COMMON SIGNS OF ALLERGY

1. Sneezing
2. Nasal congestion
3. Recurrent infections or chronic “cold” symptoms
4. Sinus pressure
5. Postnasal drip
6. Itchy, red eyes
7. Coughing
8. Wheezing
9. Hives
10. Eczema
11. Headaches or dizziness
12. Loss of smell, taste or hearing
13. Fatigue
14. Snoring
15. Bloating, gas pains
16. Muscle or joint aches

NORTH BROOK OFFICE EXPANDS DAYS & HOURS

Allergy and Asthma Associates is expanding the hours at its Northbrook office starting in October and is consolidating its allergy services in the North Shore at the Northbrook location. The Northbrook office will be open Monday through Saturday, but will be closed on Thursdays.

While the Old Orchard office is closing, all of the physicians, nurses and support staff currently working at the Skokie office will continue to provide diagnosis and treatment for allergic and related disorders at the Northbrook office, located at 500 Skokie Blvd., Suite 140, Northbrook IL 60062.

The Northbrook office, only seven miles away from the Old Orchard location, is easily reached by taking the Edens Expressway (I-94/Highway 41) north to the Dundee Road West exit. After exiting and crossing over the Expressway, turn right at the first light, which is Skokie Blvd. The office is about four blocks north on the left; it is in the Harris Bank building (500 Skokie Boulevard) across from 41 North restaurant. Ample parking and the office entrance are located in the rear of the building.

Allergy and Asthma Associates is on the ground floor in Suite 140 – just to the right after entering the building.

The Northbrook office will now be open 5 days a week (Monday through Wednesday, Friday, and Saturday morning). You may call (847) 272-4296 to find out physician hours (note: doors lock 15 minutes before closing times).

Services at the merged office include allergy skin and patch tests; skin tests for venom, local anesthetics and penicillin; spirometry to measure pulmonary function; and clinical evaluations for hayfever, hives, asthma, eczema, food allergies, sinusitis, and immune deficiencies.

THE ALLERGY SHOT ADVANTAGE

Whereas medications reduce symptoms, allergy shots are the only way available to actually “cure” allergies by changing the underlying sensitivities.

Allergy shots use the body’s own immune system to desensitize patients to allergens such as pollens (eg, tree, grass, ragweed), mold spores, dust mites, and cat and dog dander. While normal exposure does not result in desensitization, the shots are an allergen vaccination which protects patients from disease, just like childhood vaccines.

The shots, which begin by containing very small amounts of allergens, are given once a week in increasing doses. The contents and initial concentration of each patient’s injections are individualized based on the results of a skin test. As the concentration of the shots increases, patients develop a tolerance to the allergens in a way the body no longer reacts to them.

Allergy shots have been used since 1911 and are proven to be very effective (up to 90 percent), although they act slowly, taking up to four to six months for symptoms to start to abate. Allergy shots especially work well for allergic rhinitis (hayfever), eye allergies and allergic asthma and may help some people with hives. However, these shots are not effective for food allergies.

One or two injections containing mixtures of allergens are given weekly in the arms until the highest concentration is reached. At this time, the frequency of the shots is reduced to every other week and, later, to once a month. They are injected with a tiny needle, making them relatively painless.

When treatment is started, patients need to take both medications and allergy shots because the shots do not work immediately. As the shots start to kick in, patients’ symptoms decrease so less medication is needed.

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Research is underway to speed up allergy shots using new types of vaccines and “rush immunotherapy,” where patients receive multiple injections over a few days. In Europe, there has been promising research into high-dose “sublingual immunotherapy” where drops under the tongue are used to administer vaccinations (similar to the Sabin oral polio vaccine); however, these preparations have not yet been approved by the FDA for use in the U.S.

In our practice, we monitor progress in patients with allergy shots every six to 12 months. We also perform follow-up skin tests after two to three years to check for progress and any new allergies which may have arisen.

Side effects of allergy shots can include redness or bruising at the site of the shot and, rarely, more severe reactions such as wheezing or hives. Patients must wait in the office for 20 minutes after receiving their injections since the most severe reactions occur during that time period.

Allergy shots are considered cost-effective because, by “curing” the allergy, patients feel better, use less medications and have fewer infections. Even though allergy shots are not a “quick fix,” controlled medical studies have shown that patients who follow through with treatment display an improved quality of life.

FOOD ALLERGIES ON THE INCREASE

The incidence of food allergies, especially allergic reactions to peanuts, appears to be increasing. The cause is unknown, but may reflect either an increase in the prevalence of allergies in general or, perhaps, the changes in the way peanuts are processed.

Allergic reactions to peanuts, along with those to shellfish, are the predominant cause of fatal food reactions in the United States. Some people are so sensitive to peanuts and shellfish that even touching them can lead to severe reactions. Interestingly, peanut allergies are less common in China where peanuts are boiled rather than dry-roasted.

True food allergies are caused by IgE allergic antibodies to specific foods. The most common foods to elicit these reactions are peanuts, shellfish, tree nuts, cow milk, eggs and soybeans.

Many children develop food allergies in infancy and outgrow them as they enter their school years. However, more than three-quarters

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NEW DRUG TREATMENTS IN ALLERGY

Many new medications and treatments are now available for the treatment of allergies and asthma.

• Nasal steroids. There are now a variety of prescription nasal sprays available containing anti-inflammatory steroids which work locally in the nose to reduce swelling and mucus production. They have negligible systemic absorption so they don’t cause the side effects of oral prednisone.

Flonase (fluticasone) is now available as a generic drug, while Nasonex and Veramyst now have been approved for pediatric use in children as young as two years old. Other medications include Rhinocort Aqua, Nasacort AQ, and Becosan AQ.

• Leukotriene blockers. Leukotrienes, which play a role in allergic rhinitis and especially in asthma, are another of the chemicals released during allergic reactions. Singular (montelukast) is a once-a-day leukotriene blocker which is approved for asthma and hay fever in adults and for children as young as six months of age. It is especially effective in patients with exercise asthma, cold-induced asthma, aspirin sensitivity and nasal polyps. Other leukotriene blockers indicated for asthma are Accolate and Zileuton.

• Anti-IgE injections. Immunoglobulin E (IgE) are the allergic antibodies which initiate allergic reactions. Xolair (omalizumab) is a monthly injection which reduces IgE levels to very low levels. Xolair is indicated for steroid-dependent allergic asthma which is inadequately controlled by usual medications. It may also be effective in severe food allergies. The downside to Xolair is that it is very expensive and rare allergic reactions to the shot have been reported.

Every patient reacts differently to medications, so it is important that an individualized treatment plan be prepared. Allergists are the best physicians to judge what medications will work best for patients with allergies and asthma.