

Breath of Fresh Air

Volume 7, No. 1

Information, news and advice for improving asthma well-being

Winter 2002

Is it Bronchitis or Asthma (or Both)?

'Tis the season ... for respiratory tract infections. Only a lucky few can escape coming down with a "bad cold" during the winter months. Most of us will succumb at least once. Our children or grandchildren bring their germs home from daycare or school; our co-workers sneeze and cough their way through the workday. We ride the subway, take an airplane trip, or stand in the supermarket checkout line and then 2-3 days later experience the dreaded first symptoms: a sore throat, runny nose, and feeling over-all poorly with little energy. Then, pretty soon, we begin to cough.

Our cough may be just a tickle in the throat, with nasal congestion, endless nasal discharge, and mucus draining down the back of our throats (post-nasal drip). We call it a "head



cold" or (medically) an upper respiratory tract infection. We rely on acetaminophen (Tylenol®), over-the-counter cold remedies and cough suppressants, and perhaps chicken soup.

Other times the cold settles deep into the chest. Our cough feels deeper, and we have a heaviness in the chest. We experience a rattling when we breathe, perhaps a burning sensation behind the breastbone. Our cough sounds "juicy," and we cough up phlegm. The phlegm may be clear ("like eggwhite") or white or various shades of gray, yellow, or green. The mucus glands that line our bronchial tubes react to the cold germ (usually a virus, sometimes a bacterium) by secreting extra mucus into the breathing tubes. We can feel the mucus when we breathe, and we try to cough

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Partners Asthma Center Expansion

Partners Asthma Center is growing again!

Our expansion reflects the growth of the Partners HealthCare network. Our Asthma Center began as a collaboration between allergists and pulmonologists at the Brigham and Women's Hospital in 1989. In 1997 we joined with colleagues at the Massachusetts General Hospital, and in 1999 we joined forces with asthma specialists at the Faulkner Hospital.

We are now pleased to announce our collaboration with asthma experts at Newton-Wellesley Hospital and North Shore Medical Center. Experienced allergy and pulmonary specialists at these sites have joined Partners Asthma Center with a common goal: to provide the finest possible asthma care to residents of New England at practice sites convenient to your residence.

As an expanded asthma network, we can share resources and draw upon the special expertise of our various members. We can better fulfill our missions for patient and physician education and for asthma research. And we can enjoy communicating more closely with our colleagues who share a special interest in treating asthma and related diseases.

At **Partners Asthma Center at Newton-Wellesley Hospital**, we welcome:

Drs. Dennis Beer (allergy and pulmonary medicine) and
Inna Vernovsky (pulmonary medicine)

at Newton-Wellesley Hospital (3 South)
2014 Washington Street
Newton, MA
(617) 243-6640

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Q & A: Cold Prevention Remedies

Q: What can I take to prevent this cold from getting worse?

A: The old adage, “there is no cure for the common cold,” is — sadly — as true now as it has been forever. Most colds are caused by viruses. One type of virus, the rhinovirus, is particularly common. (Its name derives from the Greek word for nose [rhino] and has nothing to do with the rhinoceros.) As of yet, no medications are available to kill the rhinovirus germ. We have to rely on the body’s natural immune system to rid us of the unwelcome germs, which typically takes about 5–7 days. Most adults can expect to suffer on average approximately two colds each year; children often as many as 5–6 in a year.

A number of remedies have been touted as nipping viral infections in the bud. If begun at the very first signs of a cold, one might prevent the infection from progressing to a full-blown respiratory illness, it is suggested. Vitamin C, zinc tablets, and echinacea have all been promoted as having this benefit. Do they work? We sought to answer this question by looking at medical experiments conducted scientifically. If one group of persons coming down with a cold took the medicine and another group at the beginning of their colds took only a sugar pill (placebo), would there be any difference in the number of days that these persons were sick or in the severity of their symptoms?

Several research studies have been conducted using vitamin C, zinc tablets or intranasal spray, and echinacea, and the results are ... ambiguous. Some studies indicated that these remedies shortened the duration of symptoms by a few days, others found no benefit. Careful reviews of all the available medical studies leave one uncertain about these treatments, in part because the results have been both pro and con, in part because differ-

ences in the design of the experiments make comparisons difficult. For instance, many different doses of vitamin C have been recommended, without one dose proven any better than another. Zinc lozenges come in different chemical forms (for example, zinc acetate, zinc gluconate, and zinc citrate) and in some studies showing benefit, persons needed to take the zinc tablets every 2–3 hours while awake.

Echinacea is an herbal remedy whose production is not regulated by the Food and Drug Administration (FDA). Different preparations may use different parts of the plant (leaves, root, or flowers) and different species of echinacea plants. One study found that even for a given brand from a given manufacturer, the amount of active ingredient in each capsule varied from one bottle to another!

As of yet, no studies have been conducted specifically in persons with asthma to determine if these treatments can reduce the risk of an asthmatic flare triggered by cold germs.

If they are to be effective, these preparations need to be taken within the first 24–48 hours of the onset of cold symptoms. For the most part these remedies — or potential remedies — for the common cold are harmless. Occasional allergic reactions to echinacea have been described. For lack of more convincing evidence, we consider these treatments unproven, and we do not recommend them for our patients.



The Culprit: Rhinovirus

Breath of Fresh Air

Editor-in-chief

Christopher H. Fanta, M. D.

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News About Asthma

New medications for asthma and allergies: Variations on a theme

Desloratadine (Clarinet[®]): The makers of the popular antihistamine, Clarinet[®], have released a new, once-daily antihistamine called Clarinet[®].

The chemical molecule that makes up Clarinet[®] is called loratadine. The new desloratadine is a derivative of loratadine. It is a product of biologic metabolism of loratadine and one that has proven to be at least as effective as the parent compound. Like Clarinet[®], Clarinet[®] is effective treatment for allergic rhinitis, hives, and itching, it does not cause significant sleepiness, and it is free of chemical interactions with most other medications.

It is currently being debated before the Food and Drug Administration (FDA) whether Clarinet[®] should now be made available over-the-counter, without a doctor's prescription.

Albuterol in a metered-dose inhaler with hydrofluoroalkane propellant (Ventolin-HFA[®]): As you will recall, the pressurized canisters used for most of the anti-asthmatic medication inhalers contain chlorofluorocarbons or CFCs. Under a multinational agreement, CFCs are being phased out from production because of their harmful effect on the environment (creating the "ozone-hole" in the earth's atmosphere). Once suitable alternative delivery devices have been created, CFCs will no longer be available even for medical therapies.

One alternative is the ozone-safe propellant, hydrofluoroalkane (HFA) that can be substituted for CFCs in the pressurized canisters of metered-dose inhalers. The quick-acting bronchodilator, albuterol, was first made available using this formulation as Proventil-HFA[®]. One of the inhaled steroid medications, beclomethasone, also comes in an HFA-driven canister, called QVAR[®]. Now the makers of Ventolin[®] brand of albuterol have released Ventolin-HFA[®].

The spray that exits HFA-driven metered-dose inhalers (MDIs) is less forceful than the spray from conventional MDIs, but the exact same amount of medication is available for inhalation. You should notice no difference in the effect of the medication, but in the long run our environment will benefit from the change.

Best of *Breath of Fresh Air*

A collection of articles published in *Breath of Fresh Air* over the last 5 years has been assembled in book form and published by Partners Asthma Center as *The Best of Breath of Fresh Air: The First Five Years (1995-2000)*. You may have missed some of these articles in past issues of this newsletter, or having already seen them, you may wish to review them again. The book will be made available free of charge at all of our Partners Asthma Center practice sites. It contains a wealth of information about asthma and allergies. We hope that you find it helpful, and welcome your feedback about it.

Food allergies and the Internet

At the recent national allergy meetings in New York City, Partners Asthma Center members Lisa Stieb, R.N. and Ken Haver, M.D. presented the results of their research into the reliability of medical information about food allergies that is made available over the Internet. The results of their study were picked up by the Reuters news service and published on-line at Reuters.com.

They searched the Internet for sites dealing with "food allergies in people" and found more than a million sites. They carefully evaluated the first 100 sites, and found that the information available was often inaccurate or even misleading. Many sites had not been updated for several years, others were created by non-medical persons wanting to share information, and still others were developed to advertise specific products. Mis-information included the suggestion that it was o.k. for the parent of a child with nut allergy to touch the suspect food, like a cookie possibly containing nuts, to the tongue of the child to see if the child would have a reaction. The advice is bad, because even the tiny amount of allergen possibly contacted when the cookie touches the tongue may be enough to trigger a severe and potentially dangerous allergic reaction.

Stieb and Haver concluded that one has to be a critical reader of information on the Internet. If you find something of interest, talk to your doctor about it before acting on it. And continue to read labels for food ingredients carefully. Even familiar products can change their ingredients. It never hurts to double-check the list of ingredients.



Bronchitis or Asthma? from page 1

it out to clear the breathing passageways. Our bronchial tubes have become acutely inflamed; we have “bronchitis” or a lower respiratory tract infection.

Interestingly, if you don’t have asthma, although one may feel thoroughly miserable with an acute, infectious bronchitis, one’s breathing capacity does not change significantly. If you were to check your peak flow during the bronchitis and again when you are well, there would be little or no difference. The inflammation stays confined to the larger, more central bronchial tubes, and the extra mucus does not cause enough blockage to interfere with breathing.

The situation is more complex, however, if you have asthma. For one thing, asthma itself is a form of bronchial inflammation and can mimic in many ways the symptoms of a chest cold or infectious bronchitis. If you have asthma with cat allergies and are exposed to a cat, you may develop cough, chest congestion, and rattling in your chest — and cough up phlegm of various colors — all as part of your asthma, without ever encountering a germ. An asthma flare has many of the same symptoms as a bronchial infection, although without a fever.

For another thing, having asthma may make you more vulnerable to having cold germs progress to bronchitis. And bronchial infec-

tions commonly make asthma worse. Asthmatic inflammation of the bronchial tubes involves large and small breathing passageways throughout both lungs and definitely interferes with breathing.

Now, not only do you have to contend with cough and chest congestion, but also often with difficulty breathing, wheezing, and the weight of an elephant sitting on your chest.

When you are sick with a cold, it may be difficult to sort out the difference between asthma symptoms and a chest infection, but if you have a peak flow meter available, you have a big advantage. If your peak flow is no different from its usual, your asthma is under control and you can deal with your respiratory infection as anyone without asthma would. However, if your peak flow is well below its usual, you will have to deal not only with the infection but also with an asthma flare. The treatments for airways narrowed by asthma are specific for asthma: bronchodilators to relax the bronchial muscle spasm and anti-inflammatory medications (such as inhaled or oral steroids) to reduce asthmatic inflammation of the airways. Cold remedies, even antibiotics prescribed for bacterial infections, will not suffice. They do not treat asthma.

Use your peak flow meter – and the advice of your health care providers – to guide you in managing your asthma during a respiratory tract infection. And take heart: winter is almost over.



Asthma Support Group

The Partners Asthma Center Support Group will continue to meet this Spring on the last Tuesday of every month. Our new time is 7:00–8:30 p.m. Each session will begin with a brief informative presentation followed by an open discussion and sharing of ideas and experiences about asthma. Please note the locations for the upcoming Support Group sessions. For more information, call Elaine Carter at 617-732-7419.

Date:	Location	Topic
April 30:	Ambulatory Care Center 850 Boylston St. (Rte. 9) Suite 437	<i>Do Asthma Medications Cause Osteoporosis?</i>
May 28:	Brigham and Women’s Hospital Tower 4A 75 Francis Street Boston	<i>Asthma-Proofing Your Home</i>
June 25:	Faulkner Hospital Suite 4930 1153 Centre Street Jamaica Plain	<i>Being Prepared to Deal with an Asthma Attack</i>



Partners Asthma Center expands, from page 1

Partners Asthma Center at North Shore Medical Center has 4 practice sites:

Drs. Jeanne Gose, Paul Hannaway, David Hopper,
James MacLean, and Andrew Ober (allergists)

at 114R Highland Avenue
Salem, MA
(978) 745-3711

Drs. Christine Blaski, Faysal Hasan,
Neil Shore, and Philip Thielhelm (pulmonologists)

at Salem Hospital
81 Highland Avenue
Salem, MA
(978) 745-4489

Drs. Jacob Karas, Alis Gabriel, and Bimal Jain (pulmonologists)

at 214 Broadway (Route 1, Northbound)
Saugus, MA
(781) 233-1450

Dr. Kenan Haver (pediatric pulmonologist)

at North Shore Children's Hospital
57 Highland Avenue
Salem, MA
(978) 745-2100

Dr. Paul Hannaway, noted allergist and now member of the Partners Asthma Center at North Shore Medical Center, has just published a new book on asthma for the general public entitled, *Asthma — An Emerging Epidemic*. Dr. Hannaway had already written a highly-acclaimed guide to asthma called, *The Asthma Self-Help Book*.

His new book, published by Lighthouse Press, has already received high praise. Patricia Goldman, Executive Director of the Asthma and Allergy Foundation of America, New England Chapter, wrote: "Paul Hannaway's book is a 'must read' for everyone who wants to understand why asthma has grown into an epidemic — and where the hope lies for the future. Exploring all aspects from genes to indoor and outdoor air pollution to changes in our immune system and the role for medications, Hannaway is not afraid to state how his own views have changed. This book is rooted in science, but told in a bold and fast-paced style for everyone who wants to learn how to control asthma."

Look for Dr. Hannaway's *Asthma — An Emerging Epidemic* at your local bookstore or contact Lighthouse Press at P.O. Box 602, Marblehead, MA 01945 or online at www.lighthousepress.org or www.asthmaepidemic.org. Copies will also be made available at our Partners Asthma Center lending libraries.

Save the Date!

Partners Asthma Center's Spring Asthma Symposium

"Gaining Control of Stubborn Asthma"

Monday, May 6, 2002

6:00 – 8:00 p.m.

Brigham and Women's Hospital

Carrie Hall Conference Room

(near old Peter Bent Brigham lobby)

15 Francis Street entrance

6:00 – 6:10 Sign In

6:10 – 7:10 Presentations by Partners Asthma Center faculty

7:10 – 7:30 Refreshments

7:30 – 8:00 Open Questions and Answers

This program is open to the general public
and free of charge.



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