

Breathe in the Mountains

Fall 2005

Quarterly Newsletter

Vol. I Issue 1

Managing Asthma Symptoms in the Autumn

The foliage here in the Mountain State is changing from hues of green to brilliant shades of gold, orange and crimson; yes, autumn has arrived.

Many West Virginian's will be heading outdoors in the coming weeks, to enjoy the beauty of nature's varied spectrum. But for people with allergic asthma, fall brings a number of hazards that keep them inside.

Various tree, flower, grass and weed pollens reach peak production levels in the fall, making even brief exposure to nature problematic.

Pollen concentration in the air is especially high on days that are warm, sunny and windy. Mold spores also present a problem in the fall, more so, if it is a particularly wet season.

Airborne pollen and mold can trigger asthma symptoms directly or lead to seasonal allergic rhinitis, commonly called hay fever, which can also cause an asthma episode.

For people whose asthma symptoms are brought on by seasonal triggers, a treatment and management plan can be discussed with a health care provider in advance.

Also, according to the National Heart, Lung, and Blood Institute's recommendations for asthma management, every person diagnosed with asthma should have a written Asthma Action Plan. This plan should include prescribed medications and dosage, a description of the stages of an asthma exacerbation, information on when to get medical attention/emergency care, and important telephone numbers. The action plan should be carried on the person at all times, for use in the event of a severe episode (see Asthma Action Plan on page 5 for more information).

A combination of the following management and treatment methods may be prescribed by the

physician or asthma specialist, to control the disease: medication to treat symptoms, injection treatments to build immunity to allergens, and allergen avoidance strategies.

Asthma medications fall into two main categories: quick relief and long-term controller medications.

Quick relief medication (usually an inhaler) is carried with the individual and used at the onset of symptoms, to get fast relief and control symptoms before they develop into a more severe exacerbation.

Long-term controller medication is used to reduce the frequency and severity of asthma episodes. It is sometimes prescribed at a higher dosage initially, to get symptoms under control; then the physician will step the dosage down, to determine the lowest amount of medication needed to control symptoms, while carefully monitoring the patient.

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Upcoming Events

The West Virginia Asthma Education and Prevention Program's next quarterly statewide meeting with the WV Asthma Coalition is scheduled for November 10, at the Embassy Suites in Charleston. For more information, contact the AEPP at (304)558-0644 or the American Lung Association of WV at (304)342-6600.

The Children's Health Conference - *Growing Healthy Children: Conversations About West Virginia's Future* is scheduled for November 10 - 12, at the Embassy Suites in Charleston. On the second day of the conference, November 11, *Asthma in West Virginia: Taking a Closer Look* will be presented. It is a three-part presentation by: David Deutsch, Program Manager of the WV Asthma Education and Prevention Program; Sonny Hoskinson, Clinical Pharmacist with the United Hospital Center and Director of Camp Catch Your Breath; and Dr. Mary McCrum, Assistant Professor of Pediatrics with the WVU School of Osteopathic Medicine. Contact Mountainside Media at (304)523-6162 for registration information.

Asthma Awareness Day at the Capitol has been scheduled for Thursday, March 6. Mark your calendars!

AEPP Manager: David Deutsch (304)558-0887 daviddeutsch@wvdhhr.org
AEPP Coordinator: Mary Beth Hackney (304)558-8083 marybethhackney@wvdhhr.org

For more information about the West Virginia Asthma Education and Prevention Program, visit our website: www.wvdhhr.org/bph/oehp/asthma/default.htm

West Virginia Asthma Coalition 2005 Retreat

The West Virginia Asthma Coalition (WVAC) held its most recent annual retreat at the Stonewall Resort in Walkersville, W.Va. on August 29 and 30.

The main goal of the retreat was to re-energize the coalition and accelerate the implementation of current asthma initiatives.

Several members of the coalition gave presentations on the various interventions underway throughout the state.

Teresa Lampmann, an American Lung Association program coordinator with the Pediatric and Adult Asthma Coalition of New Jersey, gave a presentation on *Sustaining Asthma Coalitions*. Jamie Hernandez, a registered nurse and certified asthma educator from the Department of Pediatrics at Texas Tech University presented on the *Practical Aspects of Educating: A Nurse Educator's Perspective*.

The coalition sub-committees held two break-out sessions, one on each day of the retreat. Each of the five sub-committees reviewed the section of the Strategic Plan to

Address Asthma in West Virginia that pertained to their group and then decided on which of the goals and objectives, outlined in the plan, should be addressed in the coming year.

The strategic plan is a publication created by the combined efforts of coalition members, the West Virginia Asthma Education and Prevention Program and its sub-contractors.

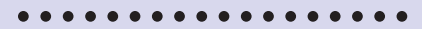
A reporting form was developed by the WVAC executive committee, to help the sub-committees with goal setting. Each group identified specific goals to accomplish, and members volunteered for various tasks and set deadlines for the goals to be reached.

At the end of the retreat, each sub-committee recorded its goals and strategies on the reporting forms. The forms were then shared with the other sub-committees to identify areas that overlap, to facilitate collaboration.

There was a great deal of hard work put into the retreat; the agenda for the first day ended at 5:30 pm,

but some of the members worked late into the evening hammering out the details.

Thanks to everyone involved, the retreat was a great success.



The WVAC membership is made up of health care professionals, community members, and state government representatives who share an interest in reducing the burden of asthma in West Virginia and improving the quality of life for our citizens with asthma. For those interested in joining the coalition, a membership application can be completed and submitted online through the American Lung Association of West Virginia website: www.alawv.org/WVAC_folder/WVAC.htm or contact Kelli Caseman at (304) 342-6600.



WVAC 2005 Retreat Presentations

An History and Overview of the West Virginia Asthma Education and Prevention Program by Mary Beth Hackney, Program Coordinator- WVDHHR AEPP
Asthma Surveillance in WV: An Update to The Burden of Asthma in West Virginia Report by Amy Wenmoth- Epidemiology Support, WVHDDR Health Statistics Center

Implementation of a Clinic-based Asthma Management Program Part 1: Construction and Use of an Electronic Management System for Asthma by Cecil Pollard, MA and Adam Baus, MA - WVU Office of Health Services Research
Implementation of a Clinic-based Asthma Management Program Part 2: Provider Education by Michael Romano, MD MBA - Head, Critical Care Section, WVU Dept. of Pediatrics

Practical Aspects of Asthma Education: A Nurse Educator's Perspective by Jamie Hernandez, RN AE-C - Dept. of Pediatrics, Texas Tech University

World Asthma Day 2005 Presentations

The Basics of Work-Related Asthma- by Paul Henneberger, MPH ScD Board Member, ALAWV; Epidemiology Team Leader, NIOSH/CDC
Implementation of the Asthma Inhaler Law in WV - by Rebecca King, RN MSN Coordinator, School Health Services, West Virginia Dept. of Education
Making Asthma Clinical Guidelines Work in the 'Real World'- by Michael Romano, MD MBA, Head, Critical Care Section, West Virginia University Department of Pediatrics

These presentations can be viewed by visiting the WVAC website: www.alawv.org/WVAC_folder/WAD_meeting_presentations.htm

Useful Resources

American Academy of Asthma Allergy & Immunology website: www.aaaai.org/

The American Lung Association call 1-800-LUNG-USA(1-800-586-4872) or visit the website:www.lungusa.org

Centers for Disease Control and Prevention Asthma homepage: www.cdc.gov/asthma/default.htm

Environmental Protection Agency's Asthma webpage: www.epa.gov/iaq/schools/asthma/ame-ame.htm

Mothers of Asthmatics - Information related to school, home, hospital, government, news and child care: www.aanma.org

National Heart, Lung, and Blood Institute: Lung Disease Information - Asthma: www.nhlbi.nih.gov/health/public/lung/index.htm

Asthma Mortality Rates Higher Among WV's Elderly Population

Patient Education and Self-Monitoring Key to Reducing Asthma Complications

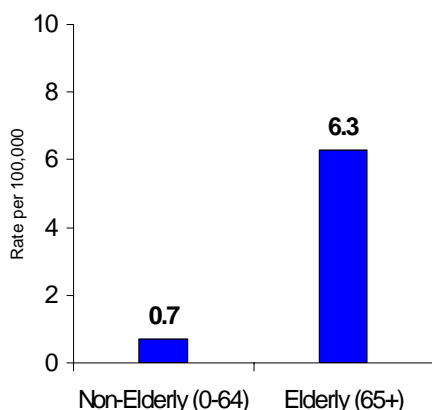
Asthma is a chronic disease that can be managed. However, unmanaged asthma often results in hospitalizations and sometimes death. In 2003, 883 asthma-related hospitalizations occurred among West Virginians aged 65 and older. Between 1999 and 2003, 87 seniors died due to asthma complications. The number of people who die each year due to asthma is low compared to other chronic diseases, such as heart disease, cancer and diabetes. However, proper management of asthma symptoms can prevent nearly all asthma-related deaths.

Through patient education, people with asthma can be empowered to recognize and manage early symptoms before they manifest into a more severe exacerbation.

Anyone diagnosed with asthma should have a written asthma action plan (see page 5 for more information), which is a guide that explains what actions to take when symptoms occur.

People with asthma should also be taught to use a peak flow meter

Average Annual Asthma Mortality Rates: WV 1999-2003



Source: WV Vital Statistics; WV Health Statistics Center, 2005

Between 1999 and 2003...

- 144 West Virginians died of asthma-related complications - 87 (60.4%) of these deaths were among adults aged 65 and older.
- A majority of the elderly deaths were among those aged 75 and older (61, 70.1%).
- The average annual asthma death rate was 6.3 per 100,000 among elderly West Virginians, compared to 0.7 per 100,000 among the non-elderly.

(a tool used to measure air flow expelled from the lungs) to monitor lung function daily and record their maximum expiratory flow.

By daily monitoring with a peak flow meter, people with asthma can determine their personal best expiratory flow and detect a reduction in lung function, which is an early warning sign that symptoms are worsening.

When symptoms worsen, the asthma action plan can be referred to for guidance on how and when to adjust medications to control symptoms before an emergency situation can develop.

By taking immediate and appropriate action, people with asthma should be able to enjoy a better quality of life, fewer hospitalizations, and a lower risk of death.

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Immunotherapy, commonly referred to as 'allergy shots', is used to treat patients who are sensitive to inhaled allergens, such as pollens and molds. It is recommended for those who experience moderate to severe allergy symptoms and whose symptoms are triggered by an allergen that is not easily avoided. These treatments involve the injection of allergenic extracts in gradually increased amounts, to build tolerance to the allergen.

Avoidance of allergens is a vital part of managing asthma. Although exposure to asthma-triggering allergens cannot be eliminated entirely, by making some lifestyle adjustments and planning ahead, there are a number of ways to reduce exposure to airborne pollen and mold.

Pollen production is increased in the morning hours; therefore, outdoor activities should be scheduled later in the day. There's also increased amounts of pollen in the air on sunny, windy days. Pollen counts are lower after rainfall, because rain washes pollen off surfaces where wind can pick it up

and moisture-laden pollen is heavier and less likely to be carried by the wind.

To help with planning outdoor activities, websites that provide pollen counts are a great resource, such as, www.pollen.com. Pollen counts can be checked daily, or an individual can register with the site to receive an alert, by email, if the pollen count reaches a trigger point.

Yard work should be avoided completely; cutting grass and raking leaves are two common outside jobs that cause more pollen to become airborne than normal. If yard work cannot be avoided, a pollen mask can be worn while working outdoors. Work shoes should be removed and stored outside; outdoor work clothing should be laundered immediately after wear. Also, shower after working outside to remove pollen from skin and hair.

Nasal irrigation systems or over-the-counter nasal wash products can be used to remove allergens from nasal membranes after exposure.

For those who love to garden but equate all plant life with allergens, there's good news. There are many

trees, shrubs, flowers and ornamental grasses that are either non-pollen producing or produce low amounts of pollen. A book written by Tom Ogren, titled *Creating Asthma-Free Gardens*, provides lists of asthma-friendly vegetation and also lists plants that should be avoided as well.

Pets that go outside can also carry allergens into the home. By simply wiping them with a damp cloth when let back inside, most of the allergens on the fur can be eliminated.

There are various types of air filtering and purification systems that can be used in the home, to keep the outdoors out. Special allergen filters can be used in central heating and cooling systems or in window air conditioning units. There are also filters for individual room vents, to eliminate pollen that gets through the heating and cooling system. Also, window screen filters can be used to let in fresh air while filtering out pollen.

Home purifier systems and portable room purifiers should be able to efficiently cycle the air in its

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Influenza: Serious Problem for People with Asthma

An American Lung Association Fact Sheet

Even though the National Asthma Education and Prevention Program (NAEPP) recommends that all people with persistent asthma receive an annual influenza vaccination, studies suggest that only 8.9% of all people with asthma do so.

Until now, some scientists have been concerned that the vaccine may actually induce asthma episodes in some patients.

A new study funded by the American Lung Association, which appears in the November 22 issue of *The New England Journal of Medicine*, found that the influenza vaccine is safe for both children and adults with asthma, regardless of the severity of their asthma.

If the flu vaccine rate among people with asthma increased to 50%, then 41% of flu-triggered asthma attacks would be prevented.

For more information about asthma and influenza, contact your local American Lung Association at 1-800-LUNG-USA (1-800-586-4872) or visit their web site at www.lungusa.org.

Influenza can be very dangerous for people with asthma. The influenza virus is associated with serious illness and even death. During influenza outbreaks, there tends to be an increase in pneumonia cases and a high rate of influenza hospitalizations.

Influenza accounts for 192 million days spent in bed, 70 million lost working days, and 346 million days of restricted-activity each year.

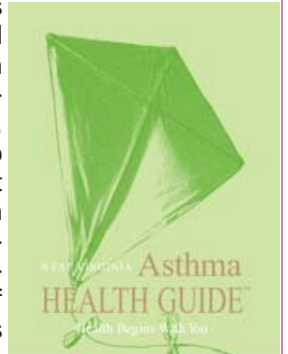
Illness and death associated with influenza are particularly high for people with "high-risk" conditions, such as adults and children with heart, kidney and lung conditions, including asthma. Hospitalization rates for such people increase two- to five-fold during major flu epidemics.

Viral respiratory infections, such as influenza, may cause asthma

episodes in people of all ages. Viral infections are believed to be the cause of 80-85% of asthma episodes in children. In addition, influenza infection often makes people with asthma more susceptible to constriction of the airways and persistent decline in lung function.

Free Asthma Health Guide

The West Virginia *Asthma Health Guide* (shown here) is an educational booklet, written in an easy-to-read format, designed to provide current information about the treatment and management of asthma. This booklet can be obtained by contacting the WVAEPP at (304) 558-0644.



No Butts about It; Smoking Makes Asthma Worse

The American Academy of Asthma Allergy & Immunology helps answer common questions about smoking and asthma (Press Release from the AA AAI)

MILWAUKEE -Tobacco smoke is an exceptionally aggravating trigger that can worsen asthma symptoms for the nearly 20.3 million people in the United States who suffer from asthma. Quitting smoking should be a priority for people who have asthma, or have family members with asthma, according to the American Academy of Allergy, Asthma and Immunology (AAAAI).

For people suffering with asthma, smoking is the worst thing you can do. Below, Linda Ford, MD, FAAAAI, AE-C, of the AAAAI's Quality of Care for Asthma Committee, answers common questions about smoking and its effects on asthma. Dr. Linda Ford is an allergist/immunologist in Papillion, Nebraska and a former president of the American Lung Association.

Q: What is asthma?

A: Asthma is a chronic inflammatory lung disease that blocks air flow of the tubes (airways) that leads air to the lungs. By squeezing the muscles around the airways and causing swelling, inflammation of the inside of the air tubes, and producing excess mucus, the airways become narrower and therefore more difficult for air to move in and out of the lungs.

Q: How does smoking affect a person's asthma?

A: Smoking can harm your body in many ways, but it is very harmful to the lungs. The airways in a person with asthma are very sensitive and "twitchy" and therefore can easily be squeezed down by the smooth muscle that surrounds these tubes. Many things can trigger symptoms

such as coughing, wheezing, experiencing chest tightness and shortness of breath. When a person inhales tobacco smoke whether for personal smoking or passive smoke, these irritating substances can set off an asthma attack.

Q: How does smoking affect pregnancy?

A: Children born to mothers who smoke when pregnant have an increased risk for reduced lung function and asthma. Other risks include decreased birth weight and size as well as an increased risk for eczema and hay fever. Once you quit smoking, your baby will be healthier, get more oxygen and have fewer infections and colds. It is also important to stay away from places that allow smoking when you are

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intended space five or six times per hour, to effectively remove allergens from the air.

Some air cleaners emit ozone, which can cause nose and throat irritation in people with asthma; HEPA (high efficiency particulate air) filters do not emit ozone. Care

should be taken to research air cleaners before purchasing; it is wise to consult with an allergist or asthma specialist to determine which air cleaner would work best for the individual.

And finally, keep windows closed while traveling and use the air conditioner on re-circulate to keep

pollen out of the vehicle, especially while driving through the countryside to take in the sights of autumn.

By incorporating as many of these allergen avoidance strategies as possible, hopefully people with asthma can enjoy the richness and beauty of the fall season too!

Asthma Action Plan Valuable Tool for Asthma Management

The Asthma Action Plan is a written guide, developed by the physician and patient, that provides the patient with strategies to control asthma symptoms. The purpose of an asthma action plan is to reduce or prevent flare-ups and emergency department visits through consistent day-to-day management.

The plan specifies the medication(s) and dosage to be used, according to the severity of symptoms. It also indicates the specific actions required for each level of severity.

According to the National Heart, Lung, and Blood Institute's guidelines for the treatment and management of asthma, all persons with asthma should have a written Asthma Action Plan. This is especially important for those with moderate to severe asthma or with a history of severe exacerbations. Caregivers of children with asthma (including school nurses, teachers, coaches and daycare providers) should have a copy of the child's Asthma Action Plan, to provide guidance in the event of a severe exacerbation.

It is critical that those with asthma learn to monitor their symptoms, so they will know whether their treatment plan is sufficiently managing the disease.

Self-monitoring will help persons with asthma be aware of early warning signs that lead to an exacerbation, thereby allowing the individual to adjust their medication accordingly, or to contact their healthcare provider for guidance.

The written plan should include the following information:

- √ Early signs of asthma worsening and levels of severity;
- √ Medications to use, the dosage, and how to administer the medication;
- √ Specific instructions for when and how to contact your healthcare provider.

Talk to your physician about developing an Asthma Action Plan specifically for you or your child with asthma.

A free Asthma Action Plan can be obtained by visiting the WV-Asthma Education and Prevention Program website: www.wvdhhr.org/bph/oehp/asthma/default.htm

Pollen Counters Needed in West Virginia

The National Allergy Bureau (NAB) is looking for pollen counters in areas where there's currently no coverage. They are working to add more counters throughout the country.

Counters are specially trained and certified allied health workers who spend approximately two hours a day, three times a week counting pollen. They must work under the direction of an allergist. The NAB will continue its efforts to enlist additional counters so that most areas of the country can be served.

If you know an allergist in your area who would be interested in becoming a pollen counter, the doctor should contact the National Allergy Bureau at (414)272-6071 or at nab@aaaai.org

Smoking, continued from page 4

pregnant, since secondhand smoke can contribute to these risks.

Q: What is the danger of secondhand smoke exposure?

A: Children are more susceptible than adults to the effects of secondhand smoke because their lungs are still developing. After infancy, exposure to tobacco smoke may continue to cause abnormal breathing. Smoking leads to decreased lung function, making the lungs more susceptible to asthma triggers. Fifteen million children are regularly exposed to secondhand smoke and up to one million children with asthma become more severe after exposure to secondhand smoke. Children who inhale environmental tobacco smoke are also at increased risk for a variety of problems including cough, wheeze, ear infections, bronchitis, pneumonia, allergic diseases and hospital admissions for asthma.

Q: What changes will I see if I quit smoking?

A: Quitting smoking decreases the chance of triggering asthma attacks and improves your lung function whether you have asthma or not.

Everyone should be smoke free. While you are stopping, at least you can stop smoking in the house and the car to decrease exposure to secondhand smoke for your family members. Within minutes of quitting smoking, you will begin a series of changes in your body such as having more energy, breathing easier, smelling, tasting food better, and decreasing your body's carbon monoxide level. Some long-term benefits of quitting smoking are the decreasing chance of heart attack, improving your circulation, decreasing sinus congestion and cough, and reducing the risk of a stroke.

The AAAAI and the Environmental Protection Agency (EPA) have worked together to increase awareness about the dangers of secondhand smoke through the Smoke Free Home Campaign.

Visit the Patient and Consumer resource page on the AAAAI Web site, www.aaaai.org, to learn more about the campaign and to take the pledge for a smoke free home.

Q: How can my allergist/immunologist help me manage my asthma?

A: An allergist/immunologist is a physician specially trained to manage and treat allergies and asthma. To help prevent symptoms, he or she will work with you to figure out your asthma triggers and develop an appropriate management plan, including developing environmental controls and prescribing medication if needed. The AAAAI is the largest professional medical specialty organization in the United States representing allergists, asthma specialists, clinical immunologists, allied health professionals and others with a special interest in the research and treatment of allergic disease. Allergy/immunology specialists are pediatric or internal medicine physicians who have elected an additional two years of training to become specialized in the treatment of asthma, allergy and immunologic disease. Established in 1943, the AAAAI has more than 6,000 members in the United States, Canada and 60 other countries. The AAAAI serves as an advocate to the public by providing educational information through its Web site at www.aaaai.org.

World Asthma Day 2005: Quarterly WV Asthma Coalition Meeting

The West Virginia Asthma Coalition (WVAC) held a quarterly meeting on World Asthma Day, May 3, at the Cedar Lakes Conference Center in Ripley.

World Asthma Day was founded by the Global Initiative for Asthma (GINA), an organization that works to reduce asthma prevalence, morbidity, and mortality around the world. GINA collaborates with health care professionals and public health officials in more than 35 countries since the first World Asthma Day in 1998.

The theme of the 2005 World Asthma Day was "The Unmet Needs of Asthma." David Deutsch, manager of the Bureau for Public Health's Asthma Education and Prevention Program, asked that the coalition members in attendance consider the question, "What are the unmet needs of asthma patients here, in West Virginia" and provide feedback.

Several members of the WVAC presented information to the group, on the status of the many programs

and initiatives undertaken by the coalition.

Susan Aufdenkampe, President of the WVAC and Asthma Management Program Coordinator with Camden-Clark Memorial Hospital, brought the "Asthma Van" to the event. Aufdenkampe drives the van to events throughout the state to provide testing and education for West Virginians afflicted with asthma.

Displays from various organizations and state offices were set up in the conference room to provide asthma education materials to attendees throughout the day and staff members were on hand to answer questions. Melissa Morris and Debbie Droddy with the Asthma and Allergy Center, also provided pulmonary function testing.



Pictured above, Susan Aufdenkampe stands beside the Camden-Clark Memorial Hospital's 'Asthma Van': Below, Melissa Morris (left) and Debbie Droddy (right) perform a pulmonary function test on Garrett Wright (center).



World Asthma Day Presentations can be viewed by visiting the website: www.alawv.org/WVAC_folder/WAD_meeting_presentations.htm

ADDRESSING ASTHMA STRATEGICALLY THROUGH HEALTH INITIATIVES AND MANAGEMENT ALTERNATIVES



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