



Breathing Easier

Asthma and Allergy Foundation of America
Maryland Chapter

VOL. 1 / NO. 3 FALL 1997

SCHOOLS AND ASTHMA: A Parent's Perspective

By *Linda Borschuk*
Secretary - Board of Trustees - AAFA-MD

Being a parent of three school-age children with asthma requires that I do more than make sure my kids have supplies at the start of school every year.

In fact, preparation for the next school year begins before the last school year has ended. The school nurse supplies me with all the forms she will need to legally dispense medication and properly care for my children's asthma. I then schedule physicals, examinations and consultations with the pediatrician and the allergist and complete the required forms.

The visit to the allergist is very important. This is the time to discuss how successful the asthma management plan was during the previous year and create a new plan for the coming school year. Many of the medications used for years to treat asthma are now available in longer-acting formulations, sometimes eliminating the need for daily medication at school.

A week before school begins parents should schedule an appointment with the school nurse and their child's teacher to review the completed forms, the Asthma Action Card and any special considerations they need to make known to school authorities. This is also the time to hand over all medications that your child may need during the school year. Valerie Makris, mother of a ten-year old with asthma and allergies explains that "I just about go broke at the end of August every year buying two sets of medicine (one for home and one for school) but I realize that the nurse must have these medica-

tions. The nurse is my right arm and she needs to be prepared to manage my son's asthma."

"When my children entered first grade they each received a Medic Alert bracelet. It was the first time they were going to spend a significant amount of time away from me. So, I felt it was important, as a visual reminder to them and the adults around them, of my children's asthma," another mother comments. This is especially important when your child has severe allergic reactions to foods or medications.

As your child's advocate, you are responsible for keeping the lines of communication open throughout the school year. Whenever you change your child's medication or dosage, or if there is an impending asthma flare, explain what is happening to your child's teacher and the nurse. It will put them in a better position to teach your child and help you keep him/her healthy.

TEAMWORK AND COMMUNICATION: ESSENTIAL IN ASTHMA MANAGEMENT AT SCHOOL

Schools have been legally required to provide a safe environment for students since it became mandatory for children to attend school from kindergarten through age 16. Schools are responsible for instituting measures which enable students with chronic illness, such as asthma, to avoid risk to life and health as well as loss of educational opportunity because of exclusion, excessive absences or unnecessary restrictions.

The school nurse is an integral part of a successful school asthma management plan. He/she must attend parent-school conferences to document student needs and coordinate educational and health management goals. This requires the nurse to have a file on each student complete with asthma symptoms, triggers, peak flow zones, medication dosages and side effects and emergency plans. The nurse must educate the entire staff on asthma and allergies and educate the teachers of specific students with asthma about their students' plans. It is the nurse's responsibility to administer medication during school hours, including inhalers, pills, antibiotics, nebulizations and Epi-Pens, providing

continued on page 5

THE MISSION OF THE ASTHMA AND ALLERGY FOUNDATION OF AMERICA, MARYLAND CHAPTER, IS TO HELP ASTHMA AND ALLERGY SUFFERERS TO SUCCESSFULLY MANAGE AND CONTROL THEIR DISEASE THROUGH THE SUPPORT OF EDUCATION, REFERRALS AND RESEARCH.



KIDS' KORNER

By Leslie Ann Wirth, R.N., B.S.N.

Although it was a difficult decision, our Poster Child Committee has selected **Suzanne Rose Houle** as the **AAFA-Maryland 1997-98 Poster Child**. Suzanne, an 11 year old from Hyattsville, Maryland, recently completed the sixth grade at St. Mark's School in Prince George's County.

She began her year as Poster Child at an official ceremony at Asthma Awareness Day on May 3, 1997.

Rod Daniels, WBAL-TV senior news anchor, presented Suzanne with a special proclamation from the Baltimore County Council in recognition of her selection as Poster Child.

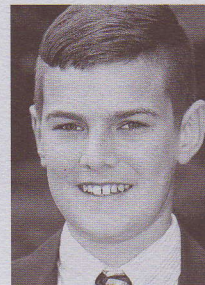
Suzanne was diagnosed with asthma when she was seven years old. With the help of her parents, Gail and Philip Houle, and her sister, Katie, Suzanne has learned how to manage her asthma and allergies so that they do not interfere with her active lifestyle. Suzanne loves to play sports, including swimming and softball. She is also an accomplished figure skater, having won a silver medal in Freestyle 3 and a gold medal in Freestyle 3 Interpretative Skating events at the Piney Orchard Spring Invitational on May 18. She is an active member of the Prince George's Community Theater. Suzanne feels that her acting experience will help her to communicate better with others affected by asthma and allergies.

Suzanne and her family have been busy attending health fairs and other events sponsored by AAFA-Maryland since May. On September 17th, her family will be cheering when Suzanne throws out the first pitch at Camden Yards when the Baltimore Orioles play the Milwaukee Brewers. 1997-98 promises to be an exciting year for the Houle family and AAFA-Maryland.

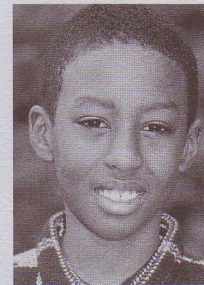


Suzanne Rose Houle

In April, six exceptional candidates had been selected for interviews for the 1997-98 Poster Child Contest. In addition to **Suzanne Rose Houle**, **James Michael Cotham, Jr.**, **Christina Wallace**, **Trey Anthony Lynch**, **Tara Dixon Michael** and **Sarah Catherine Thomas** arrived at the interviews and explained to the Selection Committee why they were ready to be the Goodwill Ambassador for AAFA-Maryland. After all the interviews were completed, the Committee selected Suzanne Rose Houle to represent the



James Michael Cotham, Jr.



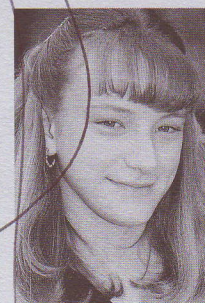
Trey Anthony Lynch



Tara Dixon Michael



Sarah Catherine Thomas



Christina Wallace

Photos by Sharon Volk Freedman

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GUIDE TO EMPLOYEE GIVING CAMPAIGNS

An estimated ten to fifteen million Americans suffer from asthma.

Deaths and pediatric emergency room visits are on the rise.

We are reaching out to meet the increasing needs of the approximately 1,000,000 Marylanders who suffer from asthma and allergic diseases.

The Asthma & Allergy Foundation of America, Maryland Chapter (AAFA-MD), is the only health agency in Maryland exclusively dedicated to fighting asthma and allergic diseases. Please designate AAFA-MD in your Employee Giving Campaign and encourage others to do the same.

THANK YOU FOR YOUR SUPPORT.

SUPPORT GROUPS

By Colleen Mansbach, Ph.D.

AAFA-Maryland welcomes a new Group!

The first meeting of Maryland's Food Allergy and Asthma Network took place on June 19, 1997. Dr. Glenn Silber, one of the Medical Advisors for the support group, gave a talk entitled "The ABC's of Food Allergies." Dr. Silber's presentation was most informative and very well received. Maryanne Ellis, Executive Director of AAFA-MD, attended and responded to questions from the group about the Foundation. The Food Allergy and Asthma Network is unique with its primary focus being food allergies. Since many food-allergic patients also have asthma, topics on asthma will also be presented.

The Howard County support group was created to meet the needs of parents who have children with food allergies as well as food-allergic teens and adults. The goals of the group are to provide support and education to members and to promote public awareness of food allergies in the community. Medical Advisors for this group are Dr. Glenn Silber, Board Certified in Asthma, Allergy, Immunology and Pediatrics, Assistant Professor, Johns Hopkins Asthma & Allergy Center, and Dr. Michael Goldman, Instructor of Medicine, Division of Allergy & Clinical Immunology at Johns Hopkins.

Anyone with a food allergy/asthma or a child with food allergies is welcome to participate. The next meeting is scheduled for Thursday, September 11, 1997 at 7:30 p.m., at the Crossroads Professional Center in Ellicott City. The meeting will feature a panel discussion on "School Safety: Going to school with food allergies & asthma." Panelists will include **Michael Goldman, MD.**, Instructor of Medicine of the Division of Allergy & Clinical Immunology at Johns Hopkins, **Carol Dunlavey, R.N., M.S., C.P.N.P.**, Health Services Specialist for Howard County Public Schools and **Linda Borschuk**, Board Member & Secretary of Executive Committee of AAFA-Maryland and par-

ent of three school-age children with asthma and food allergies.

Topics to be discussed will include: procedures for responding to anaphylaxis, working with school staff to develop an individualized "action plan" for your

child, monitoring peak flow and utilizing nebulizers/inhalers in Howard County Schools.

For more information contact Annette Zemeir at 410-579-1144. We look forward to seeing you there.

ASTHMA AWARENESS DAY

By Leslie Ann Wirth, R.N., B.S.N.

Asthma Awareness Day 1997 was a resounding success! Participants were educated about asthma and allergies through seminars and activities and had great fun doing it!

Children like Jourdan Whetsell, pictured here, visited the six stations designed as interactive educational activities. The stations maintained the children's interest regardless of age. Adults attended seminars and panel discussions on a variety of topics, including "Utilizing the School

System as an Ally and Advocate," "Navigating the Pharmaceutical Maze" and "Food Allergies and Asthma."

Rod Daniels, Senior News Anchor at WBAL-TV Channel 11, served as keynote speaker and honorary chairperson. He shared personal stories about his experiences growing up with asthma in Harlem which provided inspiration to the children and insight to the adults. Daniels welcomed questions from both adults and children, staying late to sign autographs and talk to attendees.



AAFA-MD volunteer, Susan Adami, assists Jourdan Whetsell in learning the correct procedure for using a peak flow meter at Asthma Awareness Day 1997.

Photo By Jeff Delaney



SCIENTIFICALLY SPEAKING

In each issue of BreathingEasier, the SCIENTIFICALLY SPEAKING column offers readers presentations written by selected columnists who are knowledgeable in the fields of asthma and allergic diseases in order to provide ongoing information to those suffering from these diseases. In this issue our presentation discusses a new asthma medicine, Singulair.

Singulair: Merck's New Asthma Drug

By LeLeng To, Ph.D.

Twenty years of pioneering research at the Merck Frosst Research Laboratories in Montreal, Canada, has produced a new investigational asthma medicine called Singulair (montelukast, sodium). Singulair is a leukotriene receptor antagonist. Leukotrienes are natural chemicals that cause the airway muscles to contract and the lung tissue to swell, resulting in breathing difficulty. Leukotrienes bring about these effects because they interact with specific receptors on the surface of cells. By preventing leukotrienes from binding to specific receptors, leukotriene antagonists prevent leukotrienes from exerting their inflammatory effects. Singulair has been studied for the treatment of chronic asthma but not for the control of acute asthma attacks. Five clinical studies were presented at the American Thoracic Society International Conference at San Francisco, California in May, 1997.

The Spring issue of *BreathingEasier* described two new drugs already available on prescription to alleviate chronic asthma by altering leukotriene responses: Accolate (Zeneca Pharmaceuticals) and

Zyflo (Abbott). Accolate is another leukotriene receptor antagonist. Zyflo, on the other hand, works by preventing the body from producing leukotrienes. It can, however, cause liver damage in some patients and its use requires monitoring of liver function before and during drug therapy.

Singulair improved chronic asthma outcomes of clinical studies over a three month period. In 681 adults suffering from chronic asthma, a single daily dose of 10 mg increased the number of asthma-free days by 37% and decreased worsening of asthma by 31% when compared to placebo. Patients were required to keep daily diary records of the quality of life based on symptoms, bronchodilator use, night time awakenings, etc. Any day with no asthma attack, no night time awakenings, and the use of two or fewer puffs of a bronchodilator was considered an asthma-free day. An asthma worsening was defined as a day with mild aggravations in bronchodilator use, symptom scores, nocturnal awakenings and peak expiratory flow rate. Singulair significantly improved patients' quality of life and measurements of airway constriction. Compared to 9.9% in the placebo group, fewer patients required oral steroid rescue with Singulair (6.9%). Singulair also reduced airway eosinophilic inflammation in a four week study of 40 adults with mild asthma. The blood eosinophils of these patients were also reduced.

In a 12 week study of 226 adult stable asthmatics, Singulair allowed tapering of inhaled steroids. Compared to placebo, 46.7% of Singulair-treated patients gradually but significantly decreased their use of inhaled steroids from 975 ug/day to 525 ug/day while maintaining clinical stability. Inhaled steroids were tapered gradually from 1075 ug/day to 725 ug/day in the placebo group. Forty per-

cent of patients receiving Singulair were removed gradually but completely from steroids compared to 29% on placebo.

In 336 children ages 6-14 with chronic asthma, a single daily chewable dose of 5 mg improved asthma over a two month period. Compared with placebo, Singulair caused significant improvements in breathing measurements, decreased the need for bronchodilators, and improved quality of life as determined by daily diary records of symptoms, activity and emotions. Although those receiving Singulair had improved daytime symptoms compared to placebo, this difference was not statistically significant. In both treatment and placebo groups, about 40% also received inhaled steroids.

A single daily oral dose of Singulair reduced exercise-induced airway constriction in 110 mild asthmatics (ages 15-45) studied over a 12 week period. At the end of this period, 71% of patients on Singulair versus 44% on placebo reported asthma improvement. After exercise challenge, fewer patients (14%) on Singulair needed rescue with a bronchodilator than patients on placebo (36%). These results were consistent and reproducible.

Most patients tolerated Singulair well. When present, adverse events were temporary and minimal. Headache, gastrointestinal disturbances, and upper respiratory infections were the most frequently reported adverse experiences. Whether such experiences were related to Singulair could not be established.

Merck has filed a New Drug Application for Singulair with the United States Food and Drug Administration (FDA). Merck provided the information for this article. The development of new drugs to alleviate asthma and the education of asthmatics in managing their asthma are crucial.



Brandon King, the outgoing 1996-97 Poster Child, and his parents, Susan and Tom King, share the Recognition Plaque they received at the recent Volunteer Recognition Reception. AAFA-MD Chairman of the Board, Philip Norman, M.D., looks on. Photo By Joseph Kemp

VOLUNTEER RECOGNITION RECEPTION

By Leslie Ann Wirth, R.N., B.S.N

An automobile is comprised of many parts such as the tires, doors and engine. But without some form of fuel, like gasoline, no car will work. The same is true for this Foundation. Volunteers are what drive the Asthma and Allergy Foundation of America, Maryland Chapter. Without their dedication, commitment and selflessness, it would be impossible for AAFA-Maryland to carry out its mission of educating the public about asthma and allergies.

For this reason the Foundation held its annual Volunteer Recognition Reception on May 21, 1997. The reception was well attended and those present were recognized for their service to AAFA-Maryland. Brandon King, 1996-97 Poster Child, and his parents, Susan and Tom King, were recognized for their outstanding year as Poster Family.

ASTHMA RESEARCH STUDY START

Inhaled Steroid Treatment As Regular Therapy In Early Asthma

Do you or a loved one experience any of the following symptoms at least once per week?

- Coughing
- Wheezing
- Chest Tightness
- Shortness of Breath
- Awakening at Night with any of the Above Symptoms

You may want to consider the **START** study if you have been treated for less than 2 years and are willing to participate in a clinical study for 5 years.

Receive Research Related Medical Care By a Participating Physician and Take Advantage of the Opportunity to Learn More About Your Asthma! You will also be compensated for your time.

For More Information Call: Susan at 410-550-2111

Johns Hopkins Asthma & Allergy Center

INVESTIGATOR: PETER S. CRETICOS, M.D.

RPN# 96-11-25-01

TEAMWORK AND COMMUNICATION: continued from page 1

there is an accompanying doctor's order. This must be done with a minimum of classroom interruption.

A meeting, attended by a school administrator, the school nurse, the student's teachers (including special area teachers) and the parents, one week prior to the new school year is imperative. Parents should have all medical forms completed in advance and have a written list itemizing all concerns. They should periodically consult with the nurse and primary teacher when their student's asthma needs change.

When a student has severe asthma and extended absences or special precautions are anticipated, a more formal meeting is required. Parents can request an Individualized Health Plan (IHP) under Section 504 of the Rehabilitation Act of 1973. This is sometimes called a "504" or an "IHP". This IHP provides a detailed account of any special accommodations your child may need during the school year. These could include home tutoring after a specific number of consecutive absences, a safe lunch environment if food allergies are a problem, reading specialist support, ability to accompany your child on all field trips, environmental adaptations such as HEPA air cleaners in the classroom or grass cutting before school opens.

When a school does not have a full-time nurse, other personnel must enact the asthma plan. AAFA-MD is available to provide an inservice at the school and educate the faculty about asthma and allergies. There is no charge for this service.

The most important thing to remember is that the school and the parents are a team and good communication is essential for a successful school year.

CONGRATULATIONS TO OUR 1997 CAMPERS AND A SPECIAL THANK YOU TO THEIR SPONSORS

CAMPERS

Christopher Cramer

Davon Epps

Tiffany Henard

Angelo Jolley, Jr.

Trey Lynch

Victor Nolan

Andrew Rimm

Gina Sheppard

David Simon

Ashly Swauger

Tiffany Thomas

Aaron Watson

Kevin Yancey

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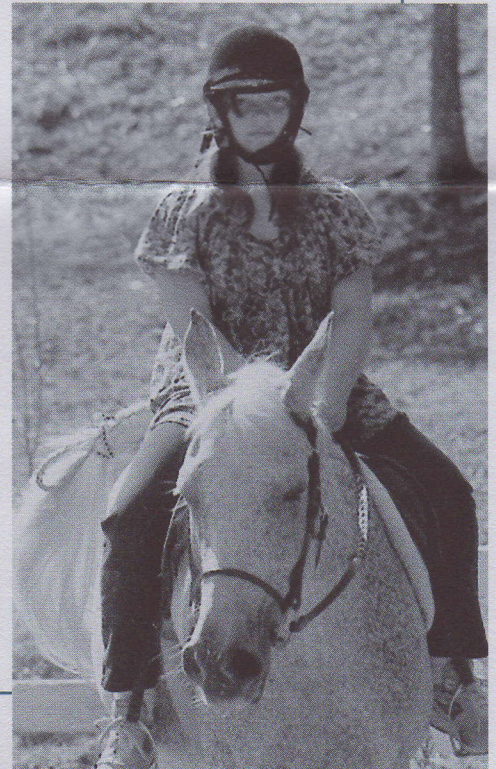
Patient Assistance Program

Ladies of the Elks #2266
of Glen Burnie

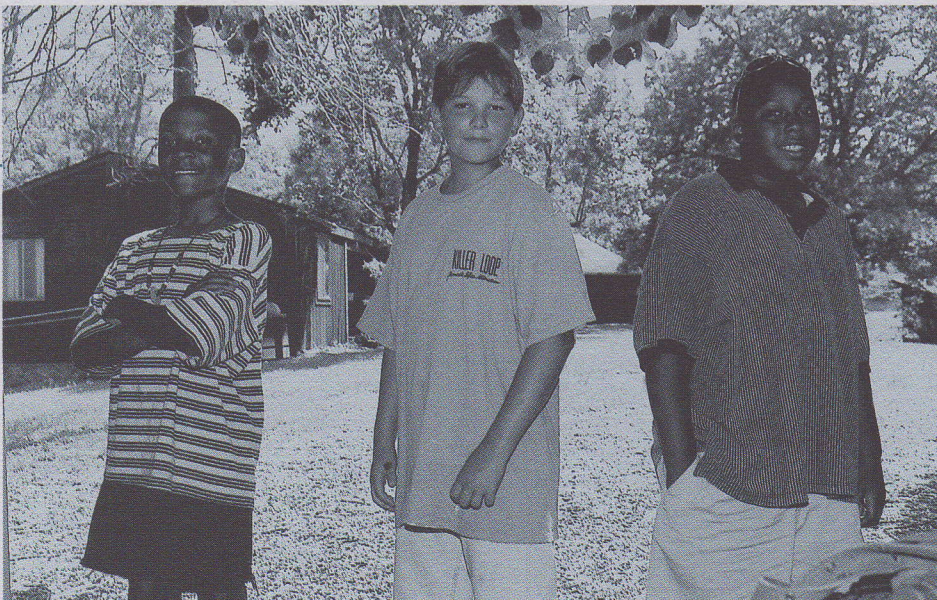
Morris Meadows Recreation
Farm

Kappa Guild

AAFA-MD Ballet Fundraiser




(Above) Tiffany Thomas enjoys a horseback ride at Camp Holiday Trails.



(Left) Kevin Yancy, Victor Nolan and Aaron Watson take a break from activities at Camp Holiday Trails.

Photos By Leslie Ann Wirth



DEAR DOCTOR

The DEAR DOCTOR column offers readers the opportunity to submit questions about asthma and other allergic diseases for possible answers in *BreathingEasier*.

Questions are answered by pharmacist, Charles Mihalik, R.Ph.

DEAR DOCTOR:

My doctor gave me a prescription for Vancenase AQ DS. He told me that it is a steroid and that I should use it once a day for my allergies. It bothers me to use a steroid. Is this one safe? In the past, I have always had to use my spray two or more times each day to get relief. Will once daily use of this medication be enough to relieve my allergy symptoms?

Using your medicine exactly as your doctor has told you is very important. The medicine your doctor has given you contains the steroid beclomethasone. Beclomethasone is very different from other types of steroids used illegally by some athletes. Beclomethasone is one of a group of cortisone-like medications used to reduce inflammation (swelling). Scientists and doctors believe that allergens prompt certain cells in your body to release chemicals that may cause inflammation and resulting symptoms. Examples of common allergens that cause seasonal symptoms are ragweed and tree pollens. Dust mites, pet dander, mold and

cockroaches are examples of allergens that may cause year-round symptoms. Determining which allergens cause your symptoms and learning ways to avoid them is an important first step in controlling your allergies.

The beclomethasone contained in your nose spray has been especially prepared to be safe and work as well as other medications you have used in the past. Vancenase AQ DS is a water-based (AQ = AQ-ueous), double-strength (DS) preparation of beclomethasone. The manufacturers have developed Vancenase AQ DS to provide relief with once-a-day use, but you may not observe this relief immediately. You may notice an improvement of your symptoms within three days, but it may take one to two weeks before you obtain complete relief. Your doctor may prescribe an antihistamine or advise you to use an over-the-counter decongestant nose spray until the effect of beclomethasone is fully apparent.

Using your beclomethasone more often than prescribed will not give you additional relief, but instead may cause more unwanted side-effects.

What are the side-effects of this medicine?

Some people have experienced side effects while using this medicine. The most common complaints have been headache, sore throat, coughing, nasal burning, sneezing and nose-bleed. Reports of more severe side effects are rare. Call your doctor right away if you experience severe coughing or wheezing, have trouble breathing or swallowing, or notice your throat or tongue swelling. Tell your doctor if you experience any side effects that you think are caused by the medicine.

How should I use this medicine?

For best results, this medication should be used once daily at regular intervals. When using the

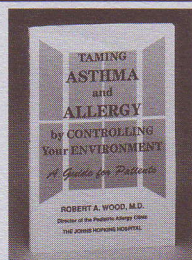
medication for the first time, you must "prime" the pump. Priming prepares the pump to deliver the correct amount of medication to your nose. To do this, simply press down on the pump six times or until a fine spray appears. Priming may also be necessary if the medication has not been used for three days or more. Gently blow your nose before using the medication to clear out your nostrils. Shake the container well before each use. Place the applicator tip **inside your nostril** aiming it toward the inner corner of the eye. Do not spray the medication into your eyes. Slowly breathe in through your nose while pressing down on the pump. Remove the applicator tip from your nose and breathe out through your mouth.

When using this medicine always remember:

- See your doctor regularly.
- You may need to use this medicine for one to two weeks before you feel better.
- Tell your doctor if you have side effects, your condition worsens, or you do not obtain relief in three weeks.
- Keep this and all medicines out of the reach of children.
- Ask your doctor or pharmacist before taking any other medicine, including over-the-counter products.
- Talk to your doctor before using this medicine if you are pregnant or breast-feeding.

If you have a question regarding an asthma or allergy related concern, send it to:

DEAR DOCTOR Column
Asthma & Allergy Foundation
of America-Maryland Chapter
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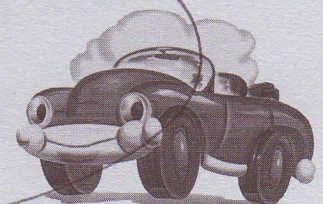
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Donate your car - or truck, RV, motorcycle or boat - to the Asthma & Allergy Foundation of America - Maryland Chapter (AAFA-MD) and help the Foundation provide program services, patient assistance, and research for those with asthma and allergic diseases. Your car doesn't even have to run - we'll tow it, FREE. No classified ads, no waiting by the phone, no hassles. And it may be tax deductible. Claim up to your car's fair market value on your tax return.

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And when tax time comes, you'll breathe easier too!

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UPCOMING EVENTS CALENDAR

HEALTH FAIRS

- School Readiness Fair
Mondawmin Mall
August 23, 1997, 12-5 p.m.
- Health Fair
Refreshing Spring Church, Bowie Md.
September 20, 1997, 10 a.m.-3 p.m.

SUPPORT GROUPS AND MEETINGS

- Maryland Food Allergy and Asthma Network
Panel Discussion on School Safety:
Sending Your Food Allergic/Asthmatic Child
to School
September 11, 1997, 7:30-9 p.m.
Call AAFA-MD for more information,
410-321-4710.
- SAY Group (Support for Asthmatic Youth)
Speaker To Be Announced.
Johns Hopkins Children's House.
September 21, 1997, 6:30-8 p.m.

EVENTS

- Asthma Care Training Program
For more information, call:
Kim Dulany, R.T., at St. Joseph's Hospital,
410-931-8343
September 13, 20, 27, 1997
 - 8th Conference — Asthma, Allergy, and
Immunology Update for Nurses and Allied
Health Professionals
Call AAFA-MD for details and registration
information.
October 23-24, 1997
- WATCH FOR OUR UPCOMING Volunteer
Training, WHICH WILL OCCUR AT THE END OF
SEPTEMBER, DATE TO BE ANNOUNCED.
- AAFA-MD Support Groups will continue to
meet on a regular basis.
Call AAFA-MD at 410-321-4710
for more information.

Memorials
The Asthma & Allergy
Foundation of America,
Maryland Chapter,
would like to extend its
sincere sympathy and thanks
to the families and friends
of:
Christopher B. Thomas
and
Marian S. McNeil

Breathing Easier



Asthma and Allergy Foundation of America
Maryland Chapter

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