

News

American Academy of Allergy Asthma & Immunology (AAAAI) - For immediate release, October 2, 2008

AAAAI: Look out for latex in unexpected places

MILWAUKEE – Allergic reactions to latex happen commonly in medical settings, where rubber gloves are in abundant supply. But less-visible elements in other environments can also pose danger, according to the American Academy of Allergy, Asthma & Immunology (AAAAI).

“Consider that restaurant meals are frequently prepared by cooks wearing latex gloves. In schools, the cafeteria may be a threat, but there is also potential exposure to latex in school supplies,” said Donald H. Beezhold, PhD, FAAAAI, chair of the AAAAI Latex Allergy Committee. “This type of inadvertent exposure poses a serious health risk to millions of Americans.”

Estimates of latex allergy prevalence vary, but the condition disproportionately affects healthcare workers and others with frequent exposure to latex – including those who have had multiple surgeries. At least 10 percent of healthcare workers and more than half of individuals with spina bifida are believed to have the allergy, versus 1 percent to 6 percent of the general population.

Reactions to latex can result in skin irritation or anaphylaxis – which can be life-threatening.

Avoidance is key to preventing an allergic reaction and the responsibility of education often falls to the patient. The AAAAI offers resources on latex allergy in the Diseases 101 section of its Web site, www.aaaai.org. The AAAAI recommends these tips for latex-allergic patients:

- Avoid contact with latex products, including gloves, balloons and condoms.
- Inform your doctors, dentist, family, employer and school personnel of the allergy and request accommodations as needed.
- Remember that the federal Americans with Disabilities Act provides workplace protections for individuals with latex allergy. If protective gloves are required for your job, your employer should consider an alternative synthetic material, which is equally effective in most situations.

- Ask your physician if you should wear a medical bracelet identifying your allergy.

An allergist/immunologist is the best-qualified medical professional to diagnose and treat latex allergy and other allergic diseases. To locate an allergist/immunologist in your area, visit the AAAAI [Physician Referral Directory](#).

The American Academy of Allergy, Asthma & Immunology represents allergists, asthma specialists, clinical immunologists, allied health professionals and others with a special interest in the research and treatment of allergic disease. Established in 1943, the AAAAI has nearly 6,500 members in the United States, Canada and 60 other countries.

American Academy of Allergy Asthma & Immunology (AAAAI) - For immediate release, October 30, 2008

New research: Early peanut consumption may prevent allergy

MILWAUKEE – New research casts doubt on government health recommendations that infants and new mothers avoid eating peanuts to prevent development of food allergy.

The study, published in the November issue of *The Journal of Allergy and Clinical Immunology*, shows that children who avoided peanut in infancy and early childhood were 10 times as likely to develop peanut allergy as those who were exposed to peanut.

Researchers measured the incidence of peanut allergy in 8,600 Jewish school-age children in the United Kingdom and Israel. They compared these results with data on peanut consumption collected from mothers of infants age 4 to 24 months.

Prevalence of peanut allergy in the United Kingdom was estimated at 1.85 percent, versus .17 percent in Israel.

“The most obvious difference in the diet of infants in both populations occurs in the introduction of peanut,” lead author George Du Toit, MD, FAAAAI, wrote in the article. At 9 months of age, 69 percent of Israeli children were eating peanut, compared to 10 percent of those in the U.K.

Dietary guidelines in the United Kingdom, Australia and – until earlier this year – the United States advise avoidance of peanut consumption during pregnancy, breastfeeding and infancy. While researchers suggest these recommendations could be behind the increase in peanut allergy in these countries, they cautioned that further evidence is needed before those guidelines should be changed.

The American Academy of Allergy, Asthma & Immunology (AAAAI) cautions that although the results are promising, they shouldn't translate to changes in treatment just yet. There are a number of other factors that could account for the difference in peanut allergy prevalence between the two countries.

"While this study's findings provide optimism for prevention of peanut allergy in the future, randomized, controlled trials are needed to verify that early introduction of peanut is indeed effective," said Jacqueline A. Pongratic, MD, FAAAAI, vice chair of the AAAAI Adverse Reactions to Foods Committee.

The Learning Early about Peanut Allergy (LEAP) study, a large randomized study in the U.K., is currently testing the effects of early peanut exposure.

Researchers selected the two Jewish populations due to their similar genetics, rate of atopy, and environmental and socioeconomic backgrounds. These similarities help eliminate other factors that could account for the difference in peanut allergy rates.

Peanut allergy affects an estimated 3 million Americans, according to the AAAAI. It is one of the most common triggers of anaphylaxis, a potentially life-threatening reaction. The incidence of peanut allergy has been on the rise in the United States, doubling in the five-year period from 1997-2002.

An allergist/immunologist is the best-qualified medical professional to diagnose and treat food allergies and other allergic diseases. To locate an allergist/immunologist, visit the AAAAI Physician Referral Directory at www.aaaai.org/physref.

The Journal of Allergy and Clinical Immunology is the official scientific journal of the American Academy of Allergy, Asthma & Immunology (AAAAI).

The AAAAI represents allergists, asthma specialists, clinical immunologists, allied health professionals and others with a special interest in the research and treatment of allergic disease. Established in 1943, the AAAAI is the largest professional medical association in the asthma/immunology specialty with nearly 6,500 members in the United States, Canada and 60 other countries.

American Academy of Allergy Asthma & Immunology (AAAAI) - For immediate release, November 12, 2008

AAAAI: 'Allergy-free' dog an unlikely find for First Family

MILWAUKEE – As President-Elect Barack Obama and the future First Family begin their search for a new pet to join them at the White House, the American Academy of Allergy, Asthma & Immunology (AAAAI) wishes to remind individuals with allergies that there is no truly "hypoallergenic" dog.

Obama's 10-year-old daughter, Malia, suffers from allergies to dogs – a condition she shares with millions of Americans.

According to the AAAAI, it is a common misconception that people are allergic to a dog's hair, and it is falsely believed that a dog that sheds less will not cause a reaction. However, allergies to pets are caused by protein found in the animal's dander (dead skin cells), saliva or urine.

These proteins are carried on microscopic particles through the air. When inhaled, they trigger reactions in allergic people. As all dogs possess these proteins, there is no allergy-free dog.

Though some dog breeds are considered more allergy friendly, it is likely because they are groomed more frequently – a process that removes much of the dander.

While the most effective treatment for animal allergies is avoidance, this is not always possible. The AAAAI offers these other tips for minimizing allergy symptoms:

- Visit an allergist/immunologist to diagnose the allergy and discuss treatment, which may include maintenance medications or immunotherapy (allergy shots).
- Keep the pet out of the allergic person's bedroom. Animal dander will collect on pillows, leading to worsened symptoms at night and morning.
- Bathe the animal weekly to reduce the amount of dander shed at home.
- Replace carpeting with hardwood or other solid-surface flooring for easy clean-up.
- Vacuuming may not be effective in decreasing allergen levels, but using a HEPA filter and double bags may help.
- Wash bedding and clothing in hot water. While animal allergens are not easily removed by high temperatures, these measures may help.

An allergist/immunologist is the best-qualified medical professional to diagnose and treat animal allergies. Additional information on animal allergies is available at www.aaaai.org.

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American Academy of Allergy Asthma & Immunology (AAAAI) - For immediate release, November 12, 2008

Guess who's coming to dinner: Hosting guests with allergies and asthma

MILWAUKEE – This holiday season, many Americans will host gatherings with family and friends. Millions will have guests with allergy or asthma concerns.

One in six Americans – about 50 million people – suffer from some form of allergies or asthma, according to the American Academy of Allergy, Asthma & Immunology (AAAAI). But for

those who do not cope with the conditions daily and first-hand, it can be difficult to know what special accommodations are needed. What if a dinner guest has a food allergy? Or your mother-in-law is allergic to your cat? The AAAAI offers these tips for holiday hosts to keep their guests' asthma and allergy symptoms in hibernation:

- Ask about food allergies before planning a menu. Remember that even trace amounts of an offending food can trigger an allergic reaction. Keep track of ingredients used and avoid cross-contamination by thoroughly washing utensils, cookware and food storage between uses.
- Dust and vacuum regularly in the weeks leading up to the gathering. This will help minimize dust mites, animal dander and other potential allergy triggers. Don't forget to vacuum upholstered furniture and drapery.
- Replace furnace air filters so they can properly trap allergens.
- Clean guest rooms thoroughly the day before visitors arrive, including dusting, vacuuming and washing sheets and pillowcases in hot water.
- If visitors are sensitive to animals, keep all pets out of guests' rooms. Do not allow cats or dogs to rub against guests or climb in their laps. If necessary, keep pets confined to another area of the house, such as the basement.
- Limit fragrant candles, plants and potpourris as many allergic people are sensitive to these odors. Apply perfume conservatively, as well.
- Don't burn wood in the fireplace. Smoke and ash can provoke breathing difficulty or an asthma attack. Also, request guests smoke cigarettes outdoors.

Find additional information on allergies and asthma, including allergy-safe holiday recipes, online at www.aaaai.org. To speak with a medical expert about preventing allergy and asthma symptoms, contact Kimberly Jahnke at kjahnke@aaaai.org.

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American Academy of Allergy Asthma & Immunology (AAAAI) - For immediate release, December 1, 2008

AAAAI: Long-lasting cold symptoms may be sinusitis

MILWAUKEE – If your stuffy nose and headache last for more than two weeks, it may be more serious than a cold. Winter is prime season for sinusitis, as the condition most often results from the common cold. Allergy sufferers are also more likely to develop sinusitis.

An estimated 31 million Americans develop sinusitis each year, leading to 18 million physician visits and \$5.8 billion in overall health expenditures according to the American Academy of Allergy, Asthma & Immunology (AAAAI).

“Early on, the symptoms of colds and sinusitis are similar,” said Anju Peters, MD, Chair of the AAAAI Rhinosinusitis Committee. “But if symptoms are worsening after 3-5 days, or if they are present for more than 10 days, then sinusitis is the likely culprit.”

Sinusitis occurs when drains in the sinus cavities – hollow areas behind the forehead and cheeks – become blocked due to inflammation caused by a cold or allergies. The blockage prevents mucous from draining normally, leading to infection.

Sinusitis is easily recognized by a green or gray nasal discharge, foul tasting post-nasal drip, facial pain/pressure or light fever.

Sinusitis can last for months, or even years, if not properly treated. A physician will typically prescribe antibiotics to treat the infection and patients may also use decongestants to relieve stuffiness.

An allergist/immunologist is the best-qualified medical professional to diagnose and treat underlying allergies that contribute to sinusitis. Use the AAAAI Physician Referral Directory at www.aaaai.org to find an allergist/immunologist near you.

For more information about sinusitis and controlling allergies, visit www.aaaai.org.

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American Academy of Allergy Asthma & Immunology (AAAAI) - For immediate release, December 10, 2009

AAAAI clarifies appropriate use of LABAs

MILWAUKEE – A Food and Drug Administration advisory panel is set to meet tomorrow to discuss the future of a class of drugs often used to treat asthma.

The American Academy of Allergy, Asthma & Immunology (AAAAI) advises continued use of long-acting beta agonists (LABAs) with appropriate patients when prescribed as part of an asthma treatment plan.

The AAAAI believes that LABAs have a favorable risk/benefit ratio with proven positive clinical outcomes, as outlined in The National Asthma Education and Prevention Program Expert Panel Report 3 (EPR-3).

Asthma is one of the most common chronic health problems in the United States, impacting the lives of more than 20 million people and their families. Asthma causes airways within the lungs to tighten and swell which, in turn, restricts airflow and the supply of oxygen.

There are two primary forms of treatment for asthma. “Controllers,” such as inhaled corticosteroids (ICS), reduce the inflammation, and “relievers,” such as short-acting beta agonists (often called bronchodilators), treat the airway constrictions. Treating the underlying inflammation and relieving or preventing muscle contraction in the airways is necessary for most patients to control their asthma and prevent symptoms. Inhaled short-acting beta agonists should be taken only as needed and are not intended for daily use.

This approach to medication is affirmed in EPR-3. The report states that patients with persistent asthma (e.g., patients who have symptoms more than twice a week during the day or more than twice a month at night) need both long-term control medications to control asthma and prevent exacerbations, as well as quick relief medications for symptoms as needed. For many asthma patients, a daily treatment plan combining corticosteroid use with LABAs is recommended to control asthma symptoms and prevent life-threatening attacks. The guidelines were updated in 2007 to reflect the latest evidence on effectiveness and safety.

The addition of LABAs to inhaled corticosteroids has shown more favorable outcomes in controlling asthma than the use of higher doses of inhaled corticosteroids used alone, according to the majority of clinical trials. In fact, as the use of LABA inhalers has increased, the rate of asthma-related deaths has decreased.

The FDA’s recent hearing has raised awareness of the drugs used to treat asthma and has generated some confusion among patients and their families. The AAAAI recommends contacting your allergist or primary care physician if you are concerned about your medication. For educational information about asthma or to find an allergist/immunologist in your area, visit www.aaaai.org.

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