



Physician Allergy Times

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Sublingual Immunotherapy.....Is it right for your practice?

As discussion focuses on the role of sublingual immunotherapy in treating allergy patients, more physician who have incorporated allergy into their practice are considering integrating sublingual immunotherapy.

How to begin, and which patients are the best candidates for treatment, are key issues that surface repeatedly. For doctors who are contemplating a starting point, Dr. Mary Morris, Medical Director for Allergychoices, Inc., recommends beginning with those patients that currently aren't candidates for, or haven't responded to, other treatments.

"Because of its safety profile, sublingual immunotherapy allows us to treat a broader range of patients, including those who haven't responded to shots or who are needle averse."

Because of that safety profile and the equivalent efficacy that has been found through a growing body of research, sublingual immunotherapy is especially indicated for patients including:

- **Infants and children.** Allergy drops can be especially helpful for children with eczema and recurrent ear infections, which often have underlying allergic causes. Research suggests that early intervention with SLIT may help decrease the development of additional allergy sensitivities as well as the development of asthma in young

children. A retrospective chart review of children ages 0-6 conducted by Dr. Morris through the Foundation for Allergy & Immunology Research and the University of Wisconsin-La Crosse showed marked decrease in development in asthma when patients were treated by sublingual immunotherapy.

- **Severe asthmatics.** For asthmatics, SLIT can provide desensitization for triggers, which can moderate the need for asthma medication. In at least eight studies, positive outcomes were reported when SLIT was used to treat asthma (see the bibliography at www.allergychoices.com).

- **Patient with chronic conditions including sinusitis.** Recent research by the Mayo Clinic has validated the long-standing view that chronic sinus conditions and mold sensitivities and allergies are connected. Treating the underlying allergic disease with SLIT has shown favorable results in patients with chronic sinus conditions.

- **Patients with food allergies.** Clinical evidence has shown even the most sensitive patients can tolerate SLIT. NIH-funded trials, including one studying the use of SLIT for peanut allergies, are currently underway.

- **Highly sensitive patients.** For patients who have experienced systemic reactions to injections or who are otherwise unwilling or unable to undergo injections, SLIT offers an opportunity to treat with immunotherapy.

- **Patients with multiple allergies** including dust, pollen, animals, food, molds and chemicals have shown marked improvements after following a regular SLIT treatment regimen that addresses all sensitivities simultaneously.

A growing number of allergists have begun to integrate SLIT into their practices in the United States. With the volume of European research supporting safety and efficacy, the clinical evidence and additional studies currently underway, this heightened focus on research and patient experience will help pave the path for additional growth of SLIT in the U.S. You can find a detailed bibliography, including more than 60 peer-reviewed studies, online at www.allergychoices.com/bibliography.

In addition, a summary of key findings is available by contacting Commonwealth Medical Laboratories at 800-222-5775.

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New food labeling law effective Jan. 2006 will make it easier to identify major food allergens.

Easy to Understand Food Labels

Effective January 2006, the FDA has implemented a federally-mandated labeling system to help consumers easily identify foods that contain a major food allergen. Food manufacturers must now use "easy to understand" food labels. For instance, if a food item contains a milk product it must now be

clearly labeled as milk instead of other names such as casein that can be confusing to consumers. The protein-based foods that will now be prominently displayed on food labels in the supermarket include: **milk, eggs, tree nuts, peanut, wheat, fish, shellfish and soy.** According to the FDA, approximately 30,000

people a year end up in the emergency department because of food allergies and 150 of those people die. *A word of caution:* While this new law is effective with the start of the new year, the FDA is not requiring manufacturers to remove products that were on the grocery shelves prior to the new regulations.

".....more studies are needed to determine the health effects of mold exposure"

"So where are they?"

Government Officials More Susceptible to Mold Illnesses

The citizens of New Orleans are encouraged to return home with little warning of the potential health hazards of molds and toxins. However, the Louisiana Governor did not return to the Governor's Mansion until renovations, including \$500,000 for mold removal, were performed before her return. Last year, the family of the Governor of North Carolina vacated the mansion for mold removal since his family was experiencing what were believed to be health-related problems due to mold inhalation. A state official in Kansas sued the Kansas Republican Party Chairman for selling him a house that supposedly had mold causing his children to become ill. Three years earlier the South Carolina's Governor's mansion underwent a \$5.6M renovation for mold removal due to stachybotrys causing health problems for the family. The CDC continues to say that more studies are needed to determine the health effects of mold exposure but there are none scheduled to date. The CDC has not initiated any studies, monitored illnesses or issued warnings regarding the health effects of inhaling mold toxins. Is it that only government officials are susceptible to mold?

A Possible MiniEcosystem Inside Our Pillows



A larger number of fungi species have been cultured from synthetic pillows than from feather pillows.

A professor at England's University of Manchester examined both synthetic and feather pillows and found that both contained an ecosystem of dust mites and fungi suggesting a possible source of allergens for those that suffer from nighttime respiratory problems. Over the past decades, our bedding has changed from feather pillows to mainly polyester pillows. Additionally, the pillow covers have become more porous since there is no need to contain the feathers. The pillows examined in this study ranged in age from 1.5 years to > 20 years. Although there were substantial differences between the amount and types of fungi isolated in each of the pillows, there was a larger number of fungi species cultured from synthetic pillows. The primary species identified in the synthetic pillows was *A. fumigatus*, whereas it was *A. pullulans* (nonallergenic) in feather pillows. Another 48 species were identified with a per pillow average of 4 to 16 species. Given the amount of time spent sleeping, and the proximity of the pillow to the airway, synthetic and feather pillows could be the primary source of fungi and fungal products. This has important implications for patients with respiratory disease, especially asthma and sinusitis. *This article appeared in Allergy 2005 DOI. A copy of "Fungal contamination of bedding" is available from Commonwealth Medical Laboratories.*

Allergy Conference & Training (ACT) 2006

Last November, Commonwealth Medical Laboratories hosted its first annual Allergy Conference and Training seminar at the Tremont Plaza Hotel in Baltimore, MD. The turnout for our first year exceeded our expectations. Physicians and nurses from practices nationwide attended the conference and represented fifteen different states. With this being our first year to host a conference, not only did our attendees leave with additional information, but all of us at CML left with ideas as to how we could make our next conference even bigger and better.

We now turn our attention to putting these ideas into action and preparing our second annual ACT. We surveyed our attendees last year about the conference location and the time of year it was held, but now we would like to have our customers input. Where would you like to see a conference held? Due to the time involved to coordinate a conference, we are looking at sometime in October as a time frame for this year's event. If you or anyone in your office has an interest in attending, we would love to hear from you regarding your thoughts on the location as well as topics of interest. Please call or fax us today with your ideas since we will need to contract for a space very soon.

CML is exceptionally excited about this year's event. Since our meeting last fall, we have been looking at a number of exciting new opportunities to enhance our services to you. As a result, the other companies involved in providing these enhancements are also excited about the opportunity of joining us at future conferences. Until then, look for announcements about these exciting new ventures in the months to come.

As always, we are very interested in hearing what we can do to improve our overall service to you. We hope to see you at this year's conference, but if not, we still welcome your thoughts and ideas.



Attendees at the first annual Allergy & Conference Training seminar hosted by Commonwealth Medical Laboratories.



ACT Course Director and Keynote Speaker Jeffrey P. Powell, MD, DDS, FACS

Fighting Fire With Flies

The infestation of fire ants in the southern U.S. is a \$6 billion-a-year problem. These ants create havoc with just about anything they touch. Damage to machinery and electrical equipment, pesticide treatments, crop and livestock losses and medical bills all contribute to this annual cost. An estimated 1% of the population in the South is sensitive or highly allergic to the fire ant's venom.

In 1989 scientists identified a tiny fly—the phorid fly—that is a natural enemy of the fire ant. So far three species of the phorid fly have been released in Southern states. A fourth is in quarantine and will be released as long as it doesn't threaten the other species. The phorid fly alone will not eliminate fire ants so researchers also plan to release highly specific pathogens that have been effective in reducing the population of fire ants in South America. The hope is that a complex of natural enemies will be able to reduce the numbers.

USA Today Nov. 18, 2005



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NEW RAST ALLERGENS:

Cochineal (Carmine Red)*

Ordering Code: C726

A red pigment from the crushed female cochineal insect that's used as a red coloring in cosmetics, food coloring, candy, jams and many food products.

DL-Glutamic Acid*

Ordering Code: C707

This solution is used in the manufacture of MSG, a common ingredient in food preparation. A positive response to glutamic acid may suggest an allergy to MSG but a negative result may not necessarily rule it out.

Hyaluronan*

Ordering Code: C250

A fluid similar to synovial fluid that is used in Orthovisc (knee fluid for osteoarthritis), Viscoat (ophthalmic solution) and Intergel (surgical adhesion-prevention solution). Patient allergies to birds, bird products, feathers, chicken or egg should be considered.

Stachybotrys chartarum

Ordering Code: M209

A greenish-black mold that thrives in very wet conditions and produces mycotoxins.

Macadamia Nut

Ordering Code: F345

* Subject to occupational pricing

Are Your Medications Making You Sick?

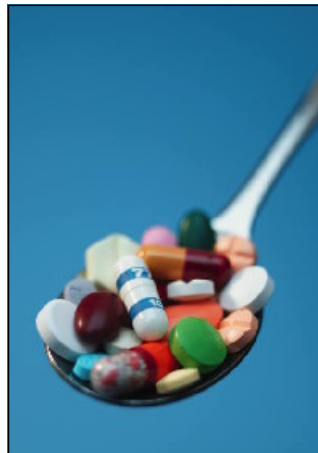
If patient symptoms still exist after avoiding all known allergens, consider the inactive ingredients contained within many supplements, over-the-counter and prescription drugs.

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

Shellfish—many glucosamine chondroitin supplements for joint pain contain ground shell-

fish (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.

For a list of the specific inactive ingredients found in commonly prescribed cold and allergy medications, please contact the CML Marketing Department.

The complete article, "Are Your Medications Making You Sick" and the list of allergy/cold drug ingredients may be found at:

Judy Tidwell's About Allergies website -OR- call CML for a copy of the complete article.