months ago to take the KAUT/KFOR job. A little apprehensive at first, Ashley discovered that the skin test was not a big deal and that she was NOT allergic to her newly-adopted rescue puppy, Cow-