

The Allergist

A newsletter from the Oklahoma Allergy & Asthma Clinic



Important OAAC Patient Announcement

Beginning May 11th

Oklahoma Allergy & Asthma Clinic
will revert back to in person patient
appointments.

All patients are required to wear their own cloth or medical masks into the clinics when arriving for appointments. Due to supply chain issues, OAAC will not be able to provide masks to patients.

To limit your time in our office: Please pre-check in on Phreesia (our electronic patient system). Your notice will arrive via email and text one week prior to your appointment and;

When you arrive for your appointment, please call 405-235-0040, using option 1, to pay your co-pay prior to entering the building.

Call 405-235-0040, select "1" for the Business Office for questions or if you need to update any information to ensure you have the opportunity to pre-check in.

(continued on page 4)



Spring 2020

Oklahoma Allergy & Asthma Clinic Welcomes New Allergist

Maya N. Gharfeh, M.D., has joined the Oklahoma Allergy & Asthma Clinic medical providers' staff. Dr. Gharfeh treats both children and adults with asthma and allergic conditions. Her particular areas of expertise include atopic dermatitis, asthma, food allergy and delayed hypersensitivity. She is board-certified with the American Board of Allergy and Immunology and the American Board of Pediatrics.

Dr. Gharfeh was raised in Columbus, Ohio, and graduated from The Ohio State University in 2006 with her bachelor's degree in Biology. She then attended medical school in Rootstown, Ohio, at Northeastern Ohio Medical University. During her medical school training, Dr. Gharfeh also pursued a public health degree from The Ohio State University with a specialty in health behavior and health promotion. She graduated from medical school and her master's program in 2011 and moved back to Columbus, Ohio for her pediatric internship, residency and chief residency training at Nationwide Children's Hospital/The Ohio State University.



Board-certified allergist
Dr. Maya N. Gharfeh

She completed her fellowship training in Allergy and Immunology at Texas Children's Hospital/Baylor College of Medicine in Houston, Texas. Following completion of her training, Dr. Gharfeh worked in Waco, Texas prior to moving to Oklahoma City in the spring of 2020 to join the team at Oklahoma Allergy and Asthma Clinic.

She is a patient advocate and is passionate about educating her patients and the community on important topics in allergy and asthma. Dr. Gharfeh published on the efficacy of food allergy school education during her training and has continued to utilize this data to educate local school personnel on food allergy and epinephrine auto-injector use.

Dr. Gharfeh also takes time to blog on these important issues as well as the real-life struggles of living with a food allergic child. During her free time, Dr. Gharfeh spends her time with her husband and their three young children. The Gharfeh family resides in Edmond and is eager to make the greater Oklahoma City area their new home.

UPDATED COVID SYMPTOMS

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

These symptoms may appear 2-14 days after exposure to the virus:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

When to Seek Medical Attention

If you develop any of these emergency warning signs* for COVID-19 get medical attention immediately:

(continued on page 4)

Staff Spotlight: Dr Patricia Overhulser celebrates 29th OAAC Work Anniversary



In 2020, Allergist Dr. Patricia Overhulser celebrates 29 years of working for the Oklahoma Allergy & Asthma Clinic. She was the first woman to join the clinic as a partner and is now the senior partner of the practice that originated 95 years ago.

Growing up in Borger, Texas, as the youngest of four children, Dr. Overhulser was the only girl. She adored her father who was a family practice physician.

"I loved being around my dad and taking care of people," Dr. Overhulser said. "At age 6, I remember saying I was going to be a doctor."

She worked hard in school and college. Her father never pushed her to go into medicine. When he knew she had been accepted into medical school, he encouraged her to specialize to have more time for a family.

"Once I got into medical school and was doing my clinical rotations, I realized allergy was what I wanted to specialize in," she said. "I would be dealing with children and adults – entire families. Plus I would be assessing the whole person since we evaluate and treat not only allergic rhinitis and asthma but also allergic conditions of the eyes, skin, gut

and food allergies. As allergists, we can figure out the triggers and help people avoid recurrent issues."

Completing her fellowship from University of Texas Health Science Center in San Antonio, Dr. Overhulser was looking at establishing her own solo practice in Amarillo, Texas. In early fall, she received a phone call from an allergist in Oklahoma City. Would she be interested in coming and checking out the practice and seeing what they could offer her? Dr. Overhulser was familiar with the clinic; her father had referred patients to it. Both sets of her grandparents lived in Oklahoma and she spent summers with them in Newkirk and Shawnee.

She traveled to Oklahoma City and knew that the clinic had many features she couldn't offer patients on her own. It was a well established and respected allergy practice. OAAC had resources for x-rays and testing. She didn't have to deal with the business part of the practice; she could focus on taking care of patients.

"After much prayer and consideration, weighing the pros and the cons, why would I go anywhere else?" she said. "I came with my two-year-old daughter and husband. My husband battled and beat cancer in the midst of me starting my practice and studying for Allergy Boards. So, I was thankful to be joining a clinic that cared about me and my family, and still does. They have helped me through many transitions over the years including the addition of our second daughter 5 years after joining OAAC."

Many things have changed since 1991. At that time, intra-dermal skin testing was typically used for environmental allergy testing and prick skin testing was primarily used for food testing. OAAC had a full-time dietitian to help evaluate food allergies, educate patients and debunk the many myths that existed about food allergies at that time.

"When I started, if someone had a positive skin test with a positive food allergy history, we would tell them 100 percent to avoid that food. We were concerned that they would stay sensitized to that food if they continued to eat it in any form," she said. "For egg and milk, we now realize that if they can tolerate baked goods that contain them as an ingredient, it may actually help them build up a tolerance. Allergy to peanuts, tree nuts and other foods continue to be more challenging. Even though there is success in oral immunotherapy with many foods there is still no definite cure. Avoidance of a known food allergen is still the gold standard in treating food allergies. This area in the field of allergy is still a work in progress."

Today, she points out that the treatment of allergic rhinitis and asthma have improved. Allergen immunotherapy is more effective due to more standardized extracts. Also for a just a few select allergens, we can offer sublingual immunotherapy (tablets, not drops) if epicutaneous immunotherapy (allergy shots) is not possible. We also have many more effective medications available for treating allergies and asthma.

"We were moving away from the use of medications like theophylline and inhaled cromolyn sodium and were promoting the use of inhaled steroids 29 years ago for asthma. Later there was the addition of combination medicines containing inhaled steroids and a long-acting bronchodilator. This was a huge game changer in the treatment of asthma. Asthma treatment continues to progress with the use of biologics," she said. "We've learned that asthma is not just one category – there are several different phenotypes of asthma and varying degrees of severity. We are better trained and ready to treat the different types of asthma that we see."

After 29 years, she sees the practice as unique – a living organism, always changing and evolving.

(continued on page 3)

OKC Named 9th Top Spring Allergy Capital

The Asthma and Allergy Foundation of America (AAFA), the premiere patient advocacy organization representing more than 60 million Americans with asthma and allergies, just released its annual Allergy Capitals™ report for 2020. The report identifies the most challenging places to live with spring and fall allergies in the top 100 metropolitan areas in the U.S. Richmond, Virginia, takes the top spot based on higher-than average spring and fall pollen scores, higher-than-average medication usage and availability of board-certified allergists in the area. The top 10 Allergy Capitals for 2020 are:

1. Richmond, Virginia
2. Scranton, Pennsylvania
3. Springfield, Massachusetts
4. Hartford, Connecticut
5. McAllen, Texas
6. New Haven, Connecticut
7. San Antonio, Texas
8. Bridgeport, Connecticut
- 9. Oklahoma City, Oklahoma**
10. Pittsburgh, Pennsylvania. Tulsa was named 23rd.

"For more than 50 years, the prevalence of allergic diseases has risen and it's no coincidence that during the same time, pollen seasons have become stronger

and longer due to warmer temperatures," says Kenneth Mendez, AAFA CEO and president. "The Allergy Capitals report helps raise awareness about the impact of seasonal allergies, how people can prepare and start proper treatment. Local communities can also use the report as a tool to identify how to better meet the needs of their residents living with allergies and allergic asthma."

Seasonal nasal allergies cause runny and congested noses, inflamed sinuses, relentless sneezing and other symptoms each spring through fall. Pollen can also trigger asthma attacks. Tree pollen season starts as early as January in some parts of the U.S. and continues through summer. In the fall, weed pollen – especially ragweed pollen – is responsible for symptoms. But relief is possible with the right treatment and by managing contact with pollen.

"You are not alone in dealing with allergies," said Laura Chong, M.D., Okla-



SEASONAL ALLERGIES
The most and least challenging cities
for spring and fall pollen allergies

homa Allergy & Asthma Clinic Board-Certified Allergist. "Oklahoma City consistently remains in the top allergy and asthma capitals each year. You can take steps to limit your exposure to seasonal allergens like pollen; however, it is impossible to avoid pollen completely. It's important to talk to your allergist about an allergy treatment plan to keep your symptoms under control."

Treatment options can include over-the-counter or prescription allergy medicines. Allergy immunotherapy can help reduce or prevent allergy symptoms. These treatments are most effective if they are started before the allergy season begins.

See the full 100-city ranking at allergy-capitals.com.

Dr. Overhulser...

(continued from page 2)

"The older physicians share their experience and wisdom as new physicians bring in new ideas and knowledge of the most recent advances in allergy/asthma care. Working together, encouraging one another and participating in continuing medical education keep us up to date, providing the best care possible for our patients," she said.

Another major change occurred in 2009, when OAAC moved to electronic medical records. This was a huge transition for the providers and staff. It took months to complete. "What was meant to help improve our efficiency was extremely time-consuming for many of us, especially for those of us who were somewhat 'computer illiterate'. To this day there continues to be ongoing changes and challenges when dealing with electronic medical records. It continues to be difficult to find the right balance between direct patient interaction and data entry. All have been affected,

but for physicians and nurses who provide the hands on care of patients it is extremely hard."

"We look at the practice as a service to the community, our state and to others," Dr. Overhulser said. "As people retire, we are getting new physicians to join our practice. Through this we can continue to provide the best allergy and asthma care to our patients. I am thankful to be a part of the clinic."

OAAC Announces Extended Friday Hours

**May 15, May 29,
June 5, 12, 19, 26**

**Call 405-235-0040
for an appointment**

"The Allergist" is published quarterly by the Oklahoma Allergy & Asthma Clinic. Contents are not intended to provide personal medical advice, which should be obtained directly from a physician.

"The Allergist" welcomes your letters, comments or suggestions for future issues.

Send to:

The Allergist

750 NE 13th Street
Oklahoma City, OK 73104-5051
Phone: 405-235-0040
www.oklahomaallergy.com

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New Treatment Pill for Peanut Allergy Gets FDA Approval

An estimated 1 million children in the United States have peanut allergy and only 1 out of 5 will outgrow their allergy. The U.S. Food and Drug Administration recently approved Palforzia to lessen peanut allergic reactions – including anaphylaxis – that might occur with exposure to peanuts. This new drug can be taken by children ages 4-17 with a confirmed diagnosis of peanut allergy. It can be continued for children age 4 and older, however, they must continue to avoid peanuts in their diets.

Even by limiting your exposure to peanuts, accidents can still happen. In conjunction of avoidance with this new treatment option, Palforzia will help reduce the risk of life threatening reactions of children with peanut allergy.

Palforzia treatment is set up in three phases – Initial Dose escalation, Up-Dosing and maintenance. Initial dose escalation phase is given on a single day. The Up-Dosing phase consists of 11 increasing dose levels and occurs over several months. Initial Dose Escalation and the first dose of each Up-Dosing level are administered under supervision of a healthcare professional in a healthcare setting to be able to manage any potentially severe allergic reactions, including anaphylaxis.

While anaphylaxis can happen anytime during the new drug's therapy, patients are at highest risk and during the Initial Dose Escalation and the first dose of each Up-Dosing level. During this time of up-dosing, if the patient can tolerate the first dose of the increased dose level, he or she can take the rest at home.

After completing all of the Up-Dosing levels, patients may begin the daily dose. Patients who experience certain allergic reactions due to Palforzia may need to stop taking it or have the dosing scheduled modified.

Palforzia is a powder manufactured from peanuts and packages in a pull-apart color coded capsule for Dose Escalation and Up-Dosing and in a sachet for maintenance treatment. The powder is emptied from the capsules or sa-

Palforzia™

Peanut (*Arachis hypogaea*)
Allergen Powder-dhfp



chet and mixed with a small amount of semisolid food (such as applesauce, yogurt or pudding) that the patient then eats.

This new drug should not be prescribed to children with uncontrolled asthma. Commonly reported side effects from the 700 peanut-allergic people who participated in the studies included abdominal pain, vomiting, nausea, tingling in the mouth, itching (including in the mouth and ears), cough, runny nose, throat irritation and tightness, hives, wheezing and shortness of breath and anaphylaxis.

Due to the risk of anaphylaxis associated with Palforzia, the FDA is requiring a Risk Evaluation and Mitigation Strategy (REMS). Palforzia will only be available through specially-certified healthcare providers, health care settings and pharmacies to patients who are enrolled in the REMS program.

For more information, visit with your OAAC provider.

COVID-19 Symptoms...

(continued from page 1)

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

Call 911 if you have a medical emergency: Notify the operator that you have, or think you might have, COVID-19. If possible, put on a cloth face covering before medical help arrives.

Expanded Days for OAAC's Nurse Practitioners



Stefanie Rollins, APRN-CNP, AE-C, is now seeing patients at the Yukon satellite clinic on Tuesdays and Thursdays.



Chelsea Robinson, APRN-CNP, is now seeing patients at the Midwest City satellite clinic on Fridays.

Immediate appointments are available!

OAAC Patient Guidelines...

(continued from page 1)

If you are a part of a high risk group you can request ahead of time to have your appointment via telemedicine.

In order to reduce the spread of COVID-19, OAAC is asking that adult patients do not bring guests and minor patients are only accompanied by one adult.

OAAC providers and co-workers are wearing their appropriate PPE.

Following CDC guidelines, everyone will be prescreened as they enter our clinics.