

Institute for Asthma & Allergy, P.C. NEWSLETTER

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The Institute for Asthma and Allergy is pleased to introduce a new service - our quarterly newsletter. The newsletter will keep you up-to-date on all that is going on at The Institute, including research, the newest findings in asthma and allergy care, fun facts, tips and news. We'd be happy to publish your letters with questions and answer them for you. Please write us.

We hope you enjoy this first edition.

DR. KALINER, DR. WHITE, DR. ECONOMIDES AND DR. LI



Got Congestion?



This time of year, many of us will complain about headaches, stuffy noses, tooth pain or a long bout of yellow mucus flowing from our noses.

These are all possible signs of sinusitis.

WHAT IS SINUSITIS? Sinusitis is inflammation of one or more paranasal sinuses, meaning that there is swelling, pain, mucus production and an infiltration of white blood cells in the walls of the sinuses. Sinusitis occurs with simultaneous inflammation of the nose, so we often refer to an acute or chronic condition as

rhinosinusitis. It sounds kind of sinister, but it's actually very common. Sinusitis and rhinosinusitis, an acute or chronic condition of sinusitis, affects 31- 35 million Americans, accounting for over 25 million office visits a year. So, you're in good company.

HOW DO YOU GET SINUSITIS? Sinusitis develops when the openings to the sinuses become blocked and there are bacteria in the obstructed sinus cavity. Ordinarily, bacteria that get into the sinuses are swept out; however, when the openings into the nose are obstructed, ordinarily harmless bacteria multiply. These bacteria infect the lining of

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the sinuses, which become swollen and inflamed. The body's defense systems become activated, white blood cells are sent to the area, which increases the swelling, and the mucus glands secrete copiously. This leads to the cavity filling up with inflammatory secretions. The resultant symptoms include pain and pressure over the infected sinus, nasal congestion, drainage of green pus-like or purulent mucus, and (occasional) fever. In other words, you feel lousy.

HOW DO YOU DIAGNOSE SINUSITIS? Acute sinusitis usually begins with a cold, which does not improve. If a cold persists beyond 7 – 10 days, especially if green secretions are present, it is likely that acute sinusitis has developed. 10% of colds in children may lead to sinusitis.

HOW DO YOU DIFFERENTIATE SINUSITIS FROM RHINITIS? Because sinusitis always includes some involvement of the nose (rhinitis) and the treatments are very different, it is critical to differentiate rhinitis from sinusitis. Sinusitis involves primarily posterior forward structures in the nose, leading to a runny nose and nose blowing. Thus, postnasal drip, clearing the throat and cough are usually found in sinusitis. Headaches are found more in sinusitis than rhinitis.

TREATMENT OF SINUSITIS. Because sinusitis involves bacteria infection, the treatment includes an antibiotic given in sufficient dosage for an adequate period of time. Our rule of thumb is to treat the patient until he or she is well, plus an additional 7 days.

In addition, a topical decongestion is used to open the sinus outflow track and facilitate sinus drainage.

In order to help clear secretions, we recommend patients drink 6 to 8 full glasses of liquid per day and to wash their nasal cavities with saline. Most patients think that washing their nose and sinus is one of the most important parts of the treatment plan. Our experience is that nasal washing helps treat acute sinusitis and prevents recurrent disease.

In order to open sinus ostia and reduce the swelling in the nose, topical nasal corticosteroid preparations are used in the treatment of both acute and chronic sinusitis.

HOW DO YOU DIAGNOSE CHRONIC SINUSITIS? The diagnosis of chronic sinusitis is suggested by persistent symptoms and confirmed by examination of the anterior and posterior aspect of the nose. The presence of purulent drainage in the nose and throat supports the diagnosis and, when combined with the symptoms of nasal congestion, purulent drainage, and headache, leads to treatment.

WHAT ARE NASAL POLYPS? Nasal polyps are frequently found in patients with chronic sinusitis. They are benign inflammatory tissues that block the sinus drainage holes and set people up for getting sinusitis. Most people with polyps have a reduced sense of smell. Fortunately, nasal polyps can be often be treated by medications, although surgery is sometimes required.

So, the next time you experience a headachy, stuffy nose feeling, you may have sinusitis. No need to get frustrated. We can diagnose it and get you on the road of recovery.

DID YOU KNOW THAT THE INSTITUTE IS ALSO A PROMINENT RESEARCH FACILITY?

As a matter of fact, over the past 5 years, the Institute's research team has helped put over 30 medications on the market. This is why we are always looking for volunteers for studies. (You may have seen our recruitment ads in the paper.) The medications we've worked on – with the assistance of you the volunteers are:

ASTHMA MEDS

Flovent 44, 110 and 220
Advair 100/50, 250/50 and 500/50
Pulmicort Respules 0.25 and 0.50mg
Qvar 40 and 80 mcg
Serevent MDI and Diskus
Accolate 10 and 20 mg
Singulair 10 mg
Zyflo
Xopenex 0.31, 0.63 and 1.25 nebulizer solution
Ventolin HFA
Xolair

ALLERGY MEDS

Flonase Nasal Spray
Nasonex Nasal Spray
Generic Beclomethasone Nasal Spray
Allegra 30, 60 and 180 mgZytec
Clarinet
Atrivent Nasal Spray 0.03% and 0.06%

IMMUNIZATIONS

Fluvion Pediatric Influenza Vaccine

INFLUENZA MEDICATIONS

Tamiflu

IMMUNE DEFICIENCY MEDS

Gamimune 5 and 10%

Dr. E's Corner



Did you ever wonder why we ask you to not wear perfume in our office? Four of us (nope I won't name anyone) and many of our patients suffer from non-allergic, vasomotor rhinitis – a fancy way of saying “runaway runny nose” - triggered by such irritants as strong odors, perfumes, smoke, air pollution and changeable weather. Many asthmatics are known to go into attacks upon exposure to such irritants as well. So, its not that we don't like perfume, it's that the scent may be harmful to others.

If your child has asthma and you dislike the finger exercising your youngsters do between Yu-gi-oh and video games, consider this. There is a CD-ROM game available from the STARBRIGHT Foundation, “Quest for the Code,” that was created to help children ages 7 to 15 to learn how to manage their asthma. Visit web site www.starbright.org.

When trying to avoid dust, we recommend that you wash sheets in hot water once a week. I personally ruined many expensive sheets that way, so I found that my grandmother's old, white 100% cotton sheets withstand the hot water cycle of my laundry machine!

I recognize that I personally harp on the wonders of nasal irrigation. My rationale is that nose rinsing doesn't just wash away viruses, bacteria and debris – pollen is water-soluble too! But do you realize how old this idea is? The first description of nasal rinsing goes back to 3000 years ago in India, using the Nettie pot!

Flu season is among us, but the spread of germs is a perennial problem! An easy and effective way to reduce the transmission of viruses is to have alcohol-based, liquid soap readily available to wash those sticky, icky, infected fingers whenever and wherever you get them. (Disclaimer: Those parents with children that have hand eczema, please don't try this!). Oh, and to really drive a point home, washing their nose helps a lot too!

Volunteer Opportunities



The Institute for Asthma and Allergy was initiated with a firm commitment toward research. Our research protocols are multicenter studies related to asthma, allergy, sinusitis and emphysema. They focus on investigational and/or currently marketed medications. Study-related procedures and medications are normally provided free of charge. All patients must make visits to our Wheaton, MD office. Patients usually receive a stipend for their participation.

If you or anyone you know is interested in learning more about research, please call Fawna at 301-962-1607, Shelby at 301-962-1609 or Lolita at 301-962-1611.