



Physician Allergy Times

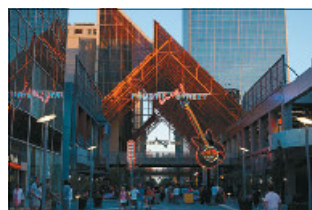
Spring 2007

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Louisville to Host the Third Annual Allergy Conference & Training

Commonwealth Medical Laboratories will host our third annual Allergy Conference and Training seminar at **The Brown Hotel** in Louisville, KY on **November 2-3, 2007**.

This year's topics will include clinical physical signs of allergy, taking a proper history, treatment options that include sublingual immunotherapy and food allergy. Much of the material is a good refresher for those who have incorporated in vitro allergy testing into their practice and it is ideal for those interested in adding this new revenue center.



4th Street Live! is Louisville's new, downtown entertainment district conveniently located close to The Brown Hotel.

Rogers, MD, immediate past President of the Pan American Allergy Society. Louisville offers many options for sightseeing, shopping and dining. The Brown Hotel is conveniently located next to 4th Street Live!, Louisville's new, downtown entertainment district. For additional information about The Brown Hotel, visit their website at www.thebrownhotel.com. Additional information about the meeting, including room rates, will be available on our website as it becomes available. Visit www.allergytest.com for updates.

Whether you would like to enhance your allergy practice or add allergy as a new revenue center, this conference has a lot to offer.

For additional information, call Carol Bennett at 800-222-5775. We hope to see you in Louisville!

Mark your calendars to reserve November 2-3, 2007, to gain valuable experience and training about these topics and much more at the Allergy Conference and Training seminar (ACT 2007). Our physician speakers, who are experts in their respective fields, will include: **Jeffrey Powell, MD, DDS, FACS**, Eastern VA ENT; **Mary Morris, MD**, Allergychoices™; **John Stram, MD**, Boston Medical Center; **Robert Knox, M.D.**, The Speaking Doctor™, and **Neal**

Itching to Get Rid of Poison Ivy Allergy

Findings presented at the 2006 meeting of American College of Allergy, Asthma and Immunology indicate that creating an immunity to poison ivy may be possible.

Mary Morris, MD, a partner of Allergy Associates of La Crosse and an active researcher to validate sublingual immunotherapy, released the results of a study of 115 people who have been treated in

her clinic over the past 15 years for severe skin reactions to poison ivy. The treatment involved placing a very small amount of poison ivy extract under the tongue to train the body's immune system not to overreact. Ninety percent of the patients said they had far fewer or milder rashes that were quicker to heal than before the treatment.

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The likelihood of developing hay fever increases with exposure to chlorinated swimming pools.

Swimming Pool Attendance May Increase Risk of Hay Fever

German researchers, Dr. Y. Kohlhammer and colleagues, speculate that the chlorination by-products at swimming pools may damage the lung epithelium. This then allows closer contact to allergens and increase the risk of hay fever.

The study involved a survey and personal interviews of adults between 35 and 74 years of age to gather information about medical history and

swimming pool attendance.

Subjects who attended a chlorinated swimming pool 3-11 times each year at school age were 74% more likely to develop hay fever than those who never attended.

Recent exposure to a chlorinated swimming pool also increased the risk of hay fever. Subjects who reported exposure to a pool more than once a week for the last 12 months

were 32% more likely to have hay fever than non-exposed individuals.

Subjects who reported any lifetime exposure to chlorinated swimming pools were 65% more likely to have hay fever than individuals with no exposure. Associations with both recent and school-age attendance appeared to be dose related.

Allergy 2006;61:1305-1309

"SLIT leads to a socioeconomic savings by reducing co-illnesses of rhinitis and drug consumption."

Sublingual Immunotherapy Shown to be Cost-Effective in Europe

According to a report in the *Annals of Allergy, Asthma and Immunology*, sublingual immunotherapy (SLIT) has been shown to be a cost-effective treatment for adults with pollen-induced respiratory allergy.

Dr. Giovanni Passalacqua from the University of Genoa, Italy, said that in Europe SLIT is widely used in many countries.

He and his colleagues evaluated the cost and consequences of using SLIT with pharmacotherapy treatment compared with pharmacotherapy treatment alone in adults with pollen-induced allergic rhinitis and asthma. They found that SLIT leads to a socioeconomic savings by reducing the co-illnesses of rhinitis and drug consumption. SLIT improved

symptoms of 63% of patients and prevented asthma in 52% compared with 23% and 29%, respectively, of patients receiving only the pharmacotherapy treatment.

Clinical studies are currently ongoing in the US for the FDA approval of SLIT.

Annals of Allergy, Asthma & Immunology November 2006



If nasal allergies are treated aggressively, often times the migraines get better.

Possible Link Between Allergies and Migraines

Dr. Min Ku has surveyed the migraine-allergy connection in 294 adults and children with and without nasal allergies. "If you do have nasal allergies, you're actually 14.3 times more likely to have migraine headaches than a person without nasal allergies," immunologist Dr. Min Ku said. The most likely culprit is histamine.

"We think that when nasal allergies occur, a lot of that histamine can trigger that very first response in the development of migraine headaches, namely vasodilation. Our experience has been that if we treat the nasal allergies aggressively, that often times the migraine headaches get a lot better," Ku said.

Steroid nasal sprays or allergy shots may provide relief, however, antihistamines for allergies don't work on migraines. Dr. Ku says that many allergy patients are diagnosed with sinus headaches when they really have migraines.

Allergy & Asthma Care, PA Haddonfield, NJ

Species of Yellow Jacket Determines the Allergic Reaction

Contrary to the belief that yellow jacket stings that occur late in the season are worse than those that occur earlier in the season, researchers at The Johns Hopkins School of Medicine have found that it is the species of the insect and not the time of the year that determines the reaction.

The results of the study found that allergic reactions are much more severe with the yellow jacket called *Vespula maculifrons* than with the one named *Vespula germanica*. Both of these species are very common in the eastern United States, however, most people cannot tell them apart. Of the 111 study participants who tested positive to yellow jackets, 41% had a bad reaction when stung by *Vespula maculifrons* while those stung by *Vespula germanica* had only a 3% chance of an adverse reaction.

Because we've found that the severity of an allergic reaction is related to the species of yellow jacket, it's important for people to understand that they can have wildly different reactions depending on which species stings them and that getting stung once without an allergic reaction does not guarantee that a more serious reaction will not happen with a later sting," said David Golden, M.D., an associate professor of allergy and immunology at The Johns Hopkins University School of Medicine.



Vespula maculifrons



Vespula germanica

Asian Ladybug Allergies Becoming an Indoor Allergen Problem

New research presented at the AAAAI 2006 Annual Meeting indicates that Asian ladybugs (*Harmonia axyridis*), have the potential to cause a reaction for spring, fall and winter allergy sufferers.

Ladybug sensitization is comparable to cockroach and cat. A study conducted by Dr. Goetz of Exemplar Allergy & Asthma

reviewed 1,400 skin tests from 2001-2004. Skin test sensitization for Asian ladybugs was 21%. In comparison, cat was 24%, cockroach 27% and dust mite 40%. When people were sensitized to just one allergen, 10% of the time it was for dust mite, 6% for cockroach or Asian ladybug and 4% for cat.

The study also showed that

ladybug and cockroach have a high degree of cross reactivity and that sensitization was greater in patients living in rural areas compared to those living in the city.

The Asian ladybug allergen has recently been added to CML's extensive ImmunoCAP allergen menu. If you need additional information, give us a call.

"Asian ladybug has become an important seasonal indoor allergen in the United States."

Alternaria alternata Exposure is Associated with Asthma Symptoms

Alternaria alternata is usually found in soil and plants and considered to be an outdoor allergen.

Sensitivity to *Alternaria* has been associated with an approximate 200-fold increase in the risk of an asthma attack.

Dust samples were collected by the researchers from 800 housing units inhabited by over

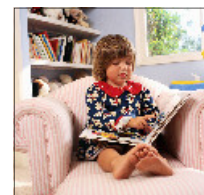
2400 individuals and analyzed for the presence of *Alternaria*.

They found a positive correlation between the levels of *Alternaria* and the development of asthma symptoms. Of interest is that they did not find such a correlation between this mold and the incidence of allergic rhinitis. The conclusion was that exposure to *Alternaria* in an indoor environment is asso-

ciated with active asthma symptoms.

This study demonstrates that *Alternaria* is a potent indoor asthma trigger and is more likely to cause lower airway symptoms versus pollens that are more likely to cause upper airway symptoms.

J Allergy Clin Immunol 2006
118:892-898



Alternaria, usually found outdoors, has been associated with an approximate 200-fold increase in the risk of an asthma attack in indoor environments.

Leaders in Allergy Testing

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Relationship Between Total IgE and Allergen-Specific IgE

IgE is produced by plasma cells, predominantly in lymphoid tissue adjacent to the respiratory and gastrointestinal tracts. Circulating IgE binds to tissue mast cells, arming them to respond to allergen with the release of histamine, contributing to symptoms of allergic rhinitis and asthma.

IgE comprises a very small fraction of the total antibody in serum. In comparison to the amount of IgG antibodies, it represents only 1/100th of 1% of IgG (50-300 ng/mL versus 10 mg/mL for IgG).

Adult levels of IgE are

reached by the age of 10-15 years. Since a seasonal variation two to four fold of IgE occurs throughout the year, total IgE concentration by itself does not signal allergic response.

In some cases, the total IgE result may fall well within the established normal reference ranges but the IgE-specific allergen panel identifies elevated concentrations to specific allergens.

Conversely, an elevated total IgE may be beneficial in identifying allergic sensitivity outside a selected allergen panel. A preliminary allergen-specific panel of tests

may report as negative, however if the total IgE result is elevated an add-on panel of allergen-specific tests may be beneficial in identifying offending allergen(s).

However, keep in mind that other non-atopic conditions may also contribute to an elevated total IgE. Elevated IgE concentrations may signal the presence of certain non-atopic conditions such as IgE myeloma, certain stages of HIV infection, allergic bronchopulmonary aspergillosis, several parasitic or immune deficiency diseases or eczema and recurrent pyogenic infections.