The Attack on Asthma

April showers may bring May flowers, but for 86 million Americans, those flowers—and their pollens—bring nothing but misery from sneezing, runny noses, and painful sinus congestion. These symptoms of seasonal allergic rhinitis, or hay fever, can hamper sufferers. "People miss work and school. Some won't even go outside," says **William F. Morgan, M.D.,** founder of the 20-year-old Arizona Asthma & Allergy Institute. His partners, allergists **Jim E. Chevalier, M.D.,** and **Ronald K. Jorgensen, M.D.,** agree. In the desert, they warn, spring allergies hit in February when new pollens, weeds and molds appear.

Allergies, it turns out, are genetic. That's why many seasonal sufferers also have perennial allergic rhinitis, year-round trouble with dust, mold and pet dander. Untreated, symptoms can cause ear and sinus infections and nasal polyps. But what's most worrisome about chronic allergies is that they can cause asthma. Attacks often begin with inflammation in the nose, throat and sinuses. Once the process is triggered, muscles surrounding the bronchial tubes swell and constrict. Breathing becomes difficult and wheezy. Over time, the bronchial tubes sustain damage, becoming more sensitive to allergens and irritants and prone to worsening episodes. Annually, nearly 5,000 Americans die of asthma.

"People who die from asthma have been denying their symptoms," states Dr. Morgan, who has been featured along with Dr. Chevalier among *Phoenix Magazine's* Top Docs. On the other hand, patients who fare best work with allergists to control the disease.

Treating hay fever and asthma begins simply by "avoiding things that make you sick,"emphasizes Dr. Jorgensen who joined the team two years ago after a fellowship at the Mayo Clinic. Patients first take a diagnostic scratch-test, in which skin pricks show localized reactions to common allergens, to learn exactly what plagues them.

Then, the allergists help patients design a treatment plan. Today's drugs work through a variety of mechanisms and can be used in varying combinations and doses. The array can be baffling until people become familiar with what's available. Because the doctors at the Arizona Asthma & Allergy Institute assist in researching new drugs, "we have a jump on efficacy, risks and benefits of new medications," Dr. Chevalier notes.

Hay fever medications fall into four categories: antihistamines (which block the histamine molecule that triggers tissue swelling and mucous production); decongestants (relieving nasal and sinus swelling); inhaled nasal steroid sprays (decreasing nasal inflammation); and inhaled cromolyn (stabilizing the mast cells that release histamine and other inflammatory chemicals). Over-the-counter drugs like Benedryl can work, but also cause drowsiness. Most patients prefer prescription antihistamines, like Allegra, Claritin, and Zyrtec, that don't cause sleepiness. The most recent antihistamine, Astelin, is a nasal spray.

For runny noses, a drug called Atrovent goes to the source, blocking nerves that stimulate mucous production. As for inhaled nasal steroids, Dr. Morgan says, "Many are available, but they work best when taken daily." The arsenal includes such medications as Flonase, Nasarel, Nasacort, Nasonex, Rhinocort, Vancenase, and Beconase. Patients may also use an over-the-counter mast cell stabilizer like Nasalcrom. Because nearly 50 percent of hay fever patients also have itchy eyes, a variety of antihistamine (or mast cell stabilizer) eyedrops may be soothing, like Naphcon-A, Patanol, Livostin, Alomide, and Zatidor. Acular is a non-steroidal anti-inflammatory. These medications may be used as needed.

When it comes to treating asthma, allergists rely on guidelines established by the National Institutes of Health. People with mild asthma (wheeziness once or twice a week) can use acute relievers that relax muscles constricting the bronchial tubes. These include inhalants like Albuterol, Proventil HFA, Ventolin, Brethaire, Maxair, Atrovent. But, Dr. Morgan warns,"increasing need for these drugs indicates your asthma is out of control."

When symptoms flare more than twice weekly, long-acting bronchodilators like Uniphyl, Unidur, Slobid, Proventil repetab, Volmax, and Serevent often help. Most effective are anti-inflammatory agents that decrease swelling and reduce sensitivity of the bronchial tubes. These drugs include inhaled steroids (Aerobid, Azmacort, Flovent, Pulmicort, Vanceril-Beclovent), mast cell stabilizers (Intal, Tilade), oral steroids (Prednisone, Medrol, Prednisolone), and a drug group called leukotriene modifiers (Accolate, Singulair, and Zyflo).

Finally, allergy shots provide additional preventative care that can relieve allergy and asthma symptoms. As patients improve, they can often taper medication, and the Institute offers free asthma classes for patients to manage their own care. "Our goal as allergists is to control the disease as early as possible," says Dr. Morgan, "and educate people to make decisions about their health." For information or referrals: (602) 843-2991 ■

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