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### Physical activity and asthma symptoms among New York City Head Start Children.

4. Rundle A, Goldstein IF, Mellins RB, Ashby-Thompson M, Hoepner L, Jacobson JS.  
J Asthma. 2009 Oct;46(8):803-9.  
PMID: 19863284 [PubMed - in process]  
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### Delivery of asthma and allergy care in Europe.

5. Roberts N, Papageorgiou P, Partridge MR.  
J Asthma. 2009 Oct;46(8):767-72.  
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### Prevalence of asthma among adult females and males in the United States: results from the National Health and Nutrition Examination Survey (NHANES), 2001-2004.

6. McHugh MK, Symanski E, Pompeii LA, Delclos GL.  
J Asthma. 2009 Oct;46(8):759-66.  
PMID: 19863277 [PubMed - in process]  
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### A national survey of adult asthma prevalence by urban-rural residence U.S. 2005.

7. Morrison T, Callahan D, Moorman J, Bailey C.  
J Asthma. 2009 Oct;46(8):751-8.  
PMID: 19863276 [PubMed - in process]  
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### High prevalence of asthma and allergic diseases in children aged 6 and 7 years from the Canary Islands: the International Study of Asthma and Allergies in Childhood.

8. Sánchez-Lerma B, Morales-Chirivella FJ, Peñuelas I, Blanco Guerra C, Mesa Lugo F, Aguinaga-Ontoso I, Guillén-Grima F.  
J Investig Allergol Clin Immunol. 2009;19(5):383-90.  
PMID: 19862938 [PubMed - in process]  
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### Asthmatics and ex-smokers respond early, heavy smokers respond late to mailed surveys in Italy.

9. Veriato G, Melotti R, Olivieri M, Corsico A, Bugiani M, Accordini S, Villani S, Migliore E, Marinoni A, Pirina P, Carrozzi L, Bortolami O, Rava M, de Marco R; for the ISAYA study group.  
Respir Med. 2009 Oct 24. [Epub ahead of print]  
PMID: 19857946 [PubMed - as supplied by publisher]  
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### Persistence of cow's milk allergy beyond two years of age.

10. Dias A, Santos A, Pinheiro JA.  
Allergol Immunopathol (Madr). 2009 Oct 21. [Epub ahead of print]

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1. Acute management of severe childhood asthma.

Geller M.

Severe childhood asthma is a serious, life-threatening disease that presents a challenge for patients, families, and caregivers. Despite evolving medical and pharmacologic therapies, the incidence and severity of asthma are increasing. Vasoactive substances are released in response to environmental and intrinsic triggers and result in bronchospasm, bronchial mucosal edema, and mucus plugging of the airways. Early recognition of symptoms and prompt, aggressive treatment, including oxygen, beta agonists, corticosteroids, and anticholinergic agents, are essential in halting the progression of asthma symptoms. In the most severe cases, intubation, mechanical ventilation, and treatment with anesthetic agents may be needed to avoid significant morbidity and mortality. This article reviews epidemiology, pathophysiology, and acute care of the child experiencing an acute asthma exacerbation.

PMID: 8970253 [PubMed - indexed for MEDLINE]

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[checkbox] AANA J. 2001 Oct;69(5):413-24.

2. Latex allergy: are you at risk?

Zaglaniczny K.

Graduate Nurse Anesthesia Program, William Beaumont Hospital/Oakland University, Royal Oak, Mich., USA.

The prevalence of latex allergies in healthcare workers has significantly increased over the past 2 decades. Increases in exposure to latex products in healthcare environments are related primarily to the use of gloves for barrier protection. In the early 1980s, with the implementation of universal precautions and appropriate healthcare worker protection, latex glove use dramatically rose in many countries. Manufacturing techniques and additional factories for latex gloves were developed to meet the tremendous demand. As a result of new "fast-track" production processes, some of the latex gloves had variant amounts of powder and allergen content. Synthetic materials, such as polyvinyl, polyurethanes, nitrile, and neoprene, are being used to manufacture medical gloves. Some hospitals and clinics have adopted the use of these alternatives to provide a "latex-free" healthcare environment. Risk reduction and prevention strategies are being implemented in many countries. Latex sensitivity and allergy can present as variable clinical reactions including contact dermatitis, rhinoconjunctivitis, asthma, and anaphylaxis. Some healthcare providers who have coexisting risk factors, such as atopy and food allergies (chestnuts, bananas, avocados, passion fruit, celery, potatoes, and peaches), are at an even greater risk for severe allergic reactions following repeated latex exposure. This journal course will provide an overview of the information available related to latex allergy in healthcare workers.

PMID: 11899461 [PubMed - indexed for MEDLINE]

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