

Asthma & Allergy Center

Courteous Competent Care with Compassion

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To make an appointment, please call **304-343-4300** or leave a message [here](#).

To refer a patient please call as above or fax this [Patient Referral Form](#)

Allergy News

Important Anaphylaxis News

Recently, a number of generic Epinephrine auto-injectors have come out in the [Click here for more information](#)

Asthma & Allergy News

Fall 2013 Newsletter

Greetings and welcome to the Asthma and Allergy Center Newsletter!

While we enjoyed mild weather this past summer, fall brings about a unique set of challenges to address with patients and their families.

In the following articles, you will find information to assist you with those challenges, and as always, the staff of the Asthma and Allergy Center is here, ready to help.

Please contact any one of our medical staff at 304-343-4300, or visit www.asthmaweb.com for more information.

Seasonal News

Another Allergy Season?

Allergy sufferers take notice--ragweed allergy season is here!

Starting in late August and lasting through Thanksgiving, pollens from weeds like ragweed, pigweed, lamb's quarter, and other weeds introduce a new slew of symptoms Allergic Rhinosinusitis, Allergic Conjunctivitis and Asthma to those with weed pollen allergies.

To help prepare for the arrival of the ragweed season, the patient should be encouraged to begin allergy medications at the earliest appearance of symptoms, before the peak of allergy season.

More Tips Include:

Avoiding areas where ragweed plants thrive, such as construction sites, vacant lots, river banks, railroad banks, roadwork etc..

market. Since the exact instructions to administer Epinephrine are different for each injector, patients need to be warned either to insist on getting the injector they have been taught to use or learn to use what they get BEFORE they need the injector.

Allergy Vaccinations Reduce Children's Health Care Costs by One-Third

According to a study by the American College of Allergy, Asthma and Immunology (ACAAI), allergy injections (and now the allergy Oral Drops) reduce health care costs by as much as one-third for children with allergic rhinitis, saving an additional 16% in prescription costs.

"This is great news, not only for families who will experience fewer out-of-pocket expenses for allergy medications, but also for the ever increasing national health care crisis," said Linda S. Cox, M.D., immediate past chair of the ACAAI Immunotherapy and Diagnostic Committee and study co-author. "Because of the serious medical and economic consequences of childhood allergic rhinitis, early diagnosis and aggressive treatment need to be our priority."

For more information on allergy immunizations, please contact our office at 304-343-4300, or visit our website www.asthmaweb.com

Food Allergies are on the Rise

The CDC reports that there was an 18% increase in food allergy between 1997 and 2000

The prevalence of peanut allergy among children appears to have tripled between 1997 and 2008.

Top Food Allergens

Eight foods account for 90% of all food-allergic reactions:

Milk

Eggs

Peanuts

Tree nuts

Wheat

Keeping windows closed during ragweed season to prevent pollen from drifting into your home or car.

Use air conditioning, which cools, cleans and dries the air.

Get up-to-date pollen information for your area and minimize outdoor activities when levels are high.

Minimize your exposure to other known allergens during ragweed season, since symptoms are the result of a cumulative effect of multiple allergens.

Take a shower after spending time outside; pollen can collect on your skin and hair.

By recognizing triggers, adhering to the prescription regimen and making slight modifications to their activities, patients with grass allergies can enjoy all the season offers.

[Click here for more seasonal allergy information](#)

Prevent Complications from Flu and Pneumonia

People with asthma or other conditions that affect the lungs have a higher risk of complications from the flu even if the condition is mild and symptoms are controlled.

Since people with asthma have sensitive airways, inflammation from the flu can cause asthma attacks or make asthma symptoms worse.

The CDC recommends people with asthma get a yearly influenza (flu) vaccine; and get pneumococcal vaccine, once as an adult before age 65 years of age and again at age 65.

[Click here for more information](#)

Off to a Good Start

What do new shoes, sniffles and football have in common?

Why, they signal the start of the new school year! Making sure that school-age patients and their caregivers have the right tools is vital to success.

Asthma and Allergies at School

At this time of year, we can expect the school-age patient's asthma and allergy problems to increase due to weed pollens, weather fluctuations, arrival of upper respiratory infections etc.. So this is a good time to make sure that the patient's asthma/allergy action plan is current. Copies of this plan should be shared with school staff including the teachers, nurse, principal and office staff.

The plan should address allergy or asthma medications, dietary limitations, and the possible need for emergency medicines (such as injectable epinephrine) in the case of food allergy or venom allergy.

Even if your patient or caregiver reports no increase in symptoms, it's smart to review the treatment plan as early in the school year as possible.

[Click here for our Patient Education Page for access to asthma action plans](#)

Soy
Fish
Shellfish.

[Click here for more information](#)

U.S. Facts & Statistics

As many as 15 million people have food allergies.

An estimated 9 million, or 4%, of adults have food allergies.

Nearly 6 million or 8% of children have food allergies with young children affected most.

Boys appear to develop food allergies more often than girls.

Although childhood allergies to milk, egg, wheat and soy often resolve with time, they appear to be resolving more slowly than in previous decades, with many children still allergic beyond age 5 years.

Allergies to peanuts, tree nuts, fish, or shellfish are generally lifelong allergies.

[Click here for more information](#)

Allergic Sensitization In Older Patients With Asthma May Be More Common Than Previously Reported

In the past, it was a commonly held belief that children and young adults with asthma were more likely to have allergies than older adults. A recent study, though, proves that notion wrong.

The Mount Sinai School of Medicine in New York used data from the National Health and Nutrition Examination Survey (NHANES) 2005-2006 to compare IgE-mediated sensitization rates between younger (20-40 years) and older (over 55 years) patients with current asthma. Atopy was defined as a serum IgE to at least 1 allergen in a panel of 19 allergens.

The study found that 65% of older patients with asthma are allergic, meaning that sensitization is more common than previously reported. Allergic sensitization rates did not differ significantly between the age groups; 75.4% of the younger and 65.2% of the older patients with asthma were sensitized to at least 1 allergen.

[Click here for more information on allergy prevention and treatment](#)

[and other tools.](#)

Questions for Your School-Age Patients

To evaluate the current treatment plan, the healthcare provider is encouraged to talk with the patient about his or her daily life. By asking the following questions, the patient, caregiver and provider can get a better idea of the treatment plan and overall wellness of the child

Do asthma or allergies prevent you from taking part in sports or other activities?

If the patient answers 'Yes', this can be an indication that their asthma isn't under control and treatment should be reviewed. Even if the patient answers 'No', it is a good time to educate the patient about when and how to use rescue medications for symptom control.

Do your asthma symptoms become worse when outdoors?

Because an estimated 60 to 80 percent of children with asthma also suffer from allergies, this is a good time to initiate a discussion about trigger avoidance and allergen immunotherapy as part of the management plan.

How are you feeling about your asthma?

Many children feel isolated and sad due to being left out of activities because of their condition. This is another clue that the current management plan is ineffective and needs to be reviewed. It can also hint to parents that the child may need to speak with someone about their feelings.

It is unacceptable for children to miss out on the school activities due to asthma and allergies!

Have you missed school this year because of your asthma or allergies?

Asthma is the leading chronic illness in childhood and is the most common cause of school absenteeism.

If the child reports missing days due to these issues, it may be time to evaluate prevention and management plans.

Research shows children under the care of a board-certified allergist see a 77 percent reduction in lost time from school.

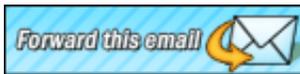
Do you still have asthma?

This may seem like a ridiculous question, but if the answer is no, this is an opportunity to stress to the patient the importance of medication adherence and carrying a rescue inhaler.

While symptoms may be under control, there is no cure for asthma and it probably won't go away forever. An asthma attack can occur at any time and it is critical that the patient have the proper treatment ready at all times.

[Click here for more information](#)

Accommodations for Students with Asthma or Allergies



We Want to Hear From You!

Help us serve you and your patients better by sending us your comments, questions and suggestions.

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- [New Patient Info](#)
- [Patient Education](#)
- [Forms and Documents](#)
- [Career Opportunities](#)
- [Contact Us](#)

School age children with food allergies are burdened by having to manage their condition at all times. Studies show that these children are also more likely to become victims of bullying due to those allergies. Parents often have a hard time convincing the school staff to take adequate measures to prevent exposure. We should make them aware that Americans with Disabilities Act (ADA) may be invoked to get the school to make the necessary accommodations to prevent life threatening exposure to allergens.

Federal law states:

"An individual with a disability means any person who: (i) has a mental or physical impairment that substantially limits one or more major life activity; (ii) has a record of such an impairment; or (iii) is regarded as having such an impairment" [34 C.F.R. §104.3(j)(1)]. As defined in Section 504, an "impairment may include any disability, long-term illness, or disorder that 'substantially' reduces or lessens one's ability to access learning in an educational setting because of a learning-, behavior- or health-related condition." ["It should be emphasized that a physical or mental impairment does not constitute a disability for purposes of Section 504 unless its severity is such that it results in a substantial limitation of one or more major life activities" (Appendix A to Part 104, #3)].

[Click here for more information](#)

With expert guidance, your patients and their families can enjoy all the active life that fall brings.

At the Asthma and Allergy Center, our staff is dedicated to assuring that you and your patients have access to the best of care and cutting-edge treatment options.

We wish you a wonderful fall season!

Sincerely,

Chandra M Kumar MD

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