

# THE Allergist

A NEWSLETTER OF THE OKLAHOMA ALLERGY &amp; ASTHMA CLINIC

Summer 2008

## Back to School

### Allergy and Asthma Classroom Triggers

For children with allergies and asthma, time back in the classroom has its own issues beyond what to wear or what to bring in their backpacks. Approximately more than 9 million children under the age of 18 suffer from allergies and asthma in the United States. The physicians at the Oklahoma Allergy & Asthma Clinic want to keep your kids safe and healthy this school year.

“Allergies and asthma account for missed school days, millions of dollars in medical bills and lost work days for parents of

sick children,” said Patricia Overhulser, M.D., Oklahoma Allergy & Asthma Clinic board certified allergist. “It’s important for parents and children to prepare ways to prevent allergies and asthma in the classroom. Having a plan of action to avoid these triggers will keep students focused on school work and not on their symptoms.”

- Make sure your child’s asthma and food allergy plan is revised and medications are updated.
- Educate your child’s teacher to know and understand about his or her asthma or food allergies. The teacher should know how to recognize warning signs of an allergic reaction and how to use an inhaler.



- Birthday parties mean treats. Tell the teacher about your child’s allergies to milk, egg, soy, peanuts, wheat, fish, shellfish or tree nuts.
- Have rescue medications available to coaches and teachers.

“It is essential that parents maintain good communication with school personnel about their child’s allergic condition,” said Dr. Overhulser.

#### Tips for parents

- If your child is allergic to certain foods, inform the cafeteria staff and teachers to avoid those and suggest safe alternatives.
  - Have your food sensitive child bring a bag lunch to school each day.
  - Make certain a dose of auto-injectable epinephrine is with your child for emergency situations and that teachers and the school nurse know how to properly administer it.
  - Inform physical education teachers and coaches about asthma and warning signs of exacerbation which could trigger exercise-induced asthma.
- To learn more about allergies and asthma, contact your Oklahoma Allergy & Asthma Clinic physician at (405) 235-0040.

## OAAC Spotlight: Warren Filley, M.D.

When you are contemplating where you are going to base your career, raise your family and possibly spend the rest of your life, it is a huge life-altering decision.



Warren Filley, M.D.,  
Board Certified Allergist

Warren Filley came to Oklahoma for his internal medicine residency at the OU Health Sciences Center after completing his medical degree at Kansas University School of Medicine.

“I wasn’t sure just how things would work out for me in Oklahoma,” said Dr. Filley.

Dr. Filley was overwhelmed by the friendliness of Oklahomans, especially Dr. Dennis Mask, a nephrologist at the OU Health Sciences Center.

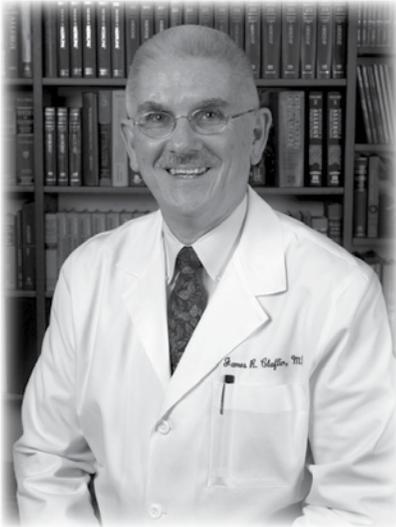
“It really was Dr. Mask who convinced me to come to Oklahoma in the beginning,” said Dr. Filley.

Dr. Filley’s wife, Karen, an asthmatic, was the first to visit the clinic when she was referred to OAAC’s Dr. John Bozalis as a patient in 1976. Dr. Filley also has allergies and so did their children who were OAAC patients. He became interested in allergies and asthma and decided to con-

(continued on page 3)

# ASTHMA POT POURRI

BY JAMES CLAFLIN, M.D.,  
BOARD CERTIFIED ALLERGIST



## Cleanliness Second To Godliness

A significant improvement in general quality-of-life and asthma-specific quality-of-life indicators was found in asthmatic individuals after an emphasis on cleaning education was provided. Actual cleaning was done using bleach based cleaning supplies. The cleaning resulted in a decrease of surface bacteria, airborne mold, and dust allergen levels. It seems that house cleaning DOES make a difference. Where's the cleaning brigade?

## I Can't Afford That Medicine!

Cost has been recognized as a major factor in non-adherence with chronic medicine use. It is now recognized that patients are making decisions about their care without physician guidance. Information regarding asthma management is now available from multiple sources, particularly the internet.

Some patients gather information and weigh the perceived benefit of the medicine versus the cost of the medicine. The perceived change in symptoms observed over time is sometimes difficult to determine and may adversely affect the use of medicine. An underlying desire of most patients is to have less use of rescue medications and a rapid response to treatment (instant gratification). An

open line of physician-patient communication, open discussion of treatment goals, and consideration of treatment methods over which the patient can maintain some degree of control should be considered in the management of asthma. Co-ops may be useful for something besides farming and vegetable plots!

## Allergy Shots - Modern Medicine?

It is only in the last 40 years that science has been able to identify what is happening at the cell level in patients with asthma. A little over 15 years ago, guidelines for asthma treatment were provided with an emphasis on the irritation/inflammation that is present in the lungs with chronic asthma. Medications have been emphasized for the treatment of irritation/inflammation through the years and are known as controller/preventive medications.

It has now been shown that allergy shots (immunotherapy) provide a decrease in the substances associated with irritation/inflammation. Shot therapy is appropriate only for those individuals that have been identified as being allergic. Do you have family or friends that have asthma but have never had an allergy evaluation?

## Will My Hay Fever (Allergic Rhinitis) Result In Asthma?

Individuals with asthma can have the onset of their symptoms at any age, e.g., childhood, teens, or in the adult years. Are there any problems occurring in childhood that will result in the onset of asthma symptoms? It is recognized that individuals with childhood allergic rhinitis have a significant increased incidence of childhood, teen, and adult-onset asthma. Childhood allergic rhinitis increases three-fold the risk of childhood asthma persisting in middle-age rather than remitting.

Active treatment of allergic rhinitis, including shot therapy (immunotherapy), in childhood has been shown to decrease or eliminate the onset of

asthma. Does your child have allergic nasal symptoms and no asthma? Don't hesitate in having an allergy evaluation for your child; it may save him/her from having asthma!

## Being Outside is Good for You

Many reasons for the increase in asthma rates over the past few years have been offered including the lack of immune stimulation during the early years of life (hygiene hypothesis). Researchers are now examining the relationship of asthma and Vitamin D. As we have become more prosperous, more time is spent indoors with less exposure to sunlight resulting in less natural Vitamin D production.

Along with inadequate food and vitamin supplementation, pregnancy may result in Vitamin D deficiency. It appears that the lack of adequate Vitamin D intake during pregnancy may result in increased asthma and allergic rhinitis in their offspring. More to come on Vitamin D!

"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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# Newer Medications

By WARREN FILEY, M.D.,  
BOARD CERTIFIED ALLERGIST

A new nasal steroid spray called Omnaris (Ciclesonide) is now available to patients. A “prodrug,” the spray must be absorbed into the nasal membranes to work. For those of you who have unsuccessfully tried to use other steroid nose sprays, Omnaris could be the answer. It is approved for use in seasonal and persistent allergic rhinitis in ages 6 through adult.

Patanase (Colopatadine hydrochloride) is now available for use as a topical antihistamine as a nose spray. Formerly available as a treatment for eye allergies (Patanol and Pataday), Patanase can be used for ages 12 through adult as a treatment for seasonal allergic rhinitis. This is only the second topical antihistamine for the nose approved in the United States (the other drug is Astelin). If you have successfully used the eye drop form of this drug, it is worth trying as a nose spray.

Talk to your allergy physician about these new drugs.

## Food Allergies on a Stick



Most people would rather not know what goes into the corndog they consume at the summer carnival. But for the 12 million Americans with food allergies, awareness of ingredients is a must for safely eating their way through summer events, according to the American Academy of Allergy, Asthma & Immunology (AAAAI).

People with food allergies must be extra vigilant when eating at summer fairs and festivals. Questions about ingredients, preparations and possible

cross-contamination if left unanswered, could lead to an allergic reaction.

The stakes are high. A single bite of the wrong food can induce anaphylaxis, a life-threatening reaction, in severely allergic people. The AAAAI estimates that up to 150 people die each year from anaphylaxis caused by food allergy.

More commonly, allergic reactions to food result in skin irritation, asthma symptoms or gastrointestinal upset. But even mild symptoms can quickly spoil the fun of a summer festival, ball game or wedding.

Food allergic people should always be aware that allergens can show up in unexpected places. In an effort to eliminate trans-fat, for example, many vendors have switched to peanut oil or soybean oil for their fryers. Some people with allergies to peanut or soy can experience reactions to these oils.

An allergist/immunologist can identify the specific risks for an individual and provide information and support for avoiding the problem foods.

For more information about food allergies, contact your Oklahoma Allergy & Asthma Clinic physician (405) 235-0040.

## Dr. Filley...

*(continued from page 1)*

tinue his medical career and become a researcher.

At that point, Dr. Filley wasn't sure where he would eventually practice medicine. But while attending a University of Kansas alumni meeting in the late 1970's a fellow alumnus told him “Oklahoma will grow on you.”

Dr. Filley went to the Mayo Graduate School of Medicine in Minnesota to complete a fellowship in Allergy and Clinical Immunology. The couple almost stayed at the Mayo Clinic. However, Karen reminded her husband what that person had said about Oklahoma growing on them. They agreed it would be a great place to live and moved back to Oklahoma City to begin practice at the OAAC in 1982.

Dr. Filley is a clinical professor of medicine at the OU Health Sciences Center. He is double boarded in Internal

Medicine and Allergy/Immunology. He was recently named one of Oklahoma's top doctors in the June issue of Oklahoma Magazine. The information was gathered and released by Castle Connolly Medical Ltd., a healthcare research and information company.

Dr. Filley has served on the board of directors for the Oklahoma Garden Festival and the Oklahoma Horticultural Society as well as a past president of the Horticultural Society. He has been involved as a mentor for the Oklahoma City Youth Leadership Exchange and has been a member of their board of directors. He has served as a member of the Ad Hoc Committee for horticultural procurement for the Oklahoma City Zoological Trust. Currently, Dr. Filley is a member of the Myriad Gardens board of directors.

Dr. Filley was instrumental in setting up the OAAC's certified allergy counting station. He served as Chairman of the

American Academy of Allergy, Asthma, and Immunology aerobiology committee and helped establish the National Allergy Bureau which is the only reliable pollen and mold counting network in the United States.

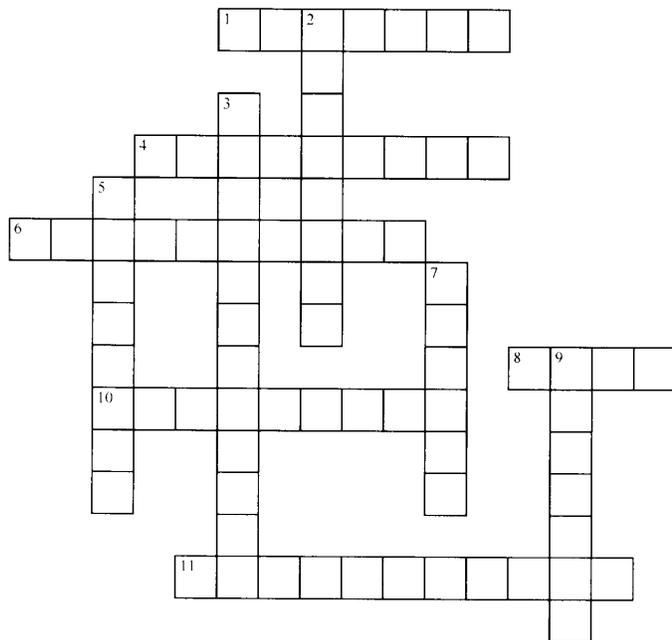
“It has been a very enjoyable experience,” said Dr. Filley of his 26 years in practice. “I enjoy the clinical practice – seeing the patients and making people feel better.”

Karen is executive director of the Edmond Public Schools Foundation. The Filleys' children have grown up and moved away. Mark lives in Japan teaching English and Alison is completing her graduate degree in fine arts at the University of Iowa.

“It's a fun place to work – the staff and the doctors I work with,” he said.

Oh and who was that fellow alumnus who sat next to Dr. Filley at that Kansas University Alumni meeting? Famous oilman and founder of Kerr-McGee Oil Company, Dean McGee.

## OAAC Summer Fun



Puzzle answers will be posted on [www.oklahomaallergy.com](http://www.oklahomaallergy.com)

### ACROSS

- 1 The piece of equipment that gathers mold spores and pollen grains.
- 4 A vitamin D deficiency can happen during \_\_\_\_\_.
- 6 The Clinical Lab Department provides these services for patients.
- 8 Oklahoma has this many counting stations.
- 10 People with food \_\_\_\_\_ must be extra vigilant when eating at summer fairs and festivals.
- 11 A single bite of the wrong food can induce

### DOWN

- 2 Active treatment of allergic \_\_\_\_\_ including shot therapy (immunotherapy) in childhood could eliminate the onset of asthma.
- 3 The \_\_\_\_\_ Network is comprised of pollen and spore counting stations.
- 5 A topical antihistamine for use inside the nose.
- 7 Dr. Warren Filley graduated from this state's school of medicine.
- 9 A new nasal steroid spray.

## Meet the Clinical Laboratory Department

If you live in the Oklahoma City viewing area, during television weather forecasts, a chart flashes that shows a mold and pollen report. That information is gathered and reported daily at the Oklahoma Allergy and Asthma Clinic and the *Oklahoman*.

The OAAC's Clinical Laboratory Department monitors the "Burkard," the equipment that gathers the mold spores and pollen grains from the air onto a slide. Located on the roof of the OAAC building, Jeanice Shropshire retrieves the slide, stains it, and performs the count using a microscope. Those counts are released to the media via the OAAC website and also reported to the National Allergy Bureau™.

The National Allergy Bureau™ (NAB™) is the section of the American Academy of Allergy, Asthma and Immunology's (AAAAI) Aeroallergen Network that is responsible for reporting current pollen and mold spore levels to the public. The Aeroallergen Network is comprised of pollen and spore count-

ing stations staffed primarily by AAAAI member volunteers who generously donate their time and expertise.

The NAB currently provides the most accurate and reliable pollen and mold counts from approximately 69 counting stations throughout the United States, three counting stations in Canada, and two counting stations in Argentina. At OAAC, Dr. Warren Filley is the AAAAI Station Director.

The count station is tested and certified by the American Academy of Allergists and Immunologists and must be recertified every five years. Oklahoma currently has four counting stations. The OAAC Clinical Laboratory has been reporting mold and pollen counts since 1987.

The Clinical Laboratory Department also provides diagnostic lab services for OAAC's patients. They offer Complete Blood Count (CBC) tests, eosinophil nasal smears and food allergy tests.



**Jeanice Shropshire**

Jeanice started working at the OAAC lab in 1983. She holds these designations and certifications: Medical Technologist (MT) with the American Society of Clinical Pathologists and with the American Society for Clinical Laboratory Science. She is accredited through the National Credentialing Agency for Clinical Scientists. Dr. James Wells is the Medical Supervisor of the Clinical Lab.