



# Physician Allergy Times

Spring 2008

Published as a service to our customers

## New Website:

[www.asthmaandallergyfriendly.com](http://www.asthmaandallergyfriendly.com)

.... to learn about choosing "friendly" products including plush toys, bedding, vacuums, paints, flooring and more.



\*Effective 2008, the website now includes allergy friendly products

## Inside this issue:

Eczema, Allergy and Asthma Link	2
Greer Launches Phase III for SLIT	2
Diesel Exhaust and Increased Asthma	2
Greer Sponsors Landmark Study	3
2008 Asthma Capitals	3
Acid Blockers Increase Asthma	3
Medications Making You Sick	4

## 4<sup>th</sup> Annual Allergy Conference & Training in Louisville

The Brown Hotel, a luxury 4 Diamond hotel in Louisville, will again host this year's Allergy Conference & Training (ACT) conference on November 7-8, 2008. Each year we strive to improve upon the previous year's program based on our survey results and this year is no exception. We are extremely pleased to announce that we are applying for Category 1 CMEs for physicians and nurses for this year's meeting. We will keep you updated on our progress.

Our Co-Course Directors this year will be Jeffrey P. Powell, MD, DDS, FACS and Robert D. Knox, MD. Joining Drs. Powell and Knox in our speaker line-up will be: Jim Thompson, MD, Allergy-choices, Inc., **XXXXXXXXXXXXXXXXXX**.

Additional information about the meeting, including the agenda, will be available on our website within the next couple of months. Visit us at [www.allergytest.com](http://www.allergytest.com) for continuing updates in our "What's New" heading on the home page.

Additional announcements and registration forms to be sent to your office with the final agenda.



Category I CMEs may be available to physicians, nurses and other allied health personnel this year.

The focus of this year's meeting will be the primary use of in vitro allergy tests for the diagnosis of allergy and patient treatment with sublingual (drop) immunotherapy. The course is ideal for those practices who are interested in adding a new revenue center without any additional office expense or space requirements.

Last year's meeting ended again with rave reviews and 100% positive feedback. This year's meeting promises to be even better.

**Call Carol Bennett at 800-222-5775 to register or obtain additional information about the meeting.**

**Call 888-888-5252 for hotel reservations and ask for the CML discounted room rate.**

## Fewer Children Outgrowing Allergies to Milk and Egg

Researchers at the Johns Hopkins Children's Center conducted two studies in which they followed more than 800 youngsters with milk allergy and almost 900 with egg allergy for more than 13 years.

For those with egg allergy, only 4% outgrew it by age 4, 37% by age 10 and 68% by age 16.

Results were similar for those with milk allergy. Only 20% outgrew it by age 4, 42% by age 8 and 79% by age 16.

Lead investigator, Dr. Robert Wood, said, "Not only do more kids have allergies, but fewer of them outgrow their allergies, and those who do, do so later than before."

*J Allergy Clin Immunol Nov/Dec 2007*



**Toddlers who test positive for allergies and have eczema are four times as likely to have asthma by the age of seven.**

*"This trial is pivotal in Greer's efforts to bring SLIT to the United States," says John Roby, Greer President & CEO*



**Diesel fuel, in contrast to gasoline, produces 100 times more fine and ultra fine particulates that easily reach the airways and increase the production of IgE.**

## Early Allergy Tests Can Predict Future Asthma Risk

An Australian researcher, Adrian Lowe, conducted skin prick tests for cow's milk, egg white, peanuts, house dust mites, rye grass and cat hair on 620 toddlers (under age two) with eczema. The children were tested three times up until the age of two and then again at the ages of six and seven.

The findings revealed that those toddlers with atopic eczema were almost four times

more likely to have asthma and three times as likely to have allergic rhinitis by the age of seven than those with non-atopic eczema. The asthma and allergic rhinitis risks were particularly high in those with positive food allergies.

".....this study is the first to clearly demonstrate that among children with eczema there are certain groups who are at much higher risk," said Lowe .

Previously, "...researchers have studied children with eczema as if they were one homogenous group. By showing that there are two distinct groups of children with eczema, future studies can separate these groups and we may be able to more accurately pinpoint the causes of allergic diseases in the longer term," he said.

Clin and Exper Allergy 2007; 37:1624-31

## Greer Launches Phase III Trial to Study Efficacy of SLIT

Greer will launch a Phase III randomized, double-blind, placebo-controlled clinical trial to evaluate the efficacy of sublingual-oral immunotherapy (SLIT) in adults with allergic rhinitis (AR) to short ragweed pollen.

SLIT is widely accepted as a safe, effective treatment for AR in Europe, however, the allergenic extracts used in Europe

are different than those used in the U.S. The aim of the study is to support changes in labeling for Greer's currently licensed short ragweed allergenic extract.

Approximately 458 patients with a history of moderate to severe ragweed allergy for at least two years will be enrolled in the study that will last ap-

proximately seven months.

...."Our hope is that this study will clearly show the role SLIT can play in improving allergy care and position Greer as a leader in bringing this delivery method to the United States," said John Roby, Greer President and CEO.

Press Release—Greer  
March 14, 2008

## Diesel Exhaust Doubles the Risk of Allergic Wheeze in Infants

Infants under the age of one who live within 400 miles of interstate highways with diesel exhaust from trucks and buses have double the risk of persistent allergic wheeze by the age of three. If the infants' indoor environments also contain a high level of allergens, as was determined by the analysis of indoor dust samples, this risk increases more than 4-fold.

These findings were presented at this year's AAAAI meeting by Patrick Ryan, PhD, coordinator of the Cincinnati Childhood Allergy and Air Pollution Study. Homes of 792 infants who live within a 400 mile radius of interstate highways in OH and No. KY were selected for the study.

"The combination of the parti-

cles and the endotoxin create a chronic inflammatory condition," says Ryan. The allergic immune response was confirmed by elevated IgE levels in the exposed children.

Exposure did not increase the risk for persistent nonallergic wheezing.

Env Hlth Persp February 2007  
Call CML for a copy of this study.

## Greer Sponsors Landmark Immunotherapy Cost-Effectiveness Study

BioMedEcon received a grant from Greer for a retrospective study to analyze the Medicaid records of 520 children in Florida with documented allergic rhinitis.

According to this published study, the use of allergy immunotherapy delivers important clinical benefits to children and significantly reduces health care costs, even when the course of treatment is not completed.

Although 39% of the children received less than six months of immunotherapy and only 16% completed at least three years of treatment (the average treatment duration was 17 months), significant cost savings were realized.

The average six-month savings was found to be \$401/patient in reduced costs for pharmacy claims, outpatient visits, hospital admissions and other costs.

"This is one of the first studies to put a dollar figure to the health care savings associated with allergy immunotherapy," says Robert Esch, Ph.D., Exec. VP of R&D for Greer.

While the compliance barriers were not addressed in this study, an easier treatment alternative may help to increase the duration of IT and result in even greater cost savings.

JACI Jan 2008



**Significant health care savings and clinical benefits were realized with the use of immunotherapy even when the course of treatment is not completed.**

## Knoxville Ranked as #1 Asthma Capital for 2008

Rankings for the Asthma Capitals™ are based on data from factors such as: Estimated asthma prevalence, self-reported asthma prevalence, death rate for asthma, bad air quality, pollen scores, use of meds, etc. Weights were applied to each group of factors as an indicator of how it affects the quality of life. This year's

top ten ranking Capitals that are the most challenging places to live if you have asthma are:

1. Knoxville, TN\*\* (4)\*
2. Tulsa, OK(25)\*
3. Milwaukee, WI (7)\*
4. Atlanta, GA (1)\*
5. Memphis, TN (30)\*
6. Allentown, PA (16)\*

7. Charlotte, NC (14)\*
8. Greenville, SC (34)\*
9. St. Louis, MO (28)\*
10. Greensboro, NC (8)\*

All rankings can be found at:  
**www.AsthmaCapitals.com**

\* Indicates last year's ranking.

\*\* Ranked #1 for the third time in five years

*"The most challenging places to live if you have asthma."*

## Acid Blockers During Pregnancy Increase Baby's Risk of Asthma

The maternal intake of acid-blocking medications during pregnancy for heartburn increased baby's risk of asthma by more than 50%. These findings were presented at this year's AAAAI meeting by Elizabeth Yen, MD, attending physician at Children's Hospital Boston and Pediatric Instructor at Harvard School of Medicine.

Three Swedish national health-care registries were analyzed and the results revealed that regardless of the type of acid-blocking medication used or the mother's history of allergy, the infants odds ratio for asthma increased to 1.51. There were no increases in other allergic diseases such as atopic dermatitis, food aller-

gies, allergic rhinitis, etc. "This provides the first evidence of a novel potential risk factor for the development of allergic diseases in children," Dr. Yen said.

This study was funded by the Children's Hospital Boston.

AAAAI Presentation 2008



**The baby's risk of developing asthma increases by over 50% if mom took acid blockers during pregnancy.**

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## Are Your Medications Making You Sick?

If patient symptoms still exist after avoiding all known allergens, consider the inactive ingredients contained within many supplements, over-the-counter and prescription drugs.

### Common Suspects

*Sulfites—contained in many anti-asthma drugs, anti-inflammatories, antibiotics and epinephrine*

*Corn—used in allergy medications, aspirin, lozenges, vitamins, laxatives and suppositories*

*Lactose—used as the base for more than 20% of prescription drugs and 6% of over-the-counter medicines (i.e., Celebrex, Prilosec OTC, Boniva, Fosamax, Evista, Actonel, Coumadin)*

*Shellfish—many glucosamine chondroitin supplements for joint pain contain ground shellfish (crab, shrimp and lobster)*

*BHA and BHT—used as fillers in vitamin and mineral supplements*

*Benzyl Alcohol—used as a preservative in many injectable drugs and solutions*

Additionally, the FDA has approved over 100 dyes to be used in the preparation of pharmaceutical drugs, including Tartrazine and FD&C Yellow No. 5.

A website maintained by a health care professional that provides a list of medications that are gluten-free is a helpful resource: [www.glutenfreedrugs.com](http://www.glutenfreedrugs.com)

*For a list of the specific inactive ingredients found in some commonly prescribed cold and allergy medications, please contact CML Customer Service.*