

Asthma & Allergy Center

Courteous Competent Care with Compassion

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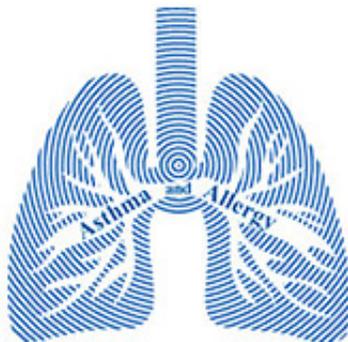
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Chandra Kumar, MD

Chang Choi, MD

Asthma & Allergy News

Spring 2013 Newsletter

Greetings!

The unpredictable West Virginia winter has finally lost its grasp, and our thoughts turn quickly to spring. Returning to outdoor pastimes such as readying flower gardens and playing sports certainly feels wonderful after being stuck inside all winter.

For the seasonal allergy sufferer, though, spring brings with it a new set of challenges. It means irritated, watery eyes, an itchy, runny nose and coughs from post-nasal drip. The good news is that those with allergies no longer have to experience these symptoms.

In this newsletter, you will find advice and information from your colleagues at the Asthma and Allergy Center.

Using cutting-edge, evidence based techniques, we're here to assist you and your patients with our expertise.

Visit asthmaweb.com to learn more about asthma and allergies, or call 343-4300 to consult a member of our medical staff.

Mary Lind Veloso, MD

Siwat Kiratiseavee, MD

Jenny Guervich PA - C

Jason Trusty PA - C

Brenda Walker NP

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
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We Want to Hear From You!

Help us serve you and your patients better.

Please send us your comments, suggestions and questions. We look forward to hearing from you.

Our Email address:
asthmaweb@msn.com

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Allergy Watch 2013

With the most severe flu season in many years finally coming to a close, relief is not to be expected for the thousands of West Virginians that suffer from seasonal allergies.

The unusual mildness of the past winter means that the snuffle-causing allergens are being disbursed earlier than in years with cold, harsh winters.

Trees common to West Virginia, including the oak, maple, elm, and birch begin pollinating in February, especially when the month is mild. This causes many allergy sufferers to believe that they are experiencing symptoms from a cold instead of the onset of seasonal allergies.

When winter temperatures fluctuate, allergens are released into the warm air and then stop temporarily when it gets cold again. The American College of Allergy, Asthma and Immunology (ACAAI) describes this as the "priming effect".

This weather pattern can prime the allergic reaction, so that when the allergen reemerges, allergy symptoms are worse than ever.

What should allergy sufferers and their providers do to alleviate those symptoms? For those who have yet to begin experiencing symptoms, it is a good idea to begin preventative doses of allergy medication immediately.

For those with intense allergic reactions or who find no relief from the symptoms, making an appointment with an Allergist is essential. An Allergist has the tools to determine what is causing the allergy symptoms and how to stop the occurrence.

To speak with a member of our medical team, please call 304-343-4300

Visit our website: www.asthmaweb.com

Asthma Patients Don't Always Use Their Inhalers Correctly

Part of using an inhaler is knowing when you've used up all the medication. Researchers at Wake Forest University studied what asthma

patients do with their inhalers.

What the researchers wanted to know:

How do people know when their pressurized metered-dose inhalers are empty?

What they did:

The researchers recruited 50 new patients who used inhalers regularly. They asked each one how he or she knew when it was time to get a new inhaler.

What they found:

72% said they thought a canister was out of medication when it didn't make a sound anymore when you tried to use it. Four patients said they'd been told if they dropped their inhaler in water, it would float when it was empty, but none of them had ever actually tried it. Just as well, because tests showed that floating an inhaler wasn't a reliable way to tell if the medicine was gone. Also, floating an inhaler often got water on the top of the valve stem, which could keep medicine from escaping the way it's supposed to.

Interestingly, while 78% of the patients knew they were supposed to shake the inhaler before using it, when they were asked to demonstrate proper use, only half shook the inhaler first. An unshaken inhaler won't deliver the right amount of medication.

All of the canisters still made puffs of air long after the manufacturer said they should be used up. The puffs after the recommended number cannot be relied upon to deliver the correct amount of medication.

The only way to be sure that you are getting the correct dose of medication from your inhaler is to keep a count of the number of doses you've used and get a refill when it gets to the number of doses it's supposed to contain.

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Asthma and Allergy Center Offers Penicillin Skin Testing

Penicillin allergy is the most frequently reported drug allergy, with approximately 10% of

hospitalized patients claiming to be allergic. Since many other antibiotic groups (Cephalosporins, Carbapenems and Monobactams) also have the Beta Lactam ring, doctors often do not prescribe any of them for these patients and they land up getting higher level antibiotics that are more toxic, more expensive and more likely to be associated with the development of drug resistant super-bugs due to their broader spectrum.

Multiple studies over the last two decades have shown that up to 90% of these patients do not have evidence of an IgE-mediated penicillin allergy when evaluated by skin testing.

The reason has to do with Penicillin allergy being blamed for all kinds of unrelated symptoms that may show up after taking a Penicillin drug. Further, Penicillin Allergy commonly dissipates over time making many histories unreliable. So it is important both for the Non Allergic as well as the Truly Allergic individuals and their doctors to know for sure whether they are Allergic to Penicillin or not.

The skin testing procedure for penicillin allergy is easy, safe and completed in a couple of hours. Following testing, patients with negative skin test results are challenged, in our office, with oral penicillin or amoxicillin to confirm their ability to tolerate penicillin.

Knowing if a patient is truly allergic offers many benefits:

Reduction in medical costs and institution of more effective, less toxic antibiotics: *Published studies of the routine use of penicillin testing with PRE-PEN in pre-surgical and emergency department patients with a history of penicillin allergy have demonstrated a reduction in medical costs and an institution of more effective, often less toxic antibiotics.*

Restricting the development of resistant bacteria: Penicillin skin testing helps identify more patients who can safely receive beta-lactam antibiotics, which helps reduce unnecessary prescriptions for broad-spectrum anti-infectives such as Fluoroquinolones and Vancomycin.

Reduce the need for penicillin desensitization in patients with infections where Penicillin is the only effective antibiotic for one reason or another.

In another recent study presented at the Annual Academy of Asthma, Allergy and Immunology meeting in San Antonio, earlier this year, Macy et al reported that they tested 500 out of 51,978 penicillin allergic patients in the San Diego Kaiser Permanente Health Plan. They found only 8 individuals were allergic and needed to avoid Penicillin and related drugs!

At that rate, **51,145 of those patients can safely take Penicillin.** BUT, from patient safety point of view, the most important question is **which 833 cannot.** Well, for you and /or your patients we can help.

We do Penicillin Allergy Testing in our office. It is a safe and convenient procedure that takes only a few hours. Please refer any penicillin allergic patients to our practice to be tested. If you have any questions regarding penicillin allergy and/or skin testing with PRE-PEN, please call.

[For More Information](#)

Remember to Test Before You Treat!

Study Concludes 8% of Children in the U.S. Have Food Allergy

The prevalence of food allergy among children in the U.S. is higher than previously reported, with 8% of children affected, according to the findings of a new study, the largest of its kind to date.

The study, published in Pediatrics, the journal of the American Academy of Pediatrics, also revealed that among the 5.9 million children with food allergies, 39 percent have a history of severe reactions and 30 percent have multiple food allergies.

"This study provides us with further compelling support that food allergies are a growing health concern among children in the U.S., and also

gives us new information about the demographics of those with food allergies," said FAAN CEO Maria Acebal. "We also have a window into how many of these kids have histories of serious anaphylactic reactions - nearly 40 percent. These findings reinforce the need for increased education and awareness of this potentially life-threatening medical condition." [Continue Reading](#)

I am sure you have read the recent heartbreaking news of death of a 19 year old college student from eating half of a cookie that had peanut in it. (If not, [click here](#)). What a tragedy!

The following few foods are responsible for more than 80% of food allergies: Milk, Egg, Soy, Peanuts, Tree Nuts, Fish, Shellfish, Wheat, Corn.

We can skin test for these and about 60 other foods to find out if a patient has IgE mediated anaphylactic allergy to one of them. Skin tests positivity has much better clinical correlation than the blood tests for foods.

To speak with a member of our medical team, please call 304-343-4300

[More information about treating food allergies](#)

Are Allergies and Irritable Bowel Syndrome Linked?

The cause of IBS varies from person to person, which is what makes irritable bowel syndrome and its symptoms so difficult for most doctors to treat. However, through proper testing it is possible to identify the exact cause or causes of the symptoms and live a life free of digestive problems.

There are several hundred potential causes of IBS, but a major cause can be food allergies and intolerances.

Is IBS Related to Allergies?

Possibly. Many people with IBS are adamant that certain foods trigger their symptoms. This certainly is reasonable - we know that there are associations between food allergies and gastrointestinal disorders, such as with the oral

allergy syndrome and eosinophilic esophagitis.

There likely is an association between IBS and allergies, especially with pollen and food allergies. People with IBS have been found to have more mast cells within their intestines, which may be acting to cause IBS symptoms when exposed to certain food and pollen allergens.

A recent study sought to identify an association between allergic diseases and IBS. These researchers found that people with seasonal allergic rhinitis and atopic dermatitis were much more likely to have IBS symptoms compared to people without these allergic diseases. Conversely, people with IBS were more likely to have allergic rhinitis and atopic dermatitis when compared to those people without IBS.

Researchers have suggested that mast cells within the intestines cause IBS symptoms when activated by allergens, such as certain foods and pollens. Many patients with IBS have improvement in their symptoms with avoidance of their allergic food triggers, while others have symptom relief with the use of allergy blocking drugs such as antihistamines and cromolyn.

Food Allergy Tests for IBS, Atopic Dermatitis, Eosinophilic Esophagitis, and what is now called EGID, consist of the usual Skin Prick tests to look for IgE mediated allergy as well as FOOD PATCH TESTS to identify T Cell mediated, Type IV Delayed Hypersensitivity mediated reactions to foods. BOTH TYPES OF TESTS CAN BE DONE AT the Asthma & Allergy Center.

For more information, please contact a member of our medical staff: 304-343-4300 or visit our website, www.asthmaweb.com

Highlights from the 2013 Annual Meeting of the American Academy of Allergy, Asthma and Immunology

Hope and Caution for Milk Allergy

For people with a dairy allergy, gulping down a glass of milk is unthinkable. But many patients came away with that ability after a months-long program of guarded controlled step up exposure to increasing amounts of milk, researchers from Israel reported February 24 at a meeting of the

American Academy of Asthma, Allergy and Immunology. Don't try this at home! It may be dangerous. Much more study is required

Promising Treatment for Chronic Hives

People with hives that recur for years and even decades might get relief from the Anti-IgE antibody drug Omalizumab, and marketed as Xolair. However, because the drug is very expensive, insurance companies cover it only for severe, recalcitrant, steroid resistant asthma patients.

Allergic Kids Smaller

Children with an allergy to dairy products weigh less on average than kids who can eat what they want, researchers at the University of North Carolina at Chapel Hill reported February 24. The scientists analyzed medical records of 245 food-allergic children up to age 11 and took note of any food allergies diagnosed from 2007 to 2011. Several allergies showed up- to peanuts, eggs, dairy and other foods. Overall, the children with more than two food allergies were slightly shorter than other children without food allergies.

Vitamin D May Boost Hepatitis B Shot

Compared to men with low levels of vitamin D, men with high levels might get a better immune response after hepatitis B vaccination, South Korean researchers reported.

[Continue Reading](#)

With expert help, effective disease management and some smart advance planning, patients with allergies and asthma can live and enjoy life to the fullest.

All of us at the Asthma and Allergy Center wish you a wonderful Spring!

Sincerely,

Chandra M Kumar MD
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