



COLORADO ALLERGY & ASTHMA CENTERS, P.C.

**MISSION STATEMENT**

"We are dedicated to the delivery of personalized, quality care by putting the patient first. We accomplish this by managing health, treating disease, and fostering education through research and community involvement."



*Breathe Better - Live Better!*

# IT IS THE SEASON FOR THE FLU BUG

by John M. James, M.D.



Influenza season is just around the corner so now's a great time to prepare yourself and your family. Influenza infections, "the flu," are typically characterized by a sudden onset of fever, often with chills, headache, decreased energy level, muscle aches and a cough. Subsequently a sore throat, nasal congestion, runny nose, a worsening cough and asthma flare-ups can occur. In more severe cases pneumonia, muscle inflammation and neurological complications can be associated with influenza infections. Epidemic disease is caused by influenza virus types A and B.

Influenza is spread from person to person primarily by respiratory droplets. During community outbreaks of influenza, the highest attack rates occur among school-aged children and secondary spread can occur to adults and other children within the family. The incubation period ranges from 1-4 days. Lower respiratory tract problems can complicate influenza infection in children, primarily pneumonia, croup, wheezing and bronchiolitis. Excess rates of hospitalization attributable to influenza virus infections have been documented for otherwise healthy children younger than 5 years of age. Unfortunately, influenza infections were associated with an average of approximately 36,000 deaths annually in the United States from 1990-1999 and rates of serious illness and death are highest among persons greater than 65 years of age and children less than two years of age.

Influenza infections can pose a big problem for patients with asthma. These patients can experience increases in

outpatient visits for asthma exacerbations, wheezing and prolonged decreases in lung function during the influenza season. Hospitalization rates can be as high as 5.6 per 1,000 children with asthma. With this in mind, the importance of immunizing asthmatic patients with the flu vaccine becomes more evident. Our practice offers the influenza vaccine to patients who are candidates for immunization. Vaccination is recommended for children

6 months to 5 years of age, women who will be pregnant during the flu season, patients with chronic lung (e.g. asthma) or heart problems and persons greater than 50 years of age.

Egg allergy presents a unique challenge for patients who are candidates to receive the influenza vaccine. These vaccines are manufactured in chicken embryos and they do contain very small amounts of egg protein. With this in mind, specific guidelines have been established to safely administer the influenza vaccine to patients with egg allergy. Skin testing with egg and the vaccine can be performed to determine the safest way to give the vaccine. This can be readily accomplished at an allergy specialty clinic such as Colorado Allergy and Asthma Centers. The best time to get vaccinated is in September or October, but the vaccine can be administered any time through February.

In summary, infections with influenza can be serious, especially in young children, patients with asthma and the elderly. Preventative measures are available such as the influenza vaccine. Even patients with egg allergy can safely receive this vaccine if a proper protocol is followed in an allergy specialty clinic. Contact us if you have further questions or concerns.

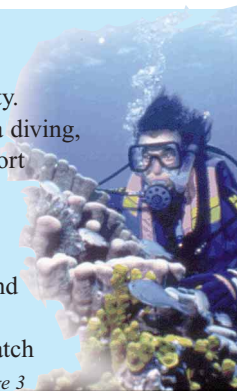


## Scuba Diving and Asthma by Allen D. Adinoff, M.D.



The topic of asthma and diving has long been a controversial subject in the recreational diving community. Traditionally, people with asthma have been excluded from diving. Serious potential risks may make scuba diving, which is often performed in isolated locations and far from competent medical care, an unwise elective sport for an individual with asthma. There are four primary issues of concern that occur during scuba diving:

1. Concern about the decreased amount of air that can be moved in and out of the lungs.
2. Reduced airway caliber can cause trapping of gas in the lung during ascent.
3. Increased propensity of airways in asthmatics to narrow when exposed to the conditions commonly found during diving, mainly breathing dry, relatively cool air.
4. Asthmatics that dive are at risk from exercise limitation. While exercising on land, it is easy enough to stop, rest, and catch one's breath. This may not be possible underwater.



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# SNORT Sniffle Sneeze No Antibiotics Please!

by Martha S. Steffen  
M.S., P.A.-C.



The Centers for Disease Control and Prevention "Get Smart" public service ads are encouraging patients to understand appropriate use of antibiotics as we head into cold and flu season. Its emphasis is on educating the public that antibiotics do not work for viruses.

There are several concerns regarding antibiotic use. The first being that overuse is encouraging antibiotic resistance in our community. Infections caused by resistant organisms become more difficult to treat. These resistant germs stay in our bodies and spread to family members, school mates and co-workers—threatening the community with diseases that are harder and more expensive to treat. Another concern with antibiotic use is the risk of antibiotic-associated complications and drug interactions. Illnesses such as the common cold, flu, cough, bronchitis, and sore throats (unless strep throat is identified) should not be treated with

antibiotics. Studies have shown that many types of ear and sinus infections will clear without antibiotic use as well.

## Tips for illness prevention and treatment:

1. Wash your hands: viruses survive on surfaces for many hours. Touch them, then touch your nose or mouth, and you've now got it. Don't share utensils or drinking cups.
2. Stay away from someone who has a cold or the flu. Avoid exposing others when you are ill.
3. Eat a well balanced diet. Drink plenty of water, get enough sleep and exercise.
4. Avoid exposure to smoke. If you smoke, take steps to quit. Avoid second hand smoke. Be cautious on high pollution days.
5. Get a flu vaccination each year. Our offices generally offer them, as well as a pneumococcal vaccine (which prevents certain strains of pneumonia).
6. Know that colds can last 10-14 days.

Colored mucus from the nose and lungs does not automatically indicate a bacterial infection.

- Antibiotics will not cure you, help you to feel better, or prevent someone else from getting it if the illness is viral.
7. Start comfort measures at the onset of the illness by increasing fluid intake, using a cool mist vaporizer, salt water gargles, nasal saline spray and any medications suggested by your health care provider to relieve congestion.
  8. Contact our office when you need help with a care plan, especially if your symptoms are worsening.

At your visit we will do our best to educate you about your illness and the treatments that are available. Appropriate use of antibiotics is not only a public health concern, it constitutes the best care for our patients.



## New and Improved Breathe Better Bus!

The Breathe Better Foundation is seeking financial sponsorship for production of a new and improved Breathe Better Bus. Whether a contribution of \$6 to sponsor a child's visit aboard the bus or \$6,000 to sponsor one of the six stations, all contributions are welcome and will assist in meeting the fundraising goal of \$108,000. Providing an interactive educational experience for 40,000 children and 5,000 adults over the past five years, the proven successful, direct service program is unique to the Colorado community.

While requests for the program increase, engineers and staff have determined that a new vehicle and refurbished learning stations are needed to replace the "well-used" Bus by next fall. Plans are already in place with a budget that includes timeframe, materials, cost and labor. With five years of operating history, this program is poised for maximizing future outreach. Robin Wilson, Executive Director of the Foundation for nine years indicates, "This will be a streamlined program that is better able to serve outlying areas as well as the Denver Metro area."

The interactive learning stations teach about lung health with a primary focus on controlling asthma and smoking prevention. At schools, every 30 minutes, 12 students interact with each of the six learning stations that are supplemented by parent volunteers who facilitate the student's experience on the Bus. The ratio of four adults for every 12 students provides close interaction and opportunities for valuable instruction. Staff medical volunteers also provide free lung function testing, education and outreach at a variety of corporate and community events.

"Working to improve the lives of children and adults by taking programs directly to their communities is a priority for the Breathe Better Foundation and we look forward to this new project" says board member Karen Schertz who is also a patient at Colorado Allergy & Asthma Centers, P.C. Contact the Breathe Better Foundation at 720.858.7600, ext. 7412 or visit us on the web at [www.breathebetter.org](http://www.breathebetter.org) if you would like to learn more about this project, get involved or sponsor the new and improved Bus!



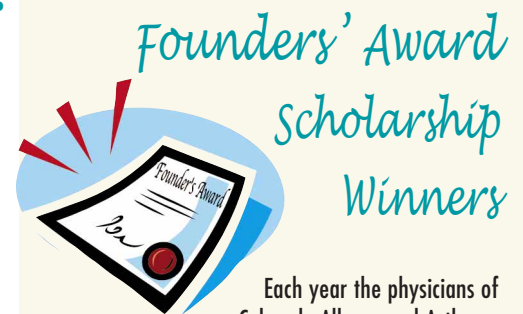
## S. Greos, M.D.

### American Thoracic Society Award Winner

Colorado Allergy & Asthma Centers, P.C. is proud to announce that Leon Greos, M.D. received the 2006 Outstanding Clinician Award. This award is presented annually by the American Thoracic Society to honor a top pulmonary/critical care clinician.

Dr. Greos was presented this award during the Colorado Pulmonary Hall of Fame dinner on September 21, 2006. He was one of four finalists from across the country considered for the national recognition. He is certified by the American Board of Allergy and Immunology and actively involved in clinical research for asthma and allergies. He served as the medical director of Champ Camp, the ALAC summer camp for children with asthma, for thirteen years. Dr. Greos' long term commitment to his patients, Champ Camp, and the American Lung Association of Colorado earned this national recognition.

Congratulations Dr. Greos!



Each year the physicians of Colorado Allergy and Asthma Centers, P.C. have elected to offer four \$1,000 scholarships to patients. These scholarships are intended to honor our four "Founding Fathers", Sanford Avner, MD, Jerome Buckley, MD, John Selner, MD, and David Pearlman, MD. The winners for 2006 include:

**Nicholas James Bonner**, a patient of Dr. Koepke, who is pursuing a business degree at Arapahoe Community College. Nick would like to transfer to the University of Colorado at Boulder Leeds School of Business and someday have his own business.

**Megan Nichole Chaussee**, a patient of Dr. James, a senior at Colorado State University is double majoring in Business Management and Spanish. Megan plans on pursuing a career in International Marketing.

**Kristina Renae Ross**, a patient of Dr. Olson, attends Westmont College in Santa Barbara, CA. She plans on majoring in pre-med studies and hopes to one day become a physician or physician's assistant.

**Erin Chiyeko Valenciano**, a patient of Dr. Van Kerckhove, attends University of Denver and plans to major in biology. She hopes to become a radiologist.



Grant C. Olson, M.D.

## Trouble Breathing with Exercise? We Can Help!

Once again, it is autumn in Colorado, school is back in session, and a new season of athletics is upon us. Many youth, club and varsity school teams are forming in various sports, and the sights and sounds of gleeful participation in physical training, practices and games are heard in any neighborhood.

Yet for some, playing an aerobic sport, taking dancing lessons, or participating in physical education class is not a simple undertaking due to exercise-related breathing difficulties. We

believe that for most of these people, aerobic exercise can and should be fulfilling and rewarding, and physically possible.

Perennially, Colorado receives high marks in surveys of the population's fitness, percentage of people participating in sports, and utilization of park lands and open space made available for such activities. Coloradans are nearly 3 times more likely than the national average to participate in skiing, 2.5 times more likely to hike, and twice as likely to backpack. Furthermore, the Colorado High School Activities Association indicates a steady increase in student participation in aerobic sports, but some sports pose problems for those with asthma or other respiratory conditions.

Exercise-induced asthma (EIA) manifests with symptoms of cough, wheezing, shortness of breath and/or chest tightness with physical exertion. These symptoms begin occasionally during but usually after exertion and may depend on the level or pace of the activity. Being "out of shape" (deconditioned) or simply out of breath may be distinguished from the asthma condition by how long it may take to recover to normal: in the former, it may only take a few minutes to recover whereas with asthma, symptoms may linger for 20 minutes to several hours. Occasionally, the asthma symptoms may improve in time or with treatment, only to return hours later with a more prolonged flare-up. Approximately 7% of the American population suffers from asthma, and most of them complain that exercise may trigger their symptoms. However, many non-asthmatics (13% of the population, including up to 40% of patients with allergic rhinitis and those who have a history of allergy in the family) develop asthma symptoms associated with exercise. After the 1998 Winter Olympics, 23% of the Olympians were shown to have exercise-induced asthma by lung function testing, and statistics were similar for the 2006 Winter Olympics.

Optimal management of exercise-related symptoms depends on the correct diagnosis. It has been shown that the accuracy of perception of EIA by children and their parents is poor for both. Under-diagnosed (and possibly under-managed) EIA may lead to limitation of activity and avoidance in participation, as well as contributing to reduced quality of life. Conversely, "not all that wheezes is asthma;" other serious respiratory or cardiac conditions may be missed, or inappropriate asthma treatment for non-asthmatic conditions may follow unless steps are made to confirm the diagnosis. Along with a comprehensive medical history and physical examination, diagnostic testing should be done which involves measuring breathing ability (lung function testing) before and serially after exercise significant enough to reproduce symptoms. There are a number of ways to accomplish this.

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## Scuba Diving and Asthma

*Continued from page one*

The question of which persons with asthma are fit to dive was recently addressed by an expert panel at a workshop of the Undersea and Hyperbaric Medical Society. COPD or emphysema is a contraindication for diving.

However, the UHMS workshop panel felt that the risk of diving is probably acceptable if a potential diver with asthma or some asthmatic "history" can demonstrate the following requirements before being considered for diving.

Requirements for the potential diver with asthma:

- Asthma should be clinically stable (mild-intermittent or persistent controlled with medication).
  - The patient must have normal lung function at rest.
  - The patient must maintain normal lung function after a strenuous exercise challenge.
  - If necessary, maintenance asthma medication can be used to achieve normal airflow before and after exercise.
- If a patient with asthma meets these standards and is cleared to dive, he/she must be aware that the clearance is contingent on continuing the same maintenance medications that were used at the time of the exercise test.
- Asthmatics with exercise or cold air-induced asthma should not dive unless completely controlled by medication.
  - The patient **cannot dive with active asthma symptoms** and should not dive until lung function tests return to normal.
  - The patient must not have experienced increased asthma for at least 3-4 weeks prior to diving.

**Diving is not recommended unless the diver is free of asthma symptoms before each dive and, lung functions have returned to normal.** Patients must agree to schedule an appointment to have their asthma checked before diving. Children under 18 years of age with asthma generally should not dive.

If you have asthma and are interested in scuba diving, ask your CAAC physician if he or she feels it would be appropriate and safe for you.

## DO NOT LET THE FLU BUG YOU

Participate in a nationwide flu vaccine investigational research study in children ages 6 months thru 17 years old. For more information please contact our Research Offices at:  
Lakewood 303-432-9707  
or Centennial 303-632-3646.  
**Study ends soon so call ASAP.**

## Patient Satisfaction Survey

We would like to thank those who participated in our Patient Satisfaction Survey this past Spring. We value your opinion and feedback in determining the level of satisfaction with your care and treatment.

CAAC surveys patient satisfaction twice a year. Overall your satisfaction with us is very high and we appreciate all the wonderful comments many of you wrote.

However, there were 3 items we are evaluating based on your comments and scores:

- 1. Hours of operation for shots** - we are in the process of evaluating the possibility of expanding our current hours of operation in some locations.
- 2. Unhappy with magazine selection in waiting area** - all office locations have reviewed and updated their magazine selections. Renewal date is 1/07, so you will be seeing the new and varied selections in the near future.
- 3. Billing statement is difficult to read** - See "PFO Corner" article on page 4.

We have taken notice to your feedback and are in the process of addressing your concerns. As always, our first priority is you and the quality of care you receive from us.

## Mark A. Ebadi, M.D. Named 5280's Top Doc

**5280 Magazine  
October 2006  
issue named Dr.  
Mark Ebadi one of  
the Top Doctors of  
2006 for Allergy**



**& Immunology. 5280 has provided this list of Top Docs in the Denver area for 13 years. The honor is determined by votes cast by metro area physicians.**

**Congratulations Dr. Ebadi!**

## DOCTOR'S CORNER

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Colorado Allergy and Asthma Centers is uniquely qualified to assess exercise-related breathing difficulties. Our Asthma and Exercise (A&E) Clinic, now in its 11th year, performs a multiplicity of exercise-related assessments for the purposes of confirming or ruling out the diagnosis of EIA; assessing the effectiveness of medications used to prevent EIA symptoms with physical activity; developing a differential diagnosis if not meeting criteria for EIA; or determining strengths and weaknesses by way of a fitness evaluation.

Exercise Bronchoprovocation Challenges (exercise challenges) evaluate the pulmonary responses to aerobic exercise. Patients are referred to the A&E Clinic from within or outside CAAC, and after a directed interview with A&E Clinic staff, the type of assessment is individualized to the patient's needs. All of the various forms of exercise challenges include pre and post-exercise data that include vital signs, lung function measurements and auscultation of the lungs. A comparison of this data is completed with results reviewed by A&E Clinic staff and forwarded to the referring medical provider for further interpretation and treatment decisions.

The specific form of exercise challenge to be utilized is tailored to the patient, and efforts are made to utilize the form of exertion which seems to be the problem. Challenges are standardized and may include a "free run" (on a track, indoor or outdoor, or other venues such as a basketball court, swimming pool, bicycle, etc., as able) or treadmill assessments. In order to rule out certain disorders that mimic asthma, such as vocal cord dysfunction, techniques such as fiberoptic laryngoscopy (putting a thin scope into the airway) may be performed after exercise to directly visualize areas of concern. If exercise-induced asthma is suspected, an assessment may be repeated with proper pre-exercise treatment to determine how well treatment is working for the patient.

Colorado Allergy and Asthma Centers and our Asthma and Exercise Clinic are eager to assist you in the evaluation and management of exercise related breathing problems. Please contact Dar Herfurt, A&E Program Director, at 720-858-7440, or any of CAAC's clinics, for further information.

## OFFICE LOCATIONS

### DENVER-LOWRY OFFICE

125 Rampart Way, Suite 100  
Denver, CO 80230-6405  
720.858.7600 / FAX: 720.858.7610  
**RESEARCH: 720.858.7510**

### HIGHLANDS RANCH OFFICE

9331 S. Colorado Blvd., Suite 100  
Highlands Ranch, CO 80126  
303.795.8177 / FAX: 303.797.2166

### LAKEWOOD OFFICE / DENVER WEST

1667 Cole Blvd., Building 19, Suite 200  
Lakewood, CO 80401-3300  
303.420.3131 / FAX: 303.420.1984  
**RESEARCH: 303.432.9707**

### CENTENNIAL OFFICE

14000 E. Arapahoe Rd., Suite 240  
Centennial, CO 80112  
303.632.3694 / FAX: 303.632.3692  
**RESEARCH: 303.632.3646**

### NORTH OFFICE

8380 Zuni St., Suite 300  
Denver, CO 80221  
303.428.6089 / FAX: 303.412.2141

### SOUTHWEST OFFICE

6169 S. Balsam Way, Suite 360  
Littleton, CO 80123  
303.971.0311 / FAX: 303.948.0339

### FORT COLLINS OFFICE

1136 E. Stuart St., Bldg. 3, Suite 3200  
Fort Collins, CO 80525  
(970) 221.1681 / FAX: (970) 221.0948

### BRIGHTON OFFICE

1929 E. Egbert St., Suite C  
Brighton, CO 80601  
303.654.1234 / FAX: 303.654.0955

### GREELEY OFFICE

2525 16th Street, Suite C  
Greeley, CO 80634  
(970) 356.3907 / FAX: (970) 356.3825

Visit us on the web at:  
[www.coloradoallergy.com](http://www.coloradoallergy.com)  
[www.breathebetter.org](http://www.breathebetter.org)

## PFO Corner Patient Finance Office

The most recent Patient Survey completed shows that most patients are having a hard time reading and understanding their statements. CAAC is working with our vendor to improve the outline and look of the statements so they are easier to understand.

To help improve accuracy of billing to your insurance company, please present your insurance card to the Front Desk Staff. Also, please keep us informed with new phone numbers and/or new addresses in case we need to contact you.

We strive to provide superior customer service to our patients. If at any time you have a concern or question, please contact PFO.

## COLORADO ALLERGY AND ASTHMA CENTERS, P.C.

### PHYSICIANS:

David S. Pearlman, M.D.	John M. James, M.D.
Jerald W. Koepke, M.D.	Nan Laoprasert, M.D.
Allen D. Adinoff, M.D.	Mark A. Ebadi, M.D.
Leon S. Greos, M.D.	Robert A. McDermott, M.D.
Grant C. Olson, M.D.	
Catherine M. Van Kerckhove, M.D.	

### PHYSICIAN ASSISTANTS:

Kim B. Allsop, P.A.-C.	Nicole R. Rae, P.A.-C.
Michael V. B. Calvin, P.A.-C.	Martha S. Steffen, P.A.-C.
Penny Forry, P.A.-C.	Tim Stewart, P.A.-C.
Robin MacLaughlin, P.A.-C.	Sheila Wertz, P.A.-C.
Mary McAfee, N.P.	Tamara Young, P.A.-C.
Nicole A. Mezo, P.A.-C.	