

THE Allergist

A NEWSLETTER OF THE OKLAHOMA ALLERGY & ASTHMA CLINIC

Fall 2009

The Influenza Vaccine and the Allergy Patient

By Richard Hatch, M.D.

Influenza is a viral infection that causes significant symptoms such as high fever, Upper Respiratory Tract infection symptoms, aches and pains. For allergy sufferers, it is important to remember that one of the real problems with influenza is that it can definitely make asthma worse and in fact can result in asthma deaths.

Therefore, this is a virus that we should all take seriously.

This year is different from previous years in the sense that there are two different viruses to be aware of. The swine flu (H1N1) is a very contagious virus striking now earlier than the typical influenza virus which typically hits in the winter. As I write this, we are in the throes of a significant H1N1 pandemic.

It is very important to take each of these infections seriously because of their potential to make us very sick.



*Richard Hatch, M.D.
Board Certified Allergist*



The OAAC is recommending that all patients receive both vaccines if available. However, those particularly at risk including people with chronic diseases such as asthma, children aged 6 months from 4-years-old, all patients over 50, pregnant women, and health care workers. Please talk to your physician about your relative risk.

We are receiving questions about egg allergic patients – if they should receive the flu vaccines. Both vaccines do include egg, and therefore, a risk of allergic reactions in those who are very egg allergic. If you are severely egg allergic, you should not receive the influenza vaccine until you can talk with your OAAC physician. If you can tolerate eating eggs cooked in things, then you should be able to tolerate the vaccine without a problem.

The vaccine is available in two forms, a nasal spray and an injection. The nasal spray should not be given to anyone less than two years old or older than 50 years old. It should not be given to patients with asthma.

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OAAC Spotlight: Phyllis Mills



For 20 years, Phyllis Mills worked as a dietician in hospitals. When she relocated to Oklahoma, she decided it was time for a change. She wanted the more normal routine of an office job. She brushed up on her secretarial skills and applied for a regular office position.

That job ended up as her current position as the supervisor of the Extract Lab. Although the person she interviewed with had to talk her into the job, she thought she would give it a try. It must have been a good fit because she has served in that role for 23 years.

“I really like the physicians here and love this approach to healing,” she said. “I like attacking the problem rather than just treating the symptoms.”

Phyllis’ children also had allergies so she was familiar with allergy treatments.

Growing up in Ohio, she graduated from John Brown University with a bachelor of science degree.

OAAC has been a member of the Executive Women International for 17

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Asthma Potpourri

by James Claflin, M.D.



Exercise-Induced Asthma, Maybe

Individuals that experience shortness of breath during exercise may or may not have exercise-induced asthma. A condition known as “paradoxical vocal fold (cord) movement” (PVFM) can mimic asthma because the vocal cords get closer together during exercise rather than becoming further apart.

This “paradoxical” motion reduces the amount of airflow resulting in shortness of breath. Individuals who experience exercise-induced shortness of breath with minimal, if any, response to regular asthma medications should consider PVFM as a possible source of their problem.

Please discuss this possibility with your OAAC physician if you are not responding well to your asthma medications.

Asthma and Obesity: Are They Related?

Recent population studies have supported the association between asthma and obesity. With this information, researchers in California and New York examined whether obesity or increasing levels of obesity was associated with worse asthma control in an ethnically diverse urban (city) population. Using validated questionnaires, the groups failed to find an association between obesity and asthma control.

With all of the positive reasons

for weight loss, weight loss may not be an appropriate strategy to improve asthma control, at least in this study group. Don't let findings in this study deter you from losing weight in view of the many positive aspects!



Weather Can Be Hazardous To Your Health If You Have Asthma

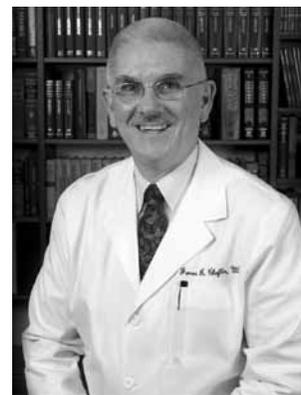
Physicians ask patients if weather seems to influence their degree of asthma not knowing whether the patients answer has any relationship to weather being an actual asthma trigger.

A recent pediatric study examined the relationship between emergency department visits by patients with asthma and changes in the weather. Fluctuations in humidity and temperature, but not barometric pressure, were related to changes in emergency department visits for asthma.

The visits were most notable 1-2 days after the weather fluctuation. It seems that cows standing or laying in the field as an indicator for good fishing now has to take backseat to pediatric patients with asthma on predicting changes in the weather.

Guidelines For Asthma Care Are Necessary For Appropriate Asthma Management

A recent study evaluated predictors of future symptoms and exacerbations (an increase in the severity of asthma



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Board Certified Allergist

symptoms) of 546 inner-city asthmatic residents, ranging in age from 12-20 years. During the determined study time, guideline-based and asthma management education was offered.

The study found that the usual predictors of future disease activity, such as asthma symptoms, albuterol use, previous exacerbations and lung function, had little predictive power when applied to a highly-connected population with persistent asthma that received guideline based care.

The group also examined several laboratory parameters in the same individuals. The conclusion of the investigators was a new group of predictors needs to be identified that will be able to measure the continued fluctuation of asthma that occurs in our patients.

Future challenges for our specialty!



Cigarette Smoking In Asthmatics Causes More Severe Asthma Episodes, Well, Maybe...

There is no doubt that cigarette smoking has a significant deleterious effect on our lungs. It does not make any sense for a person with asthma to be a

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Athma Potpourri...

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smoker, but...

Many studies have been done on the relationship between smoking and chronic asthma severity; however, research on the relationship between smoking and acute asthma severity in the acute care setting is sparse.

A 63-site medical record review study of emergency department patients, ages 14 to 54 years, with a principal diagnosis of acute asthma was performed. Patients with emphysema were excluded. Factors reviewed included sociodemographic factors, asthma medical history, emergency department presentation, clinical course, medications administered, and return visits within 48 hours.

One-third of the patients with acute asthma were active smokers. Smokers and nonsmokers did not differ in their acute asthma severity. Asthmatic smokers received antibiotics more frequently.

Don't think for a minute that OAAC physicians will stop urging each asthmatic that smokes to break the habit based on this study. We want each person with asthma to live life to their fullest, regardless of the severity of their asthma!

"The Allergist" is published quarterly by the Oklahoma Allergy & Asthma Clinic. Contents are not intended to provide personal medical advice, which should be obtained directly from a physician.

"The Allergist" welcomes your letters, comments or suggestions for future issues.

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Stung to Death



Legendary skateboarder Andy Kesler's death after being stung by an insect in August is a reminder that stings can be deadly for those with stinging insect allergy. The American Academy of Allergy, Asthma & Immunology says that up to 5% of Americans are at risk for a severe, potentially life-threatening allergic reaction from insect stings. Unfortunately, most are not aware they are allergic to insect stings until after experiencing a reaction.

If you have experienced a reaction to insect stings or you think you may be allergic, consult with an OAAC allergist to accurately diagnose your condition.



The Influenza Vaccine and the Allergy Patient

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If you do contact influenza and you have asthma, it is very important that you are very careful to maintain good control of your asthma.

In addition, if you do develop influenza symptoms, contact your Primary Care Provider or OAAC physician early because there are some treatments available that are effective in treating the illness but they must be started early.

New Patients?



The OAAC staff welcomes new patients! New patients experience a relatively short waiting period because of the large amount of allergists available.

OAAC's staff is extremely patient-friendly and focused on customer service. With satellite offices in Edmond, Norman, North Oklahoma City, and then the main location on the Oklahoma Health Center campus, the OAAC has the staff, the technology and the desire to help all allergy and asthma patients. Visit the website at www.oklahomaallergy.com to see addresses for all OAAC locations and make your initial appointment. Call today – (405) 235-0040.

Phyllis Mills... (continued from page 1)

years and Phyllis has served as their representative.

She has seven children, four of whom live in Oklahoma, and eight grandchildren.

Not everyone can say they are a beekeeper in their spare time. Ten years ago, Phyllis got involved with beekeeping. It takes a lot of dedication to keep the hives growing. Several years ago, her bees died from a virus. Three years ago, she started up her bee hives again and is using the honey to attract and grow her hives. She intends to sell the honey, the

pollen and the propolis.

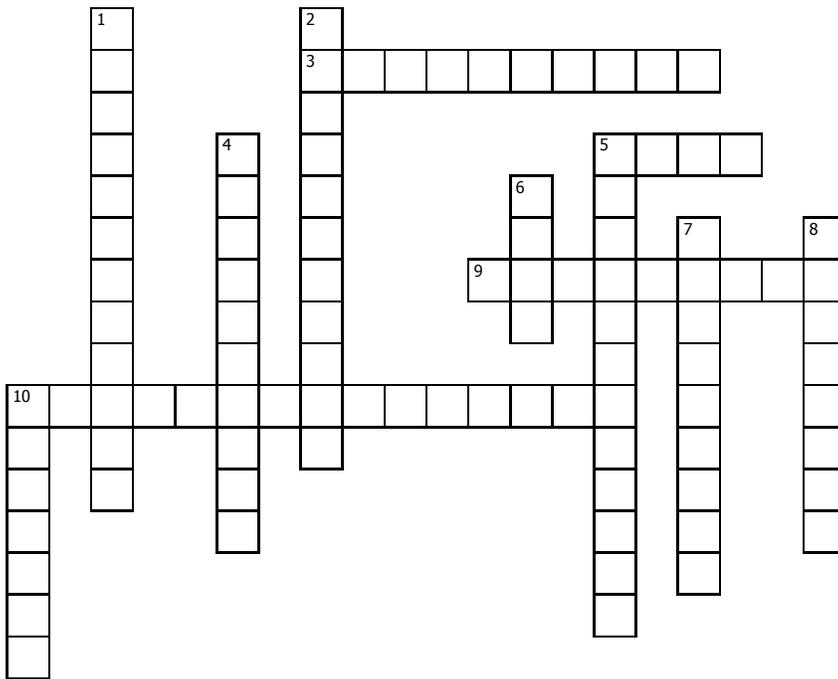
Another activity that keeps Phyllis busy is the family-owned restaurant.

"We bought an old bank building, and put in a brick oven pizza restaurant in Blanchard called the Corner Inn Pizza," said Phyllis.

She shares the business with her son and daughter and serves as the bookkeeper.

Her family has registered quarter horses and enjoy their horses for pleasure riding. Another son has a cattle business in Rush Springs and she helps with his business as well.

Fall 2009 Allergy Fun



ACROSS

- 3** A type of H1N1 vaccine.
- 5** Can mimic asthma.
- 9** A viral infection.
- 10** OAAC makes these in-house.

DOWN

- 1** Up to 5% Americans are at risk for a severe, life threatening allergic reaction.
- 2** Was stung to death.
- 4** Prepares 40,000 vials of allergy treatments each month.
- 5** Formerly a dietician.
- 6** A Pandemic in the U.S.
- 7** One of Phyllis Mills' hobbies.
- 8** Are certified and are crossed trained.
- 10** OAAC recommends all patients receive these.

For the answers to the puzzle, go to the OAAC website -
www.oklahomaallergy.com

Meet the Extract Lab Staff

Each month, the Extract Lab at the Oklahoma Allergy and Asthma Clinic prepares approximately 40,000 vials of allergy treatments. Using immunotherapy or allergy shots, most patients receive 6 to 24 vials in each treatment set.

After the patient completes testing, their OAAC allergist writes the order for shots which is sent to the Extract Lab. The lab staff then pulls everything together that goes with that order.

"We coordinate the written order with the final end product before it goes to the lab to be filled," said Phyllis Mills, Extract Lab supervisor.

When the order goes to the "clean room" to be filled, the lab double checks everything again and the process is repeated to ensure accuracy. The techs take the concentrated antigens (such as pollen) extracts and dilute it with saline to the doctor's specifications.

"All of our lab techs are certified and are really good at their work. They

can tell just by looking if something is off," said Phyllis.

The vials are then checked again for clarity and volume and then sent on for the patients to receive their shots. The OAAC extract lab staff also makes its own allergy tests.

"We make venom treatments for stinging insects," says Phyllis. "We make 1,000 inhalant tests and also do the prick testing. We are very efficient in making our products. The staff is also cross-trained to perform each other's work."

The Extract Lab strives for excellence and perfection.

"This is where the rubber meets the road – everything must be right," she said.



The Extract Lab Staff are ready to serve you! Staff members are (standing, left to right) Pam Angle, Phyllis Mills, Melinda West, Judy Girkin, Carolyn Fleming, Susan Mestas, Nancy Huffman, Debra Brown, and (seated, left to right) Annette Herrera and Betty Martinez.