

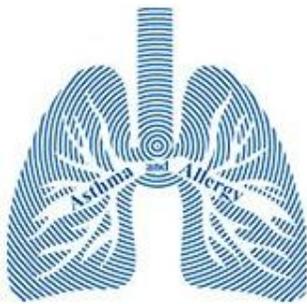
Asthma & Allergy Center

Courteous Competent Care with Compassion

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Volume I; Edition 3



**Asthma & Allergy
Center**
Charleston
Parkersburg
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Ripley
Logan

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Asthma & Allergy News

Winter 2013 Newsletter

The Asthma and Allergy Center wishes you good tidings for a Happy, Healthy & joyful New Year!

We hope you find the information herein useful. Visit us at Asthmaweb.com to learn more about Asthma and Allergies, or call us at 304-343-4300 and ask to speak with one of the doctors.

Patient Care and Winter Weather

The physician should look upon the patient as a besieged city and try to rescue him with every means that art and science place at his command. ~ Alexander of Tralles

Clinicians can provide expert care for patients with asthma by advising them on asthma control during the winter months. Educational counseling by the physician can be the most important tool for the patient to combat harmful episodes.

Extreme temperature changes in the winter can create chaos for the patient with Asthma. The inhalation of cold air, especially during physical activity, can cause drying of the airway and bronchospasm. This can lead to episodes of coughing and shortness of breath. Symptoms can occur almost immediately after exposure. While most patients realize that coughing and shortness of breath are a result of inhaling cold

Career Opportunities

Contact Us

Providers

Chandra Kumar MD
Chang Choi MD
Mary Lind Veloso MD
Siwat Kiratiseavee MD
Patrick Gross DO
Jason Trusty PA - C
Jenny Guervich PA - C
Brenda Walker NP

To Make An Appointment:

Please call us at
304-343-4300

during normal hours, or
leave us a [message here](#).

To Refer a patient please
call as above or FAX this
[Patient Referral Form](#).

304-343-5473



Asthma and Allergy Center
Receives

Lifetime Achievement Award

"Through their dedication to
progressive Patient Care,
Education, and Treatment,
the Staff of the Asthma and
Allergy Center exemplifies
the qualities that make up the
criteria for the Lifetime
Achievement Award."

air, many do not realize that there are ways to
reduce these reactions.

This can be achieved by working with the
patient to improve self-management. Updating
the asthma action plan at every visit will give
the clinician and the patient time to discuss
emergent symptoms, lifestyle changes and any
updates to medication regimens.

For more information:

Call us at 304-343-4300,

Or write to me at asthmaweb@msn.com

Or look up our website:

www.asthmaweb.com

Penicillin Allergy

How often do you hear patients reported as
"penicillin allergic" based on a childhood rash or
information given to them by their parents
years ago?

10 % of Americans claim they are allergic to
penicillin. Of them, 90% turn out to be not
allergic when assessed by appropriate allergy
skin testing.

As most of us health professionals are aware, a
history of Penicillin Allergy often leads to:

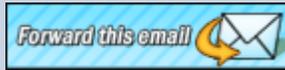
- Unnecessary denial of a first choice,
more effective, well tolerated
antibiotic;
- Overuse of broad spectrum antibiotics
(typically Macrolides, Sulfas or
Quinolones in the outpatient, and
Vancomycin in the surgical suite), with
more side effects, increased cost, and
worst of all, greater risk of drug
resistant bugs in the community.

Allergy Skin testing with PrePen and PenG has
been around for decades but has been
unavailable in the U.S. for many years because
Prepen, the purified major determinant of
Penicillin allergy was not available. With
approval of this product by the FDA the tests
are now available.

The skin testing procedure for penicillin allergy
is easy, safe and can be completed in about
two hours at one of our clinics. If the tests are

Citation for Lifetime
Achievement Award
from
The West Virginia Asthma
Coalition.

[\(See Full Text Here\)](#)



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

negative a single dose of the Penicillin drug the patient claims allergy to is given in the office and the patient observed for an hour or more, as an extra measure of safety. Negative tests, combined with the oral challenge have 97% reliability.

Penicillin Allergy Testing is a safer than jumping straight to a dose challenge or costly desensitization. Unlike desensitization, which has to be done each time a patient needs a penicillin like drug, allergy testing, if negative (which is the case for 90% of patients) eliminates the need for desensitization. Therefore the current recommendations are to have patients who claim to be allergic to Penicillin tested as a routine so they can receive appropriate antibiotics as and when they need them.

We will be happy to evaluate your penicillin allergic patients, and / or answer any questions any time. Please feel free to write to me at: asthmaweb@msn.com.

Remember, For Penicillin,
Test Before You Need To Treat!

The Importance of the Doctor-Patient Relationship

"The doctor/patient relationship is the pivotal link in influencing patient behavior change.

The principal determinant of best health outcomes of asthmatics was a partnership relationship with a doctor." (Anderson 1997)

Asthma management has continued to improve, and health professionals are now caring for people with asthma with more information, skills and medications at their disposal than ever before. However, adherence to medication regimens and lifestyle advice can still be difficult for many patients, despite ever-increasing amounts of information and the best efforts of clinicians.

The challenges of the management of such complex diseases as asthma make teamwork essential if any healthcare strategy is to succeed. To achieve positive health outcomes, progress depends on more effectively including the patient in that partnership.

Understanding the barriers to adherence, encouraging appropriate self-care, and commitment to a true partnership with the patient are essential. We Health professionals need to equip our patients with the ability to assess and self-manage chronic illnesses, using evidence based adherence strategies.

Asthma, as a chronic illness, presents special challenges. Overcoming health beliefs that can lead to denial of the condition, countering negative connotations and dealing with the issues of taking long-term medication can be daunting tasks for the clinician. The partnership hinges upon the physician's ability to overcome that imbalance by providing practical, targeted and succinct information on managing these issues with the individual patient.

[Continued Reading](#)

Oral Allergy Drops Sublingual Immunotherapy (SLIT)

Allergy Injections or Subcutaneous Immunotherapy (SCIT) is a well established, proven mode of immune modulation for allergic diseases. Compliance has always been a problem because of the needle factor and the need to get them in a doctor's office. So alternative means of administration have constantly been explored.

It appears that the sublingual space has a fair supply of dendritic cells that can sample, capture and send to the immune system, i.e. lymph nodes, for immune processing, any allergens placed therein. Over the last decade many European studies have shown that with proper dosage and daily administration, Sublingual Immunotherapy (SLIT) is as effective as the injections. And safer; safe enough that, with appropriate precautions, it can be administered at home. More than half of all allergen immunotherapy in the European Union countries is SLIT. More and more U.S. Allergists are offering it.

The advantages of SLIT, are obvious. No Needles, and No Need to travel to the clinic to get your shots.

The problems with SLIT are: (1) Even though the allergen extracts used for SCIT and SLIT are the same, they are FDA approved only for injections and not for oral administration. Until that happens, SLIT is "Off-Label" or "investigational". Therefore, (2) Health insurance companies do not cover SLIT, making it an "out-of-pocket" expense for the patient. Nevertheless, being as definitive a treatment as allergy injections, the overall cost of SLIT would be significantly less than a lifetime of allergy medications and office visits for allergy-related illnesses; and for many patients, may be comparable to the cost of receiving injections if the time value of their visits to the doctor's office to get the injections, and the copays are factored in. We anticipate that the insurance reimbursement issue will improve in coming years, as the FDA is currently looking at several oral allergy vaccine products for potential approval.

Patients often ask if all allergy drop procedures are equal, and the answer is a definitive NO! Our clinic offers targeted, high-dose oral immunotherapy treatments, only for the inhalant allergens, using dosage and concentrations in accordance with well-established European protocols, that have been shown to offer excellent benefit. Injections are still the only way to treat insect venom allergies, and there is no proven and safe immunotherapy for food allergies.

All patients, whether starting, or having been on maintenance Immunotherapy for Inhalant Allergens, can get on SLIT.

I will be happy to answer any questions you may have. Send me an email at asthmaweb@msn.com

Winter Allergy Triggers

Those of us with pollen allergies may get a break during the winter, but those with indoor allergies can find their symptoms increased.

Some winter allergies are caused when the heating system kicks on blowing dust, mold spores and insect parts into the atmosphere. They can get in the airway and cause an

allergic reaction.

Common indoor allergy triggers include dust mites, mold, animal dander and proteins in animal saliva.

Symptoms of allergies from indoor allergens are often more chronic and persistent. They include stuffy nose, stuffy head and sinuses, postnasal drip, dark circles under the eyes, low grade itchy redness of eyes, Sinusitis secondary to URI, Cough, and of course, Asthma.

Allergy symptoms are similar to, but last far longer than those from a Common Cold. But allergy patients suffer longer. Luckily, allergy symptoms can be alleviated with proper treatment.

For more information, visit our website Asthmaweb.com

All of us at the
Asthma and Allergy Center
wish you a
Happy, Healthy Winter of 2013.

Sincerely Yours

Chandra M Kumar MD

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