



INTERMOUNTAIN ALLERGY & ASTHMA SUMMER 2008 NEWSLETTER

www.intermountainallergy.com

801-363-4071

From the desk of: Dr. Duane Harris

URTICARIA

One of the problems that allergists see very frequently is urticaria (hives). Urticaria can be a particularly vexing problem for patients, and sometimes for the physicians who treat them. The patients are often miserable, and some cases of urticaria can be quite difficult to control.

An estimated 15-25% of people will have at least one episode of urticaria at some time in their lives. Most cases resolve quickly, but up to 25-30% become chronic (lasting over 6 weeks). Of those that become chronic, most will resolve within the first year.

Urticaria often occur simultaneously with angioedema – up to 40% of the time. Angioedema associated with urticaria frequently affects the face, especially the peri-oral and peri-ocular areas, but seldom affects the larynx. This usually creates more of a cosmetic concern than a true life-threatening situation.

A large number of things are known to cause urticaria, including medications, pets, foods, viral illnesses, and others. Most cases of chronic urticaria though are idiopathic, and no causative allergen or other trigger can be found. Up to 40-45% of patients with chronic urticaria have IgG autoantibodies directed against the IgE receptor or against IgE itself. However, testing for autoantibodies is frequently not done, since the presence or absence of these autoantibodies doesn't affect therapy or predict response to medications.

The foundation of treatment for hives, whether acute or chronic, is H1 antihistamines, but doses higher than the usual amounts used for rhinitis may be needed. Some believe that the older, sedating antihistamines (Benadryl, hydroxyzine) are more effective than the newer, non-sedating brands (Claritin, Allegra, etc.). However, sedation frequently limits their use, and patients should be warned about driving while taking sedating antihistamines. Adding an H2 blocker or a leukotriene modifier may give some modest benefit in addition.

LATEX ALLERGY

In recent years there has been a marked increase in the incidence of allergic reactions to latex products. These reactions can be either delayed or immediate. Delayed reactions, which are the most common type, are manifested by an itchy, red, mildly swollen rash which appears on the area of the skin which comes in contact with the latex. These symptoms can begin up to 30 hours following contact with latex. Immediate reactions may occur within minutes and can be more severe



reactions. Symptoms of immediate reactions include hives or itchy bumps that appear on any part of the body, hay fever-like symptoms with nasal stuffiness, sneezing, runny nose, and itching of the nose and eyes. Wheezing, coughing, and shortness

of breath can also be symptoms of immediate reactions to latex. Occasionally anaphylaxis may occur. This includes blockage of the airways, swelling of the throat, and a drop in blood pressure.

Direct contact with latex is not required for some of these symptoms to develop. This is particularly important in healthcare settings where a patient may be given medication from a drug vial or through IV tubing which may contain

Intermountain Clinical Research A subsidiary of Intermountain Allergy & Asthma

is currently conducting the following studies

- Migraine Headaches
- Allergic Asthma
- Children with Allergies
- Atopic Dermatitis
- Asthma
- High Blood Pressure

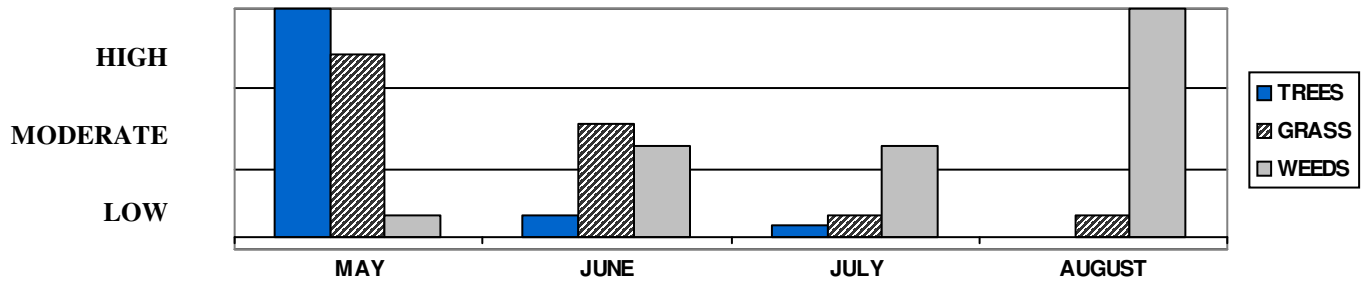
To make referrals or for more information about these studies, call 801-322-INFO (4636) or visit our website www.icrtials.com.

latex parts. This is also the case when latex gloves are used which may have cornstarch powder. This cornstarch frequently contains latex allergen and can travel through the air. (Irritant contact dermatitis is a non-allergic reaction. Symptoms are typically dry, irritated, and/or fissured lesions.)

It is estimated that 8-17% of health care workers and less than 1% (about 3 million people) of the general population in the U.S. are sensitized to natural rubber latex .

Allergy injections are not available for treatment of latex allergy. Aside from reducing latex exposure, patients may need to carry epinephrine and wear a Medic Alert bracelet.

AVERAGE SUMMER POLLEN LEVELS*



*Data from 2007 pollen season

Daily pollen count M-F: www.intermountainallergy.com



Intermountain Allergy & Asthma
 150 South 1000 East
 Salt Lake City, UT 84102

Intermountain Allergy & Asthma Physicians:

Duane J. Harris, M.D.

12422 S. 450 E., Suite C, Draper, UT 84020
 (801) 553-1900

**David S. Gourley, M.D. &
 Anthony R. Henry, M.D.**

6065 S. Fashion Blvd. #255, Murray, UT 84107
 (801) 266-4115

**Joseph R. Anderson, M.D. &
 Brent R. Burdett, M.D.**

1682 E. 5600 S., Ogden, UT 84403
 (801) 476-0052

Gregory M. Wickern, M.D.

150 S. 1000 E., Salt Lake City, UT 84102
 (801) 363-4071

Proper management of allergy & asthma increases wellness and decreases cost and suffering.

- We offer allergy and asthma education services.
- Our education specialists work with groups and individuals on health fairs, school presentations, and seminars.
- **801-363-4071**