



## Asthma and Allergy Foundation of America Announces Spring 2023 Allergy Capitals

**OKC ranked fourth most challenging city in the U.S. for pollen allergies**

The Asthma and Allergy Foundation of America (AAFA) released its annual Allergy Capitals™ report for 2023 in March. The report identifies the most challenging cities for pollen allergies in the 100 most populated metropolitan areas in the continental United States. Cities are ranked based on tree, grass, and weed pollen scores, over-the-counter allergy medicine use, and availability of board-certified allergists/immunologists.

**Oklahoma City was ranked fourth and Tulsa was fifth.** Wichita, Kansas, took the top spot based on its high tree and grass pollen scores, higher-than-average use of allergy medicines, and limited number of allergy/immunology specialists per patient.

**The top 20 Allergy Capitals for 2023 are 1. Wichita, KS; 2. Dallas, TX; 3.**

**Scranton, PA; 4. Oklahoma City, OK; 5. Tulsa, OK; 6. Sarasota, FL; 7. Cape Coral, FL; 8. Orlando, FL; 9. Des Moines, IA and 10. Greenville, SC. Oklahoma City was sixth in 2022 while Tulsa was 21st.**

AAFA began identifying annual Allergy Capitals 20 years ago in 2003. Since that first report, pollen counts have worsened. This year's report once again highlights the significant impact that climate change has on public health – specifically, for people with pollen allergies. Rising



temperatures result in longer growing seasons, leading to higher pollen concentrations in many areas of the country.

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## Midwest City Satellite Clinic Closes April 28th

After eight years of operation, the Oklahoma Allergy & Asthma Clinic will not be renewing our lease of the Midwest City satellite clinic as of Friday, April 28th. This has been a very difficult decision to make; however, based on our future plans, we are consolidating our services to our four other locations.

We recognize this change will lead to an inconvenience for some of our

patients. We will strive to make the transition as easy as possible.

- Patients who have an appointment scheduled in the Midwest City office will receive a letter and follow-up communication with information on the clinic location where their next appointment will occur.
- For most patients, the next closest location is the main office

in Oklahoma City on Northeast 13th street. All of our locations have convenient free parking. You can reference location maps on our website.

Our Midwest City location physicians: Dr. Bret Haymore, Dr. Greg Metz and Dr. Maya Gharfeh will have patient appointment availability at our other clinics where they cur-

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# Aspirin Exacerbated Respiratory Disease (AERD)

Aspirin Exacerbated Respiratory Disease (AERD) is a chronic medical condition that presents with three clinical issues. Those issues include: asthma, sinus disease with recurrent nasal polyps, and sensitivity to aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) that inhibit an enzyme called cyclooxygenase-1.

The sensitivity usually happens as respiratory reactions that occur upon ingesting or inhaling an NSAID, though the exact cause of the reactions is not known. It is also known as Samter's Triad.

About 9 percent of all adults with asthma and 30 percent of patients with asthma and nasal polyps have AERD. It can develop suddenly in adulthood – usually between the ages of 20 and 50. No clearly understood triggers cause the disease.

## Symptoms

People with AERD usually have:

- Asthma
- Nasal Congestion
- Recurrent Nasal Polyps

These symptoms often do not respond to conventional treatment. Many have experienced chronic sinus infections and a loss of the sense of smell is common.

The most characteristic feature AERD patients develop is reactions to aspirin and other NSAIDs. Reactions involve upper respiratory symptoms (increased nasal congestion, frontal headache or sinus pain and sneezing) and lower respiratory symptoms (cough, wheezing, chest tightness). And sometimes skin flushing, rash, abdominal pain and occasional vomiting.

About 75 percent of all AERD patients develop mild-to-moderate respiratory reactions when drinking alcohol. Reactions were not specific to any type of alcohol and happened after consuming less than one glass of alcohol.

## Diagnosis

AERD needs a clinical diagnosis. No specific test or blood result can alone be used to diagnose the disease. The triad symptom of asthma plus nasal polyps plus respiratory reactions to NSAIDs is all that is needed for a diagnosis. Patients who have a history of a possible NSAID reaction, it might be helpful to do an aspirin challenge by their OAC provider to confirm diagnosis. This could be an oral challenge or a combination of an intranasal and an oral challenge. The procedure should be done in a medical facility with an experienced doctor and medical team such as the OAC.

Those with AERD have large numbers of eosinophils in their nasal polyps and usually have elevated levels of eosinophils in their blood. Eosinophils are a type of immune cell involved in inflammation. Elevated

eosinophils are not required as part of the diagnosis. However, it can be a helpful insight for patients.

## Treatment and Management

AERD patients who have not been desensitized to aspirin should avoid all NSAIDs in order to prevent reactions. Even with the complete avoidance of NSAIDs, patients will continue to have symptoms of asthma, nasal congestion and recurrent polyps. Acetaminophen can be safely tolerated at low doses. Discuss this with your OAC provider.

Most AERD patients will need to use daily medications to control symptoms and often need to use daily inhaled corticosteroids for asthma. Intranasal steroid sprays or steroid sinus rinses can help control nasal symptoms. Nasal polyps can also be treated with occasional courses of oral steroids. Several non-steroid medications are also available.

Aspirin desensitization for daily high-dose aspirin therapy can be used in some patients as a steroid-sparing treatment. The goal is to have the patient begin long-term aspirin therapy, in which some patients can decrease regrowth of nasal polyps and reduce the need for corticosteroid medications.

Newer injectable medications, called biologics, are now available for patients with moderate to severe asthma and for the treatment of nasal polyps. Many patients with Aspirin-exacerbated respiratory disease (AERD) benefit from the addition of these specialized medications to their treatment.



# Causes of Asthma and Asthma Flare Ups

Asthma is a chronic condition and is very common in adults and children. Approximately 25 million people in the U.S. have asthma. This equals about 1 in 13 people. The cause of flare ups is widely varied and can include air pollution, exercise and even medications.

Asthma causes the airways of the lungs to narrow due to muscle spasms, inflammation and excess mucus. Some people have nocturnal asthma which comes on at night when sleeping. Occupational asthma is caused by exposure to specific chemicals or pollutants at work.

## How do you know if your child has asthma?

“If your child is taking breaks when they are running or playing, they might even say they are tired. That is not typical for a healthy toddler,” says OAAC Board Certified Allergist Dr. Maya Gharfeh.

“**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.

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Some signs and symptoms of asthma:

- Ongoing coughing
- Shortness of breath
- Wheezing
- Chest tightness

[nhlbi.nih.gov/breathebetter](http://nhlbi.nih.gov/breathebetter)



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Dr. Maya Gharfeh

She also says if the child has a persistent nighttime cough, this may indicate the child might have asthma. Recurrent croup may be another indicator.

“We should probably see that child for asthma or maybe even allergies,” she said. “Has the child needed a lot of systemic steroids and had reoccurring respiratory infections where they are wheezing or short of breath and the urgent care or ER is giving prednisone bursts a few times a year? My cut off is two – if the child as needed two courses of steroids in a year there may be an underlying course of asthma.”

Asthma can be hard to predict. It can develop in young children and stay with them their entire lives. But some people don’t develop asthma until they are adults.

In some people, asthma symptoms don’t appear until they are exposed to a trigger such as smoke or pollen. Their immune system views these triggers as foreign substances and releases chemicals to combat them. For people with asthma, those chemicals can cause an asthma attack – meaning their airways tighten up, they have difficulty breathing and they may experience coughing or wheezing.

## Most Common Risk Factors for Asthma

The following factors are linked to asthma:

### Smoking Tobacco

While it isn’t clear whether smoking actually causes asthma to develop but it is associated with a higher risk for asthma symptoms. Vaping and e-cigarettes may also increase asthma risk by triggering symptoms that lead to asthma flares.

### Family History of Asthma

If one of your parents has asthma, you are up to six times more likely to develop asthma later in life.

### Childhood Infections

Those who have had viral respiratory infections during childhood may

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Dr. Bret Haymore

# Allergy Capitals...

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“We are experiencing longer and more intense allergy seasons because of climate change. For people with asthma, allergies can trigger an asthma attack,” says Kenneth Mendez, CEO and president of AAFA. “About 81 million people in the U.S. have seasonal allergic rhinitis, which is most often caused by pollen allergies. If we don’t take immediate action on the climate crisis, pollen production will only intensify. This means more allergy and asthma attacks and additional strain on our health systems.”

The National Climate Assessment from the U.S. Global Change Research Program confirms that climate change is a major threat to public health. Longer and more intense pollen seasons caused by climate change particularly impact people with allergies and asthma. From 1990-2018, the plant-growing season extended an average of 20 days and produces about 21 percent more pollen, putting people with pollen allergies at risk of more symptoms for longer periods. Allergies can also trigger asthma episodes or attacks. Around 60-80 percent of the

nearly 26 million people in the U.S. with asthma have allergic asthma.

“As pollen counts spike, we often see spikes in emergency room visits for asthma,” Mendez says. “Around 3,600 people per year die from asthma, so it is important to address and manage asthma and allergy triggers where you live.”

Black, Hispanic, and Indigenous populations bear the disproportionate burden of air pollution, asthma, allergies, and climate change. This is the result of a long history of discriminatory housing and environmental policies in the U.S. that have pushed people of color to live in undesirable neighborhoods with greater environmental and social risks. As a result of systemic racism in U.S. policies, governance, and culture, racial and ethnic minority populations are more vulnerable to the health impacts of climate change.

“AAFA’s Allergy Capitals™ report serves as a national call-to-action on climate change due to its impacts on individual and community health,” says Melanie Carver, chief mission officer of AAFA. “While there are

steps individuals can take to manage their symptoms, it is imperative for communities to build their climate resiliency, improve their city planning, and take action on health disparities impacting higher risk populations.”

For people who are impacted by pollen allergies, there are options available to prevent or treat allergy symptoms. Treatment options include over-the-counter or prescription allergy medicines. Medications are most effective when started before a person’s allergy season begins.

“The Oklahoma City area has pollen all four seasons of the year, so many allergy sufferers don’t get much of a break,” said OAAC Board-Certified Allergist Dr. Bret Haymore. “We see a whole range of allergy symptoms that really significant impact someone’s quality of life.”

Dr. Haymore said, “There are various treatment options available including those that are prescription and over the counter. Allergen immunotherapy (allergy shots) are used to help build the body’s immunity to the allergens that can also be very beneficial. It can be confusing to figure out what is the best course of action because it can vary from patient to patient. It would be helpful to consult with an allergist to figure out the optimal treatment plan.”

# Facts and Statistics



What is a food allergy? It is a specific immune response or an allergic reaction from exposure to a specific food. The effect occurs when the immune system attacks food proteins that are normally harmless.

Food-induced anaphylaxis is a serious allergic reaction that can happen very quickly and could even cause death.

A new treatment for peanut allergy was approved in January 2020 by the U.S. Food and Drug Administration,

but this treatment is not appropriate for every peanut allergy patient. The treatment is only approved for patients 4 through 17. There are no approved treatments for other food allergies. Strict avoidance of food allergens and early reactions to food are important measures to prevent serious health consequences.

## What foods cause allergic reactions?

- More than 170 foods have been reported to cause reactions in the U.S.

• Eight major food allergens – milk, egg, peanut, tree nuts, wheat, soy, fish and crustacean shellfish – are responsible for most of the serious food allergy reactions in the U.S.

• Most common food allergies in children are peanut, milk, shellfish and tree nut.

• Most common food allergies in adults are shellfish, milk, peanut and tree nut.

- Allergists consider sesame allergy to be an emerging concern. Sesame has caused severe reactions including fatal anaphylaxis.

## How many people have food allergies?

- Approximately 32 million in the U.S.
- Nearly 11 percent of people ages 18 and older – more than 26 adults – have food allergies.
- About 40 percent of children with food allergies have multiple food allergies.

## Food Allergy Reactions - a Serious Public Health and Economic Issue

A food allergy is an impairment that limits a major life activity and may qualify someone for protection under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

Caring for children with food allergies costs U.S. families nearly \$25 billion annually.

## Reactions are very serious and can be life-threatening

Every three minutes a food allergy reaction sends someone to the emergency room.

Each year in the U.S., 200,000 people require emergency medical care for allergic reactions to food.

Pediatric hospitalizations for food allergy tripled between the late 1990s and the mid-2000s.

More than 40 percent of children with food allergies have experienced a severe allergic reaction such as anaphylaxis.

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# Causes of Asthma Triggers/Flare Ups

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## Common Asthma Triggers

- Airborne allergens or irritants: dust pollen, mold and pet hair
- Infections: the flu, sinusitis, upper respiratory tract infections
- Smoke or chemical fumes
- Exercise
- Cold air
- Some medications: beta-blockers, aspirin, ibuprofen and naproxen
- Food additives: sulfites and other preservatives
- Strong emotions and stress
- Medical conditions such as gastroesophageal reflux disease (GERD)

## Preventing Asthma Flare Ups

Get vaccinated with the pneumonia and flu vaccine – both can trigger

asthma. The COVID vaccine can also help protect asthmatics from exacerbations due to the disease.

Monitor your breathing by using a peak airflow meter at home. This can help spot signs of an attack before it begins and gives you time to take your medication or calm yourself down before a full-blown asthma attack.

Spot warning signs such as a cough, problems breathing at night and an increased need to use an inhaler. Let your allergist know if you think an attack is imminent.

Practice mindful breathing. Stress and anxiety can be asthma triggers. Learn to manage these mental states with calming breathing techniques.

“We have great evidence-based treatment for asthma,” said OAC



Elisa Thompson, APRN, CNP

Certified Nurse Practitioner Elisa Thompson. “Either it is managed or not managed. If it is managed well, it might become less of a problem for you.”

If you have asthma, don't let the fear of an asthma attack hold you back! An allergist can identify your triggers, then create a plan to help you avoid and manage them.

## Midwest City Clinic

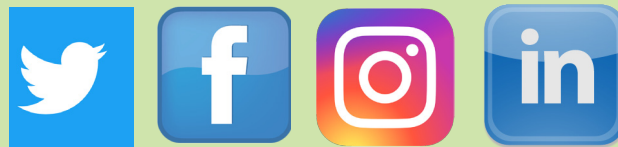
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recently see patients.

Our medical records are electronic so there will be no issues related to reviewing information from your previous visits when you are seen in other locations.

If you have questions about an upcoming appointment, how to continue your allergy injections, or other questions please call: 405-235-0040 and select the appropriate extension from the prompt menu.

We are grateful to participate in your medical care and appreciate your understanding of this change in our practice locations. We look forward to continuing to serve you.



### Remember to Follow OAC on Facebook, Twitter, Instagram & Linked In

In addition to posting pollen and mold counts each day, OAC also uses social media to post announcements or educational allergy news updates.

Follow us on **Facebook** at [www.facebook.com/oklahomaallergyasthmaclinic/](http://www.facebook.com/oklahomaallergyasthmaclinic/)

**Twitter** @ okallergyasthma

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# Food Allergy...

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## Food Allergy Impacts Quality of Life

About one in three children with food allergy reports being bullied as a result. Among children with allergies to more than two foods, over half report being bullied due to food allergy.

Children with food allergy are twice as likely to be bullied compared to children who do not have a medical condition.

More than one-quarter of parents surveyed during food allergy appointments report their children do not participate in camp or sleepovers because of food allergy. More than 15 percent do not go to restaurants and more than 10 percent avoid child care settings or playdates at friends' houses. Ten percent homeschool their children to prevent food allergen exposure.

## Can Food Allergies be outgrown?

Although allergies to milk, egg, wheat and soy often resolve in childhood, research suggests that children may outgrow at least some of these food sensitivities more slowly than was found in previous decades, with many children still allergic beyond age 5.

Allergies to peanuts, tree nuts and shellfish are generally lifelong.

## Any good news on the horizon for food allergy treatment?

Several immunology approaches are being investigated. Immunotherapy involves intentional exposure to the food allergen, starting with very small amounts and increasing more or less gradually depending on the approach and the protocol. The goal of immunotherapy is to raise the

threshold dose of food protein that results in a food allergy reaction. Successful immunotherapy can result in the ability to eat a significant/increased amount of the problem food without a reaction.

Other treatments under investigation includes Oral immunotherapy, or OIT, helps desensitize patients

to the foods they are allergic to by giving them small quantities of the food allergen to ingest every day and gradually building their body's resistance to the food. Another is sublingual immunotherapy where a food protein is dissolved in liquid and held under the tongue for a time before being spat out or swallowed. Desensitization achieved with SLIT can be equivalent to OIT but SLIT is less likely to cause serious allergic reactions.

Epicutaneous immunotherapy (EPIT or skin patch) is where a food protein is delivered using a patch to the skin. Clinical trials indicate that EPIT can result in desensitization, especially to peanut.

Oral immunotherapy and sublingual immunotherapy are being conducted both in clinical trials and in private practice.

Information: Food Allergy Research and Education [FARE.com](http://FARE.com)

Kids with Food Allergies (KFA) has put together this list of allergy-friendly candy for every day or special occasions. This information is for your convenience only. It is not an endorsement or a guarantee of any product's safety. Always read ingredient labels. Contact the manufacturer, if needed, to confirm if a product is safe for your child.

**The candies on this list are free of the most common allergens – milk, egg, soy, peanut, tree nuts (not including coconut), sesame, wheat, gluten, fish, and shellfish. Most are also free of coconut.** For more candy options, visit [kidswithfoodallergies.org/foods](http://kidswithfoodallergies.org/foods) to create your own custom search.

Click the links below to view the product listings in our Allergy-Friendly Foods collection which contains the manufacturers' websites, allergen ingredients, flavors, and varieties, as well as currently available manufacturing information.

# Preparing for Natural Disasters for Food-Allergic Children



Oklahoma has certainly had its share of natural disasters including the recent fires where so many families lost everything. These disasters can occur with little to no warning.

Restricted diets need extra planning for emergency preparedness. Build a disaster kit that is always ready to grab and go. Keep it in a safe place where it can be easily found.

What should the disaster kit contain? This will depend on your child's medical and food allergy needs. Some suggestions to get you started:

- Medicines and medical supplies
- Safe food
- Water
- Other helpful supplies

## Medicines/Medical Supplies

Keep your child's medicines on hand at all times such as

- Antihistamines
- Emergency medicine – such as epinephrine in case of anaphylaxis
- Asthma inhalers
- Other medicines as prescribed by your child's doctor or allergist

- Painkillers and fever reducers such as ibuprofen and acetaminophen
- Eczema creams

The American Red Cross recommends keeping a seven-day supply of medicines in your disaster kit. Label the kit with the date of medicine expiration dates. Check your kit frequently. A basic first aid kit with bandages, antibiotic cream, etc. For those with a latex allergy, make sure the kit is latex free. Make note of expiration dates and check them often.

If your child needs electricity for equipment such as an asthma nebulizer or feeding pump, check with your local law enforcement office or the local power company. There might be a priority list for power restoration or someone to check on you in case of evacuation.

The U.S. Federal Emergency Management Agency recommends at least three days of non-perishable food. Make sure you have safe food before an emergency happens. Keep it with your disaster kit. You might not have access to a stove, oven or microwave.

It's best to stock up on safe foods that do not need to be cooked. Those foods could include proteins – beef jerky, tuna pouches, and canned beans, chicken and ham. Produce such as canned fruit, vegetables and applesauce. Drinks – juice pouches and bottled water. Disposable plates and cups, plastic ware and a manual can opener would be another good addition to your food kit. Don't forget the pets too!

The American Red Cross also recommends having a gallon of water per person per day.

Other useful supplies:

- Flashlights
- Extra batteries
- Hand wipes
- Disposable diapers and wipes
- Chargers for cell phones
- Written list of contacts – doctors, family, etc. in case phone run out of charge
- A copy of your child's emergency action plan
- Change of clothing for each person
- Small games or toys to keep kids entertained without power

For more information, visit the Centers for Disease Control and Prevention (CDC) has more information on preparing and evacuating due to natural disasters.

