



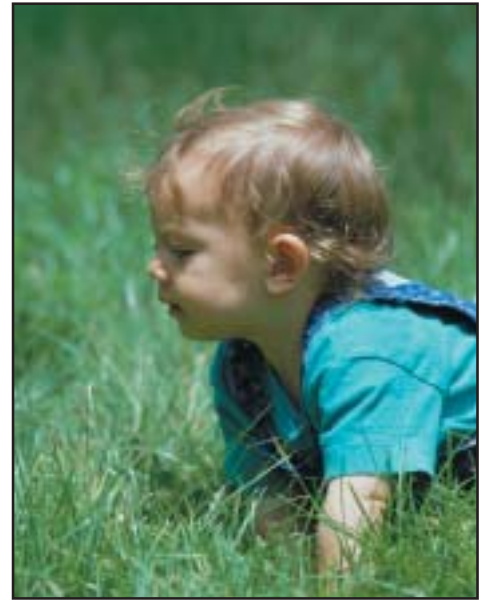


At YVY's last Health Advisory Committee Meeting, the high incidence of childhood allergies in the community was brought up. The following article provides information and resources for concerned parents and community members.

Childhood Allergies

-  Three-year old Adam seems to have a continual cold. His nose is always running and he coughs during sleep and during play.
-  Samantha develops an itchy rash every time she drinks milk or eats a food made with milk.
-  Jonathan cannot be around peanuts or peanut-based products. If he so much as touches any peanut-related product, he has an anaphylactic episode and has trouble breathing.
-  Since he was a baby, Alan reacted to nearly every food. Things got so bad that he wound up in the hospital on a respirator. Today he lives on liquid protein and water.



Adam, Samantha, Jonathan and Alan all have childhood allergies. Their allergic symptoms range from mild to moderate to extremely severe. They are typical of children in preschools and kindergartens across the country, and they are not alone. Over the past few years, allergic diseases among young children have increased at an alarming rate.

Nearly 54 million Americans—the majority of them children—suffer from some form of allergic disorder such as asthma, allergic rhinitis, atopic dermatitis, eczema or food allergy. According to the Centers for Disease Control and Prevention (CDC), between 1985 and 2000, the number of people with allergic disease doubled. Among children under the age of 4, the incidence of asthma increased by 160%. Allergic diseases are the number one cause of school absenteeism—resulting in 10 million missed school days and almost 2 million visits to hospital emergency rooms.

What exactly are allergies and allergic diseases? Allergic responses occur when an individual's immune system goes into overdrive due to contact with an allergen. An allergen is any substance like pollen, mold, animal dander, dust or food that can trigger an allergic response. When this immune

response is triggered, the body produces a certain type of antibody in the blood called IgE. The overproduction of IgE antibodies predisposes "atopic" or allergy-prone individuals to develop allergic diseases.

Heredity is a very strong factor in the development of childhood allergies. A child with a family history of allergies is highly likely to develop allergic disease. Statistics show that if a child has one parent with allergic disease, the child has a 48% chance of developing allergies. If both of a child's parents have allergies, the child's risk of developing allergies increases to 70%.

While scientists are beginning to understand the relationship between the immune system and the development of childhood allergies, they are still not sure how to account for the sharp rise in childhood allergies over the past ten years. A number of theories have been advanced to explain this phenomenon. The theory that is gaining the most acceptance among members of the medical and scientific community is the "hygiene hypothesis." According to the "hygiene hypothesis," a lack of early childhood exposure to dirt, bacteria and other infection-causing agents because of modern advances such as indoor plumbing, cleaner homes and improved hygiene leads to

Allergy Support Groups

One of the worst aspects of being a parent of a child with severe allergies or asthma is the feeling that no one who is not in your shoes understands what you are going through. Allergy and Asthma Support groups exist to help parents of allergic children get through life on a day-to-day basis by exchanging ideas, recipes, medical information and other resources.

How do you explain to a crying 4-year old at a birthday party that he can't have any cake? How do you tell a 5-year old that she can't accompany her class on a trip to the zoo? How can you keep a toddler from screaming every time he sees an epi-pen come near him, even when he's in anaphylactic distress? How do you tell your mother-in-law that you can't come over for a holiday meal because of your child's stringent food requirements? In a support group, parents can talk about these issues freely and feel that they are among other people who understand.

Blimie Frank and Beverly Israel founded the IMA Support Group in January of 2003. Since its founding, the group membership has grown from 9 to 160. IMA currently meets monthly on the premises of Maimonides Medical Center. The group offers personal support, phone support, hospital support, babysitting support and has published and distributed an allergy cookbook. One of the group's goals is to educate the community in allergy awareness and the importance of instituting peanut-free environments in the community's schools.

Caren Sanger started a support group over twenty years ago for parents of asthmatic and allergic children with the encouragement of Dr. Paul Ehrlich, a pediatric allergist. The group meets on a monthly basis in Manhattan. "By the time parents come to a support group," says Caren, "they don't need to be educated. They know everything there is to know about their child's condition. What they need is tips on how to manage everyday life and to feel that they are not alone."

If you would like to join a support group for parents of allergic and asthmatic children or start one of your own in your community, contact the groups on the list below.

Support Groups in the Brooklyn/Staten Island Area

Interacting Mothers with Allergic Children (IMA)

Area Served: Brooklyn, NY

Audience: Parents

Focus: Childhood Allergies & Asthma

Meeting Location: Maimonides Hospital

Coordinator(s): Blimie Frank & Beverly Israel

Phone Number(s): Blimie Frank (718)-851-4824

Beverly Israel (718) 871-3634

E-mail: blimiefrank@yahoo.com

Parents of Asthmatic & Allergic Children (PAAC)

Area Served: NYC (5 boroughs)

Audience: Parents

Focus: Asthma & Food Allergy

Meeting Location: 35 East 35th Street

Coordinator: Caren Sanger

Phone Number: 212-889-3507

E-mail: carsanger@aol.com

immune system weakness and increases the risk of developing allergies and asthma.

Dr. Michael G. Marcus, Director of Pediatric Pulmonology, Allergy, and Immunology at the Maimonides Medical Center in Brooklyn, New York, explains the "hygiene hypothesis" in the following manner. The human immune system is a two-armed entity, says Dr. Marcus. One arm of the immune system reacts to proteins/antigens and causes an anti-infectious (IGG) response, and the other arm causes an allergic (IGE) response. Dr. Marcus maintains that in today's modern society, with antibiotics being administered to children from a very early age, children are losing the stimuli for an anti-infectious response, and the anti-allergic response is being increased. The result has been an enormous increase in eczema, asthma, allergic rhinitis and other allergic diseases. This is not true in under-developed nations which have poor sanitation and poor hygiene, says Dr. Marcus. In these underdeveloped countries we see more infectious diseases but very little allergic disease. In highly developed nations with modern conveniences, it is the allergic diseases that predominate.

Although childhood allergies cannot be completely prevented, recent studies suggest that there are steps an allergic family can take to delay or reduce the occurrence of allergies in their children.

- Nursing infants from birth to at least one year of age can help protect a child from developing allergies by protecting a child's immature immune system from over-reacting to potential allergy triggers until it is more fully developed. However, it is important to stress that nursing mothers should not consume highly allergic foods such as eggs or peanuts while expecting or nursing.

- Not introducing solid foods until a child is at least six months old. When introduced, it is best to start with foods that normally don't cause allergic reactions such as carrots, sweet potatoes, pears, potatoes, and rice. Foods should be started one at a time, allowing several days before another new food is introduced to allow time to see if an allergic reaction occurs.

- Children with a family history of food allergies should not be given peanuts or peanut products until the age of three because of food sensitivities. In addition, eggs should not be given to a high-risk child before the age of 18 months.

- Parents should control dust mites by using protective covers on bedding; limit young children's exposure to indoor pets early in life, and reduce or eliminate cigarette smoking in the home during pregnancy and after the baby is born.

Dr. Marcus stresses that the most important aspect of childhood allergy management is early diagnosis and treatment. Parents should be on guard for early symptoms such as breathing difficulties, recurrent or constant coughing spells, wheezing, "allergic shiners" (bluish-brownish discoloration around both eyes), disturbed

The following is a sample recipe from a forthcoming egg-free, milk-free, & nut-free cookbook, *Temptations – A Kosher Guide to Tempting Allergy Recipes* by Blimie Frank and Beverly Israel.

Eggless Chocolate Chip Cookies

1 c. light brown sugar

1 1/2 c. white sugar

2 sticks margarine

1 1/2 c. flour

1 c. whole-wheat pastry flour (or regular flour)

1 1/2 tsp. vanilla

1 tsp. salt

2 tsp. baking powder, 2 T. water, 1 T. vinegar, combined

12 oz. chocolate chips (optional)

Preheat oven to 375. Cream sugars

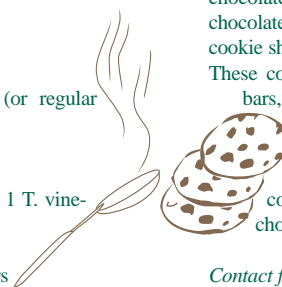
and margarine. Add rest of ingredients, except

chocolate chips and beat till combined. Add chocolate chips and mix well. Bake on greased cookie sheet 10 – 12 minutes. *Do not over bake.*

These cookies freeze well. For chocolate chip bars, pour batter into 9 x 13 aluminum pan.

Yield: About three dozen cookies

Note: Spelt or rice flour can replace regular and whole-wheat flour. The cookies are also delicious without the chocolate chips.



Contact for cookbook information:
Blimiefrank@yahoo.com



Health Matters

by Garey V. Ellis, M.D.

The Antibiotics Crisis

According to the Centers for Disease Control (CDC), between six to eight million antibiotic prescriptions are written each year and, of these, more than 50 percent are unnecessary. The over-prescription of antibiotics has created a crisis of alarming proportions. Today, nearly all significant bacterial infections have become resistant to antibiotics.

For over fifty years, physicians have been routinely prescribing antibiotics to treat nearly every childhood illness from colds to sore throats to ear infections. To parents and members of the medical community, antibiotics were seen as the treatment of choice – a "magic bullet" that could be relied upon to cure childhood illnesses.

However, just the opposite turned out to be true. Not only did the antibiotics not cure the child's viral illness, but they also increased the number of

antibiotic resistant bacteria by tenfold. As a result, many childhood illnesses became hard to control without the use of more and more powerful (and more toxic) antibiotics, and even the more powerful antibiotics became ineffective over time.

There are times when antibiotics are the appropriate treatment. Antibiotics are effective against bacterial infections such as strep throat, some sinus infections, and the acute form of otitis media, an infection of the middle ear. In these cases, the CDC recommends taking a narrow spectrum antibiotic like penicillin that targets the specific bacteria rather than a broad-spectrum antibiotic like zithromax that kills a variety of bacteria.

Antibiotics are not effective against infections, colds, flu and sore throats that are viral in nature. With viral infections, reassurance, sympto-

matic therapy and follow-up—not antibiotics—are often the best solution.

Why are doctors prescribing so many antibiotics when they are not really necessary? Some doctors prescribe antibiotics "just in case" if they are unsure of a diagnosis and want to err on the side of safety. A busy office schedule, pressure from the insurance companies and fear of malpractice suits may also lead a doctor to prescribe antibiotics against his better judgment.

The number one reason, though, for the over-prescription of antibiotics is parental pressure. Parents don't want to miss work, they don't want to have their sick child keep the whole family up all night and they want a "quick fix." It is sometimes easier for a busy doctor to write a prescription for an antibiotic than to argue with anxious parents.

Parents should educate themselves in the appropriate use of antibiotics. They need to understand that many of their children's illnesses are viral and that antibiotics are not effective against viral infections and can even be harmful if given unnecessarily. Studies have shown that children who receive antibiotics within their first six months of birth have an increased risk of developing allergies by the age of 7. Antibiotics may also affect the gastrointestinal tract and alter the development of a child's immune system.

Reducing or eliminating unnecessary antibiotic prescriptions is extremely important. While it may not solve the antibiotic resistance crisis in the short term, it will go a long way to help resolve the problem in the future and will benefit our children's health in the present.

Dr. Garey Ellis is Yeled V'Yalda's Director of Health Services and Family and Community Partnerships.

sleep, poor concentration and behavior problems. If these symptoms are detected, parents should take their child to a qualified physician who specializes in pediatric allergies so that a proper diagnosis can be made. Early diagnosis and treatment at the right age, says Dr. Marcus, mean less medication later on. If allergy symptoms are ignored or undiagnosed, they will only worsen as time goes on and the allergic child will require more and stronger medication for a longer period of time.

If proper precautions are taken and appropriate treatment is begun promptly, allergic diseases in children can be successfully managed. And while it is not certain that taking these actions will stem the steep rise in children's allergies, it is clear that the lives of the individual children who are suffering will be made a great deal better.

RESOURCES

Books for Parents

- *American Academy of Pediatrics Guide to Your Child's Allergies and Asthma: Breathing Easy and Bring Up Healthy, Active Children.* Villard Books, 2000
- *Treating Asthma, Allergies and Food Sensitivities,* by Alan Pressman, Herbert, D. Goodman, Rachele Bernadette Nones. Berkley Pub Group, 1997
- *Children with Asthma: A Manual for Parents.* by Thomas F. Plaut. Pedipress, 1998
- *Family Guide to Asthma and Allergie,* by American Lung Association Asthma Advisory Group with Norm H. Edelman. Little, Brown, 1997
- *What Your Doctor May Not Tell You about Children's Allergies and Asthma: Simple Steps to Help Stop Attacks and Improve Your Child's Health,* by Paul Ehrlich and Larry Chiaramont. Warner Books, 2003

Books for Children

- *The ABC'S of Asthma: An Asthma Alphabet Book For Kids of All Ages,* by Kim Gosselin; JayJo Books. 1998
- *The Lion Who Had Asthma,* by Jonathan London, Nadine Bernard Westcott (illustrator). A. Whitman & Co., 1997
- *One, Two, Three, Ah Choo!* by Marjorie Allen. Coward, McCann & Geoghegan, 1980
- *I'm Tougher Than Asthma,* by Alden Carter and Siri M. Carter. Whitman, 1996
- *Aaron's Awful Allergies,* by Troon Harrison. Kids Can Press, 1998
- *Taking Food Allergies to School,* by Ellen Weiner and Moss Freedman. JayJo Books, 1999
- *The Peanut Butter Jam,* by Elizabeth Sussman Nassau and Margaret J Oyt. Health Press, 2001
- *No Nuts for Me,* by Aaron Zevy and Susan Tebbutt. Tumbleweed Press, 1996
- *Allie the Allergic Elephant: A Children's Story of Peanut Allergies,* by Nicole Smith. Jungle Communications, Inc., 2002
- *Zoey and the Zones: A Story for Children with Asthma,* by Shawn R. McCormick and Nathan Schmidt. HealthSprings, 2002
- *ZooAllergy: A Fun Story About Allergy & Asthma Triggers,* by Kim Gosselin and Terry Ravanelli. JayJo Books. 1996

Other Resources

The Food Allergy & Anaphylaxis Network
www.foodallergy.org

Asthma and Allergy Foundation of America
<http://www.aafa.org/kidsandteens/>

American Academy of Allergy, Asthma, & Immunology
611 East Wells Street
Milwaukee, WI 53202
Phone: (414) 272-6071
<http://www.aaaai.org>

Asthma and Allergy Foundation of America (AAFA)
1233 20th Street, NW, Suite 402
Washington, D.C. 20036
202-466-7643
<http://www.aafa.org>

American Lung Association
1740 Broadway, NY 10019
1-800-LUNG-USA (1-800-586-4872)
<http://www.lungusa.org>
<http://www.nlm.nih.gov/health/public/lung/index.htm>

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