



Physician Allergy Times

Spring 2009

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Allergies and the “Lifetime Load” Theory

Traditional views that allergies and asthma decrease as one ages are no longer viewed as realistic. In the older population these symptoms can worsen or develop for the first time in their lives. Karen Calhoun, chairman of the University of Missouri School of Medicine’s Otolaryngology Department in Columbia, MO is also the president of a relatively new organization, the American Society of Geriatric Otolaryngology. She regularly sees patients who say, “How can I have allergies?”

Unfortunately, many of these patients fail to even seek treatment for allergies since they attribute their symptoms to aging or other non-allergy related problems. Living among a lifetime of possessions (books, furniture, etc.) can aggravate allergies to mold and dust. This is referred to as the “lifetime load theory.”

Physiological changes in the body can mask symptoms, too. The amount of water in the body decreases with age which in turn can decrease the



Doctors find it difficult to sort out allergy symptoms in the older population from those symptoms indicative of other medical conditions. Even patients don’t consider allergic rhinitis as a probable cause for their ailments.

cilia in the nose to help wash out these irritants. Less blood flow to the nose dries up the passages thus producing inflammation.

While you are busy treating other acute health problems in older patients, it’s hard to distinguish allergy/asthma symptoms from other diseases. Diagnosing rhinitis can be further down on your list of probable causes than on a patient’s list. As people age, the skin becomes less reactive to the skin-prick test so IgE-specific blood tests may be a better tool for diagnosing allergic rhinitis.

Another important consideration in the older population is polypharmacy. Patients who self-treat with over-the-counter allergy medications may risk potentially hazardous outcomes.

Perennial AR and the Link to Alcohol Consumption

A Danish study of 5,870 adult women 20-29 years of age revealed an increased risk of developing *perennial* allergic rhinitis (PAR) for every additional alcoholic drink per week. Contrary to that finding, there was not any observed increase in *seasonal* allergic rhinitis (SAR) relative to the amount of alcohol intake.

The more alcohol the women drank, the higher their risk of developing PAR. As an example,

women who reported drinking more than 14 drinks per week were 78% more likely to develop PAR than women who drank one or fewer per week (If at least one parent had asthma, this risk was even higher.) This study was conducted only on women and there is supporting evidence that women are more susceptible to the harmful effects of alcohol than men.

Clinical and Experimental Allergy July 2008



Healthcare resources are not increasing commensurately with the worldwide number of cases of allergic rhinitis and asthma.

".....the recommendation to carry two doses of epinephrine should at minimum be extended to individuals with asthma and significant food allergies."



Forget the antiseptic wipes and let children explore their world as they always have.

WAO Issues First State of World Allergy Report

In a first ever report, the World Allergy Organization (WAO) said that while allergy and asthma cases are on the rise, the number of healthcare professionals who can diagnose and treat these illnesses has remained stagnant.

Worldwide asthma rates have increased 50% each decade for the last 40 years. Approximately 20-25% of the population of every developed country will develop some type of

allergic disease. However, after the WAO surveyed member organizations from 33 countries, only 16,000 trained allergists are currently available to treat the estimated 22% of 1.3 billion people who have allergic disease. According to the report, 400 million people worldwide have allergic rhinitis and 300 million have asthma. Of the 300 million with asthma, half live in developing countries and do not have access to

medications to control the condition.

The report further estimates that the economic cost of allergic rhinitis and asthma is greater than that of TB and HIV/AIDS. About \$20 billion is spent worldwide each year on medications, doctor visits and lost work productivity related to allergic rhinitis alone.

To view the complete report visit: www.waojournal.org

Second Dose of Epinephrine Needed in 1-of-5 Cases

Approximately 20% of the time, children with food-induced anaphylaxis required a second dose of epinephrine. Of those who required multiple doses almost all of them also suffered from asthma. Although further studies are needed, these findings point to asthma as a risk factor for severe anaphylaxis. Lead author, Kirsi M. Järvinen, MD, PhD, writes that "the recommendation to carry two does of epinephrine should at minimum be extended to individuals with asthma and significant food allergies."

Of the 413 food-allergic children studied, 78 patients had received epinephrine to treat a total of 95 anaphylactic reactions. Of the 95 treated, a second dose was administered in 10% of cases and a third does was required in 6%. All but one (94%) were also diagnosed with asthma. In a surprise finding, the survey results indicated that many children didn't receive epinephrine despite past severe reactions. *Journal of Allergy and Clinical Immunology*

Possible Link Between Childhood Asthma and H. Pylori

A study conducted by Yu Chen, an epidemiologist with New York University and the Dept. of Veterans Affairs Medical Centre in NY, suggests that the absence of *Helicobacter pylori* may be responsible for the nearly double increase in childhood asthma. In wealthy nations, the improvements in sanitation and increased use of antibiotics have reduced *H. pylori* in children from around 70-90% to under 10% in the US and other industrialized countries. The study of 7,412 participants revealed that children 3-13 years were 59% less likely to have asthma if they had the bacterium. Teens and children 3-19 years were 25% less likely to have asthma. All children with *H. pylori* were 40% less likely to suffer allergic conditions such as rhinitis, rash and eczema. It's thought that a stomach that harbors this bacteria is lined with regulatory T-cells to control the body's response to invaders. Without these T-cells the child's immune system may become hypersensitive. While additional research is necessary, the message from this new study is, "Don't protect your children from dirt. Let them explore the world as they've done for millennia. *The Journal of Infectious Diseases, July 2008.*

Histamine Intolerance— “The Pseudo Allergy”

The symptoms of histamine intolerance are similar to those of the IgE-mediated allergic immune response, however, it is not an IgE-mediated disease. Many middle-aged women suffer from headaches, rhinitis, asthma, diarrhea, urticaria, flushing (the wine flush), etc. after consuming histamine-rich foods such as alcohol, processed meats, fermented foods, cheeses, etc. In healthy persons, dietary histamine can be detoxified by the enzymes Diamine oxidase [DAO] and Histamine N-methyltransferase. However, when histamine degradation is impaired due to reduced DAO activity, the resulting histamine excess may cause symptoms that mimic an allergic reaction.

When the allergy diagnosis is negative and there are not any identifiable internal disorders, histamine intolerance should be considered. Symptoms may be reduced by following a histamine-free diet or with the use of antihistamines.

Because of the multifaceted nature of the symptoms, histamine intolerance has been underestimated and further studies based on double-blind, placebo-controlled provocations are needed according to a study published in *The American Journal of Clinical Nutrition* 2007; 85:1185-96.



The “wine flush” experienced by some persons drinking alcoholic beverages is not an IgE-mediated allergic immune response.

Indoor Mold Associated with Poor Respiratory Health

According to the U.S. Environmental Protection Agency (EPA), indoor mold exposure is associated with respiratory health problems such as asthma, allergies, chemical sensitivities, wheezing and nasal congestion and other respiratory ailments. However, at this time, there are no EPA regulations for airborne mold com-

plaints so it's up to individuals to control the mold in their home. The EPA and other websites provide homeowners with many helpful hints to control the growth of mold in their homes. Even new homes need to be inspected carefully for the presence of mold. Mold can be hidden in walls, under carpets, behind ceramic tiles, in

attics, etc. It is important to keep in mind that just because moisture is not present at the time, dried mold spores can also cause respiratory health problems. The mold does not need to be viable. For more information visit:

<http://www.epa.gov/mold/moldresources.html>

"Mold spores do not need to be viable to cause respiratory health problems."

More Adverse Reactions to Wine— “Blame the Bees?”

Wine hypersensitivity, particularly to the reds, is responsible for adverse reactions including asthma, oral allergy syndrome and “the wine flush.”

Wine contains chemical and biological contaminants as well as additives that have been implicated in these reactions. A recent study from Spain found that a contaminant not usually suspected, Hymenop-

tera venom, may be responsible for the allergic symptoms experienced by some people. These insects fall into the grapes as they are collected and then pressed.

The purpose of this study was to determine the importance of sensitization to Hymenoptera venom for patients who had never experienced a previous sting.

RESULT: Wine challenges were negative for sulfites, additives and aged wines, but positive with younger wines. Sera collected from all these patients detected Hymenoptera venom antigens. This study reports the first cases of sensitization to venom antigens by an oral route.

Curr Opin Allergy Clin Immunol
2008 Jun; 8(3): 266-9



Wine contains many contaminants. Sulfites have been blamed for many of the adverse allergic reactions, however, Hymenoptera sensitivity may be an overlooked contaminant to blame.

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Food Allergens in Non-Food Items Is Often Overlooked

Patients with food allergies should be cautioned about hidden food allergens in non-food items.

Adhesives: Many glues and other adhesives contain wheat i.e., envelopes, stamps, stickers, etc.

Soaps: Soaps may contain soy, milk, nut oils

Shampoos: Shampoos and conditioners may contain wheat, wheat extracts, almond, nut oils or soy

Hand and body lotions: Many lotions contain coconut, tree nut, sesame or Arachis (derived from peanut oil) or wheat extracts

Makeup: Lipstick and other makeup may include wheat, sesame oil, corn or other allergens

Pet Food: May contain a host of allergenic ingredients including wheat, peanut, egg, milk and others

Stuffed toys: May contain ground tree or peanut shells. Refer to: www.allergyandasthmafriendly.com for toys certified as allergy-free

Bird Seed: In addition to the seeds, some mixes may contain peanut, wheat, milk and other allergens

Play Dough: Contains wheat

Paper plates/cups: May be coated with corn oil

Toothpaste/Mouthwash: Toothpaste may contain corn oil and sorbitol (most sorbitol is made from corn syrup) and sorbitol may also be found in mouthwash

Fruit and vegetable rinses: May contain starch made from wheat, corn or rice

Crayons: May contain soy

Empty egg cartons and cereal boxes: Still contain allergens even when empty

Insecticides/Ant Bait/Mousetraps: May contain peanut butter as an inactive ingredient and not listed