



# Physician Allergy Times

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Published as a service to our customers

## CML Signs Affiliate Agreement with Allergychoices

Commonwealth Medical Laboratories (CML), a national leader of in vitro allergy testing and Allergychoices (AC), a national leader in sublingual immunotherapy (SLIT) have joined forces to offer your practice a new and innovative program for the treatment of allergy.

Specific immunotherapy is the ideal way to treat allergies. It is the only known method to alter the underlying disease, not just manage symptoms. Up until recently, traditional immunotherapy administered via injection has been an option available to only a small percentage of the US population affected by allergy. As a result, this type of immunotherapy has been underutilized. Now, the La Crosse Method™ Practice Protocol that has been successfully utilized for over 35 years by Allergy Associates of La Crosse to treat over 80,000 patients with SLIT is available to your practice.

A simple blood test available from CML identifies the patient IgE-specific allergens that will assist you in formulating a custom SLIT prescription to provide a safe yet optimal patient treatment based on the protocols outlined by the La Crosse Method.™ These patient-specific prescriptions are prepared by the Allergychoices compounding pharmacy, so no additional personnel or supplies are needed. Due to its excellent safety profile, SLIT can be taken at home by the patient. Patients are re-evaluated on a regular basis as treatment progresses. SLIT is especially helpful



SLIT is especially helpful for infants and children.

for infants and children, severe asthmatics, patients with chronic sinusitis, patients with food and mold allergies, highly sensitive patients, patients with multiple allergies and those who don't respond well to shots or who are not compliant.



Patients with food allergies can benefit from SLIT.

*If you agree that incorporating sublingual immunotherapy into your practice would be mutually beneficial to you and your patients, give us a call at 800-222-5775 for additional information.*

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## AAOA Conducts Allergy Practice Survey

A 12-item questionnaire was sent to 102 accredited otolaryngology training programs in the U.S. Surveys were completed by 71 representatives. A total of 61.9% of respondents reported an active otolaryngic allergy prac-

tice and 38.1% did not have an active allergy practice. However, 75% of those not offering allergy were interested in starting. The majority of respondents (74.5%) felt the addition of allergy increased their referrals,

and a similar majority (72%) were operating at a profit. The primary reason for adding these services is for educational purposes, but there appears to be financial benefits as well.

Otolaryngology-HNS (2006)



Lung function was measured in people with known allergies to cats to determine long-term affects after exposure.

*Allergy patients are looking for medication to provide long-lasting, effective relief and work quickly to reduce symptoms.*



“Our trials were designed to evaluate a safe dosing regimen for sublingual immunotherapy, which is what the U.S. medical community has been waiting for,” said Dr. Bob Esch, Greer’s Executive VP of R&D.

## Impaired Lung Function More Vulnerable to Future Attacks

Researchers at the University of California used high-resolution computed tomography to examine the small airways in the lungs. Jared Allen, the lead study author, and his colleagues measured the lung function in 10 people with known allergies to cats. The measurements took place immediately after the study participants were exposed to cat allergens and were repeated 6 and 22 hours later.

All subjects had an immediate decline of about 30% in their breathing ability. After 22 hours, lung function measurement showed that the participants appeared to have recovered from their attack but the lung scans still showed significant abnormalities. “Cat allergen likely induces delayed small-airway changes that last (at least) 22 hours after exposure,” Allen says. “Patients with

allergy-induced asthma may be more susceptible to subsequent exposure, even after measurable clinical symptoms have resolved.” Most asthma inhaler sprays do not reach these small airways, therefore, asthmatics could be susceptible to more severe attacks later on.

Jared W. Allen, Ph.D.  
David Geffen School of Medicine  
UCLA

## Hay Fever Sufferers Dissatisfied with Allergy Medications

A study conducted by the Asthma and Allergy Foundation of America (AAFA) commissioned Harris Interactive to conduct a survey to determine if seasonal allergy sufferers were satisfied with their current prescription allergy medication. The survey conducted in October 2005 found that of the 1,214 allergy sufferers who participated:

- 83% considered quick allergy symptom relief to be within 30 minutes
- 60% were interested in finding a new prescription medication
- 59% wished they knew more about the different types of allergy medications available
- 56% said that allergy medications did not relieve symptoms for a long enough period
- 48% said their doctors don’t spend enough time talking about their allergies
- 44% were not satisfied because their medication did not provide relief quickly enough
- 42% were confused about the allergy medications available
- 40% stated their doctor only prescribed certain medications
- 31% were not fully satisfied with their current prescription allergy medication
- 20% were not fully satisfied with the seasonal allergy care provided by their doctor

## Greer Presented SLIT Findings at the 2006 AAAAI Meeting

Greer presented its findings of its recently completed Phase I safety and dosing trials for sublingual-oral immunotherapy at the AAAAI annual meeting. During the trials, more than 4,500 doses of sublingual immunotherapy (SLIT) were administered during an eight-week period to nearly 100 adult participants. Approximately 30% of the participants had asthma. Side effects were mild to moderate and included oral mucosal itching and irritation; itchy, runny stuffy nose, and eye irritation. However, the symptoms were self-resolving or subsided after dose adjustment.

“We are pleased with the results of our safety and dosing trials,” said Dr. Bob Esch, Greer’s Executive VP of Research and Development. “Until now, virtually all of the controlled studies supporting the safety and effectiveness of sublingual-oral immunotherapy have been conducted in Europe and Canada. Our trials were designed to evaluate a safe dosing regimen for sublingual immunotherapy, which is what the U.S. medical community has been waiting for.”

Greer will begin Phase III parallel, randomized double-blind placebo controlled trials to further establish the safety and efficacy of sublingual-oral immunotherapy later this year.

## Armed to Monitor the Effects of Additives

There are thousands of additives that have been added to foods, cosmetics and medications to enhance color, flavor and life span. In 1985, the FDA set up the Adverse Reaction Monitoring System (ARMS) to deal with consumer complaints regarding the adverse effects of these additives. The majority of complaints are for aspartame and sulfites, however, MSG; nitrates and dyes have also been reported.

**Aspartame** is a mixture of 40% aspartic acid, 50% phenylalanine and 10% methanol. Aspartame accounts for 75% of the adverse reactions reported to ARMS. These reactions include respiratory allergies, headaches, dizziness, nausea, breathing difficulties, heart palpitations, angioedema as well as others.

**Benzoic Acid** is a preservative commonly found in processed foods. It can cause allergic reactions such as red eyes, asthma and skin rashes. People sensitive to aspirin are especially affected by this preservative.

**BHA & BHT** are antioxidants that retard rancidity in oil-containing foods. They are also used as fillers in vitamin and mineral supplements. These antioxidants may cause hives and other skin rashes.

**Cochineal Extract** is a color additive also known as carmine dye. It is extracted from dried cochineal bugs to give food, drinks and cosmetics a red, orange, pink or purple color. Cochineal extract is not often listed on product labels because it is considered a natural additive instead of a synthetic dye since it is an animal product. It can be the cause of allergic reactions ranging from hives and itchy skin to anaphylaxis.

**Monosodium Glutamate (MSG)** is a flavor enhancer. Typical symptoms include headache, chest tightness, tingling in the limbs, face or head, diarrhea, sweating burning sensation on the back of the neck and rapid heartbeat. Hydrolyzed protein and autolyzed yeast extract are also glutamate-containing food ingredients. Glutamate occurs naturally in meat, fish, milk, tomatoes and many vegetables.

**Nitrates/Nitrites** are preservatives used to prevent botulism and enhance the flavor and color of processed meats (hot dogs, ham, bologna and bacon) red meat, poultry and fish products. They may cause headaches and possibly hives.

**Parabens** are the most common preservatives used in foods, drugs and cosmetics to prevent the growth of molds and yeast. They are found in mayonnaise, mustard, spiced sauces, jellies, soft drinks, fruit juices syrups and candies. They are found in many dermatologic creams, bandages and anesthetics. Many types of cosmetics contain parabens: foundations, blushes, highlighters, lipsticks, eye shadows, eye liners, mascaras and makeup removers.

**Sulfite**-based preservatives most closely resemble true allergens. About 1% of the population is sensitive to sulfites, therefore, the FDA limits their use in products. Difficulty breathing, wheezing, hives, diarrhea, vomiting, abdominal pain and dizziness can result from exposure.

**Tartrazine** also known as FD&C Yellow No. 5 is a color additive. It's used in cereals, soft drinks, ice creams, gelatins, candy, bakery products, puddings and spaghetti. It is also used in over-the-counter and prescription drugs, hair rinses and permanents. Hives and itching have been reported, especially for those who are aspirin sensitive. Aspirin sensitive people have also reported life-threatening asthmatic symptoms after ingesting this additive.



The majority of complaints (75%) reported to ARMS are regarding the adverse affects of aspartame.



Approximately 1% of the population is sensitive to sulfites, therefore the FDA limits its use.

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- May 2, 2006 World Asthma Day (WAD) [www.ginasthma.org](http://www.ginasthma.org)
- May 14-20, 2006 Food Allergy Awareness Week [www.foodallergy.org](http://www.foodallergy.org)

## New Guidelines Published for Food Allergy Management

The increase in the prevalence of food allergy has prompted allergists representing three organizations to develop evidence-based guidelines for food allergies.

The guidelines reinforce the need for physicians to think about food allergy as the potential cause of a patient's symptoms, whether it be GI complaints or skin problems," said John Oppenheimer, M.D., UMDNJ-New Jersey Medical School, a chief editor of the practice parameter.

If a patient has a list of foods they think they are allergic to, it is important to identify what's a true allergy and what's not. It is difficult for patients to avoid 10 to 15 foods rather than avoiding the one on the list that may be the important allergen. "The most important



**"The practice parameter on food allergy represents ten years of research and investigation of literature by members of the Joint Task Force," said Jean A. Chapman, M.D., a chief editor.**

tool is the patient's history. Is there an association between eating the food and having symptoms?" said Jay M. Portnoy, M.D., The Children's Mercy Hospital; professor of pediatrics and associate editor of the practice parameter. Dr. Portnoy continues by saying that, "Just because you have a positive test to a food doesn't

mean you are allergic to the food. It's really important that the symptoms correspond to the test." The guidelines also stress the importance of carrying self-injectable epinephrine, wearing a medical alert bracelet and partnering with teachers and child care workers to understand how and when it's appropriate to administer epinephrine. Sections also discuss avoidance, risk factors, cross-reactivity, adverse reactions to food additives, genetically modified foods and future directions.

These Joint Task Force guidelines, "Food Allergy: A Practice Parameter," are published in a supplement to the March issue of *Annals of Allergy, Asthma & Immunology*, Vol. 96, No. 3, pp. 1-68.