

Breathe IN Breathe OUT



Asthma In Indiana

Spring/Summer 2007

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Special Topic

Allergic Asthma

Breathing-in an allergen may trigger an allergic asthma attack for a little over half a million children and adults living in Indiana with asthma (Indiana BRFS, 2005). People who have allergic asthma need to be aware of and avoid the allergen to prevent triggering an asthma attack. This may be especially true for the spring and summer.

What are allergens?

Allergens are common, usually harmless substances such as pollen, mold spores, animal danders, dust mite particles, foods, insect sting venom, latex, and drugs that are recognized by the immune system, lead to the development of a specific antibody response (IgE), and with subsequent exposure cause an allergic reaction in a variety of organ systems.

What are allergies?

Normally, the immune system protects the body from allergens. However, people with oversensitive immune systems react to allergens causing allergic responses known as allergies. In people with allergies, their immune system becomes sensitized

by the allergen with the first exposure. Subsequent exposures then react to the antibody directed against the allergen and cause certain cells in the body to release histamine and other chemicals resulting in allergic reactions. Typically, this causes people with allergies to sneeze, wheeze, cough, itch, swell, produce mucous, and even go into anaphylactic shock. These symptoms vary in severity from person to person.

What is allergic asthma?

Asthma is one of the many ways in which allergies can manifest. Allergies can affect the lungs, the nose, the skin, the gastrointestinal tract, and the cardiovascular system (shock). Asthma triggered by allergens can be seasonal or perennial. It is an extrinsic event caused by an allergic reaction to an allergen. It is the most common form of asthma, "...affecting over 50% of the 20 million asthma sufferers" (Asthma and Allergy Foundation of America, 2007). The symptoms of allergic asthma and non-allergic asthma are the same: coughing, wheezing, shortness or rapid breathing and chest tightness. The symptoms of allergic asthma are the same for asthma caused by any other trigger.

Who's at risk for allergic asthma?

The strongest risk factor for having allergic asthma is a family history of allergies. "If you have allergies, you're more likely to develop asthma – up to 78% of people who have asthma also have hay fever," according to Dr. J.T. Li with the Mayo Clinic in *Double trouble: The link between allergies and asthma* (2007).

Are allergies and asthma treated differently?

Dr. Frederick E. Leickly, M.D., an allergist/immunologist at Riley Hospital for Children and Professor of Clinical Pediatrics at Indiana University School of Medicine, states the following about treating allergies and asthma:

Yes. I have always been fascinated by the tendency to make allergies and asthma different. All of our patients complain of asthma and allergy. What they mean is that the nasal problems tend to be more associated with allergy and the asthma is a separate entity. I think the perspective should be that they have allergy both of the nose and of the lung. Asthma should be looked at and dealt with in many as a manifestation of allergy. If that concept is appreciated, then the journey towards control should be that much easier.

The differences in the treatment of allergic conditions must include avoidance. It is possible that other therapies, medicines and immune therapies may not work if the allergens are not avoided. So, an initial difference in treatment is the stress on allergen avoidance. If the relevant allergens are identified, avoidance can be focused.

The medications used to treat asthma that is allergic or other are similar with few exceptions. However,

those therapies directed against the immune response are specific for those who have allergy. Allergen immunotherapy and the newer therapies directed against that antibody of allergy, IgE are specific to allergic asthma.

So in the world of asthma, the medications used are the same regardless of the trigger or type of asthma. The differences are in the control of the environment - avoidance measures and the use of immune modulation.

When to refer/see to an asthma allergy specialists?

The American Academy of Allergy, Asthma and Immunology (2007) (AAAAI) based on their guidelines titled *How the Allergist/Immunologist Can Help: Consultation and Referral Guidelines Citing the Evidence* recommends people with asthma should see an allergist or immunologist when:

- A confirmation of the diagnosis of asthma is needed;
- Symptoms of asthma worsen when a new pet is introduced into the home;
- A history of seasonal or persistent asthma needs evaluation to determine if the patient is sensitive to inhaled allergens and needs instructions on avoiding the allergens;
- Education on asthma and proper techniques for self-management is needed;
- Patient uses daily asthma reliever medications;
- Patient does not use medications as prescribed; and
- Patient cannot control his or her asthma.

AAAAI Resources

AAAAI has several resources available to help people understand their allergic asthma, which include an allergic asthma quiz to help patients assess if allergens cause their asthma attacks and to discuss their asthma or allergic asthma with their healthcare provider and a physician (allergist) locator. For more information go to www.aaaai.org or call toll-free 1-800-822-2762.

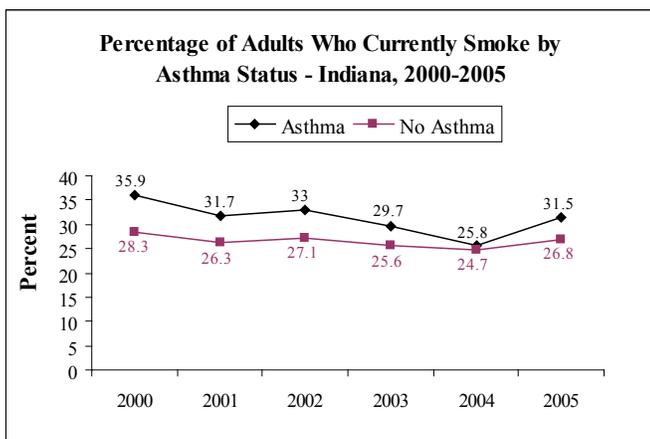
Data and Surveillance

Having Asthma and Smoking

Many people with asthma smoke, making controlling their disease very difficult. People with asthma who smoke risk making their existing asthma symptoms worse and increasing the number of attacks that they experience.

During 2005, the median adult smoking prevalence among all 50 states and DC was 20.6% (11.5%-28.7%). Smoking prevalence was highest in Kentucky (28.7%), Indiana (27.3%), and Tennessee (26.7%) and was lowest in Utah (11.5%), California (15.2%), and Connecticut (16.5%) (ITPC, Fact Sheet: Adult Smoking Rates by State, www.in.gov/itpc/files/research_90.pdf).

In 2005, approximately 380,000 (8.2%) of adults in Indiana reported currently having asthma. Of those people, 31.5% currently smoke and 28.5% formerly smoked. Based on the Indiana BRFSS 2000-2005, the percentage of smoking is higher among those adults that currently have asthma than those who do not have asthma (Figure 1). The trend of smoking declined about 28% among adults with asthma from 2000 to 2004 and 12.5% from 2000-2005 (increased 22% from 2004 to 2005).

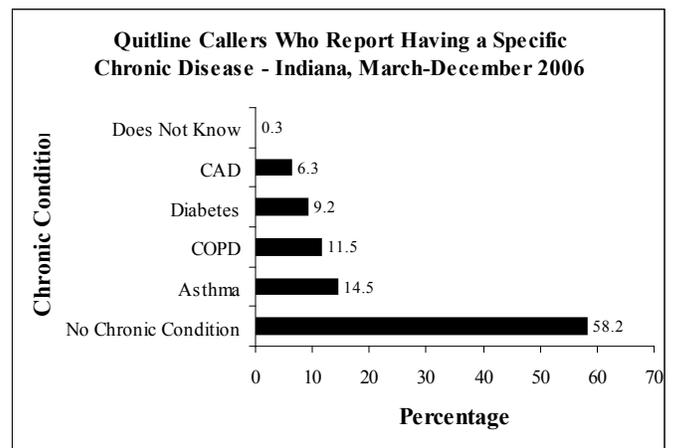


Indiana Tobacco Quitline (1-800-QUIT-NOW)

Smokefree Indiana launched the Indiana Tobacco Quitline in March 2006 to help Hoosiers stop smoking. The Quitline offers free information on quitting tobacco, free telephone-based counseling, and referrals to local cessation programs and services

within the community. From March to December 2006, over 3,000 people have called the Quitline.

When calling the Quitline, people are asked several questions about themselves and their tobacco use. One question is specific to having a chronic disease. According to Quitline data (March-December 2006), about 41% of people who called reported having been diagnosed with chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), asthma, and/or diabetes. The percentage of being diagnosed with asthma was higher (14.5%) than the other chronic conditions.



People with asthma should completely abstain from smoking to control their asthma and to maintain an overall healthy lifestyle. The above data indicate the need for public health and health care professionals to identify and educate people with asthma that smoke on quitting smoking. Help should also be provided in locating resources that will help people quit smoking. Health care providers can advise their patients to call the toll-free number for the Indiana Tobacco Quitline: 1-800-QUIT-NOW. Also, they can refer patients to the Quitline via a toll-free fax number (1-800-483-3114). For more information on the referral system go to Smokefree Indiana's web site at www.smokefreeindiana.org/.

Callers to the Indiana Tobacco Quitline are asked, "Have you been diagnosed with any of the following Chronic Conditions?" They can respond chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), asthma, diabetes, none, does not know. The percentages are calculated based on the total number of responses, not total number of people who have called the Quitline. Percentages do not include Not Collected and Refused; it only includes those who answered the question.

Around the State

EPA Recognizes Two Indiana Asthma Management Programs

In February, the U.S. Environmental Protection Agency (EPA) Region 5 recognized four winners of the EPA's National Exemplary Award for asthma management in Chicago. The Asthma Alliance of Indianapolis ((AAI) Marion County Health Department) was one of the winners, serving as a model for other asthma programs across the country. Other programs in Wisconsin and Michigan were honored.

Also, the Allen County Asthma Coalition (ACAC) was recognized as one of six regional Partners for Asthma Action. This recognition is for promising regional programs that have yet to meet the criteria for the national award. Other programs in Ohio, Minnesota, Wisconsin, Illinois, and Michigan were recognized.

The AAI has been active since 1997, consisting of health care professionals with varied backgrounds. AAI provides asthma education, environmental assessments, community outreach and other services to Marion county residents. For more information about AAI, contact Robin Costley at (312) 221-2473 or go to www.asthmaindy.org/.

The ACAC has been active since 2005, also consisting of health care professionals with varied backgrounds. In 2006, the group held its first World Asthma Day celebration in Fort Wayne. Their current focus is on schools, teaching school personnel and students the proper asthma management in the school system. For more information about ACAC, contact Brett J. Aschliman at (260) 486-2001.

To learn more about the EPA's National Exemplary Award and to learn more about other programs that have received the award, go to the Communities in Action for Asthma-Friendly Environments web site at www.asthmacommunitynetwork.org/.



A Look from the President

We are a few months into 2007 and already we have had great support of ongoing asthma activities. All the workgroups are working hard. Some of this work is reflected on the updated web site at www.in.gov/isdh/programs/asthma/InJAC/index.htm. We have given a number of CME programs across the state, a survey of builders and remodelers on environmental asthma triggers has been completed, and plans are in the works for additional events.

This is our first year for elected officers. I would like to extend my thanks to the current officers and to all of the membership who expressed interest in running for a position. Current officers include: Vice President - Janet McCabe, Improving Kids' Environment; Treasurer - Kim Irwin, American Lung Association - Indiana; and Secretary - Kathy Such, American Lung Association - Indiana.

I just reviewed the final documents for our two resolutions (smoke-free environments and vehicle idling) - thanks to Dr. Ingrid Ritchie, Janet McCabe, and the Environmental Quality workgroup who were instrumental in the development of these documents. I was proud, as president of InJAC, to sign these resolutions. It made me reflect on how far we have gone in the past few years. Good work!

Please keep your comments, suggestions, and names of people recruited for InJAC. I am offering a free membership to anyone who has a friend, colleague, or potential asthma partner who joins InJAC (okay I know we don't have any membership dues).

Warmest regards,
Fred Leickly, MD

Upcoming Events

April 11, 2007: Asthma CME Training

Memorial Hospital, South Bend
12:00 p.m. – 1:45 p.m. (Lunch)
Contact: Marcie Memmer, (317) 233-7299
www.in.gov/isdh/programs/asthma/cet.htm

April 13, 2007: Summit on Children's Health and the Environment

IUPUI at Indianapolis
8:30 a.m. – 4:30 p.m.
www.ceh.iu.edu/events.php
Contact: Brittany Kennedy, (317) 274-8444 or atbriskenn@iupui.edu

April 30-May 2, 2007: Asthma Awareness Day Capital Hill 2007 and 3-Day Asthma Conference

Washington, D.C.
www.aanma.org/cityhall/ch_asthmaaware2007.htm
Contact: Jennifer Sprinkel, (800) 878.4403 x108 or jsprinkel@aanma.org

May 10, 2007: Asthma Update 2007

Indiana Historic Society, Indianapolis
8 a.m. – 12 p.m.
Contact: Marcie Memmer, (317) 233-7299

May 31-June 1, 2007: EPA: National Asthma Forum

Washington, D.C.
www.epaasthmaforum.com/Index.aspx
Contact: Melissa Van Orman, (703) 247-6133

June 1, 2007: Lungs in Motion (Rally & Asthma Walk)

Downtown Indianapolis
4p.m. - 9p.m.
www.lungIN.org
Contact: Tabitha Gard at 317-819-1181 x233

**May 1, 2007 is World Asthma Day and
May is Asthma Awareness Month!**

June 11-15, 2007: Camp-Eeze-the-Wheeze

For children ages 6-13 - Jackson-Morrow Park, Kokomo
9 a.m. – 3 p.m daily
Contact: Lynda Narwold
(765) 455-9308 or Inarwold@iuk.edu

June 15, 2007: 4th Annual Asthma Alliance of Indianapolis Golf Tournament

Pleasant Run Golf Course, Indianapolis
8 a.m. Tee time
Contact: Danette Farris, (317) 338-3552
www.asthmaindy.org

June 28, 2007: InJAC Quarterly Meeting

Indiana State Dept. of Health, Indianapolis
1:30 p.m. – 4 p.m.
ISDH, Rice Auditorium
Contact: Kathy Such, ksuch@lungin.org

July 15-20, 2007: Happy Hollow Asthma Camp

For children 7-17 - Indianapolis
Contact: (317) 638-3849
www.happyhollowcamp.net/

September 27, 2007: InJAC Quarterly Meeting

Indiana State Dept. of Health, Indianapolis
1:30 p.m. – 4 p.m.
8th Floor Conference Room
Contact: Kathy Such, ksuch@lungin.org

Asthma Program

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Breathe In, Breathe Out: Asthma in Indiana is a semi-annual newsletter published by the Indiana State Department of Health Asthma Program in conjunction with the Indiana Joint Asthma Coalition (InJAC). The purpose of this newsletter is to provide timely information on asthma to those interested in addressing the asthma burden in Indiana.

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