

## Margie Kerr's Venom Allergies

Four years ago Margie Kerr, well-known community volunteer, was building a home when a backhoe accidentally hit a hay bale that was home to a yellow jacket nest. Standing nearby, Margie was swarmed by the angry insects. "I got multiple stings," Margie recalls, "and was stung two different times in my scalp."

Shortly after the stings, a rash broke out over her midsection. A short time later, her throat starting closing and she had difficulty breathing. Luckily for Margie, she had two neighbors who were physicians. Quick to recognize an emergency situation, one of them had an EpiPen, which delivers epinephrine (also known as adrenalin). He gave her a shot, which may have saved her life.

Margie's reaction to the stings was an anaphylactic reaction — a severe and sometimes fatal systemic reaction characterized by respiratory symptoms, fainting, itching, swelling of the throat or other mucous membranes and a sudden decline in blood pressure.

"It's sobering," says Margie. "Truly I was kind of surprised that I had the reaction because I had been stung so many times in my life."

Those multiple stings over the years may have contributed to her venom allergy. People aren't usually born with venom or airborne allergies, but most often develop them over time and exposure.

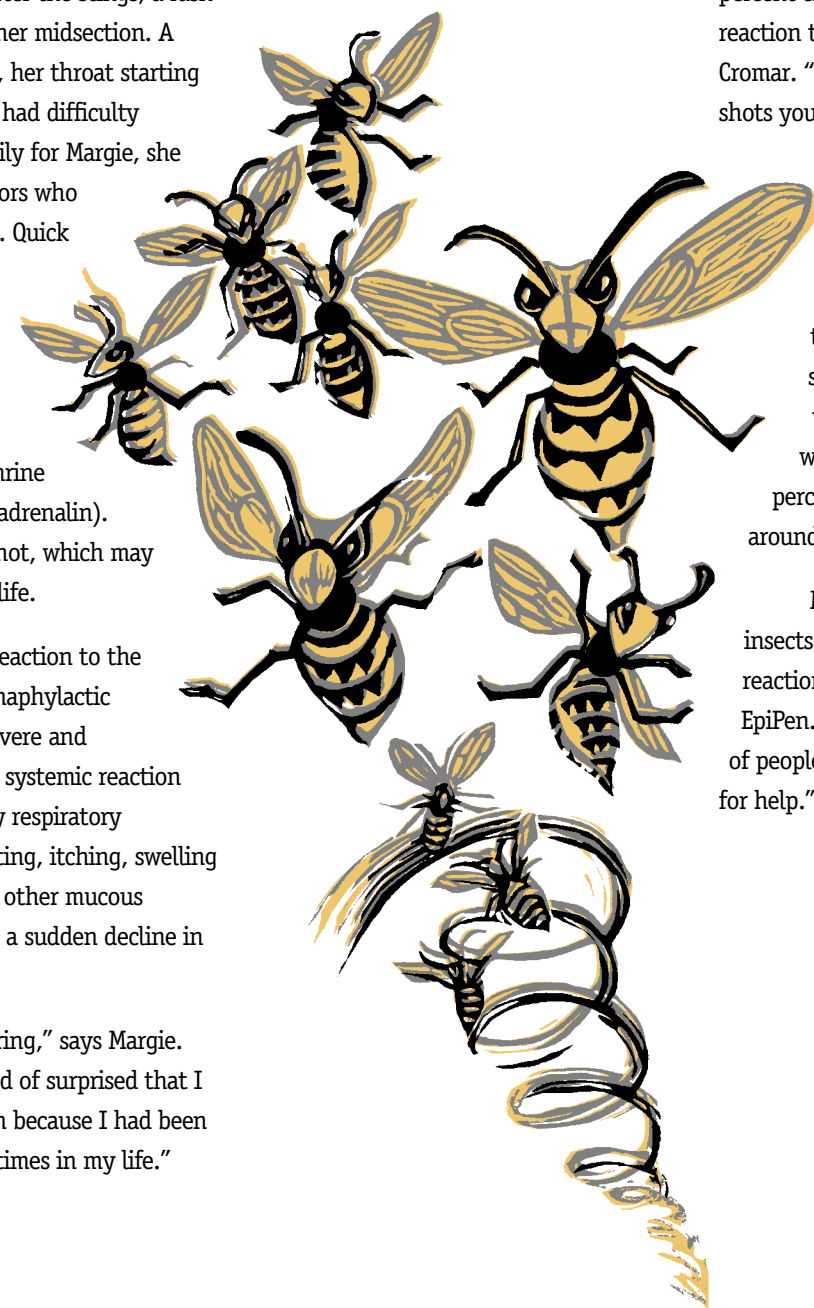
At the advice of her physician neighbor, Margie made an appointment with Dr. Cromar and was tested.

Skin tests determined that she was allergic to yellow jackets, wasps, and hornets, but not bees. She started desensitization shots.

"If you have a severe allergic reaction to a venom sting, and do nothing about it, you have about a 65 percent chance of having a severe reaction to a future sting," says Dr. Cromar. "With venom desensitization shots your risk drops to about 3-5 percent. That's significant."

"There are people who live in fear of insects. We can help them," says Cromar. They should be treated with venom so that instead of walking around with a 65 percent risk, they should run around with a 3-5 percent risk."

Margie Kerr is not afraid of insects, despite the potential for a reaction, and she does carry an EpiPen. "What scares me is to think of people who may not know to go for help."



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## THE SCIENCE OF ALLERGIES



Our immune system generates an antibody, a disease-fighting protein called immunoglobulin E, or IgE, when an allergic person first comes into contact with an allergen (oak pollen or ragweed pollen, for example). People with allergies have a lot of IgE antibody. IgE antibodies hook onto what is called a mast cell, which is full of powerful inflammatory chemicals, including histamine. When released from mast cells, histamine causes a process resulting in the familiar symptoms of allergies: including a runny nose and watering eyes. When released in the lungs (asthma) histamine causes the airways to swell shut in an attempt to close the door on offending allergens and keep them out.



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# Wenatchee Valley Medical Center

Your source for news and information

## Help For Allergy and Asthma Sufferers



Last May, Lynette Hair did the unthinkable. She rode horses in the countryside of Southern California at a family reunion. Allergic to dust, oak, and pollens (not to mention cats, of which she has three!) Lynette's allergies were so severe that they usually kept her indoors while the rest of her family was outside. "I couldn't enjoy spring," recalls Lynette. "I couldn't even go outside. I have a flower garden and I couldn't even be outside to enjoy the flowers."

Much less ride a horse in the country in the springtime.

Lynette is not alone. More than 50 million Americans suffer from some type of allergic disease, according to the National Institutes of Health.

"The most common allergic disease is hay fever," says board certified allergist Bradley Cromar, M.D.

"Hay fever, or allergic rhinitis, affects about 30 to 35 percent of the population."

Hay fever is the name given to pollen allergies. The pollens are airborne, as are other allergic triggers such as mold, dust mites, and animal dander. Common allergic symptoms include sneezing, runny or stuffy nose, coughing, postnasal drip, itching eyes nose and throat, and watery eyes.

There are a number of over-the-counter and prescription medications to treat symptoms, including antihistamines, nasal steroids, and decongestants. Most medications are for short-term relief only.

Lynette had tried a variety of over-the-counter and prescription medications to cope with the symptoms. "I felt drugged," she says, "and I didn't like that feeling."

Finally her husband, radio news director Steve Hair, encouraged her to see Dr. Cromar, who he had interviewed on the radio. "My husband said I had suffered too long, and that I needed to do something. I figured I was doomed to suffer forever. Thank heavens I listened to him."

Lynette underwent skin testing, where a variety of substances are introduced to the skin to see which cause an allergic reaction.

After discovering the culprits of Lynette's allergic reactions, Dr. Cromar started her on desensitization shots. "Allergy shots are the treatment that are helpful to about 85 percent of the people who have severe allergies," says Dr. Cromar. "Shots change the way your body handles the pollens."

Desensitization shots, also called immunotherapy, inject doses of the substance to which you're allergic, into the skin of your arm. The purpose is to make the immune system less sensitive to the allergen through the production of a blocking antibody, which decreases allergy symptoms if the allergen is encountered in the future. Most people undergo therapy for five or six years. Some people will need to continue for the rest of their lives.

For Lynette, the process has changed her life. "It's like a miracle. I don't need any medication now. I can actually go outside and play with my grandson, and not have to suffer. It's one of the best things I've done for myself."

Wenatchee  
East Wenatchee  
Cashmere  
Moses Lake  
Omak  
Oroville  
Tonasket



**Justina Bolz, M.D.**  
**Family Practice**  
*North Valley Family Practice and  
Pioneer Medical Center*

Justina Bolz, M.D. divides her time between North Valley Family Practice and Pioneer Medical Center. Dr. Bolz earned her B.A. in chemistry at Reed College, Portland, Oregon and her

medical degree at the University of Washington, Seattle. She completed her family practice internship and her family practice residency at Ventura County Medical Center in Ventura, California. Dr. Bolz has returned to Tonasket, having moved there when she was seven when her dad became the pastor of a church. An avid outdoorswoman, Dr. Bolz enjoys backpacking, cross-country skiing, rock climbing, and is learning to snow board. She also likes to travel.



**Cheryl Mallory, M.D.**  
**Family Practice**  
*Omak Clinic*

Cheryl Mallory, M.D. has joined Family Practice at the Omak Clinic. She earned her B.A. degree in Biology/Chemistry at Cedarville College, Cedarville, Ohio, and her M.D. at Temple University School of

Medicine, Philadelphia, Pennsylvania. She completed her Residency in Family Practice at Memorial Hospital of Burlington County, Mount Holly, New Jersey. She is Board Certified by the American Board of Family Practice. Dr. Mallory's practice includes the full spectrum of family practice, including obstetrics. She was with Okanogan Valley Clinic since 1999. Dr. Mallory minored in music, and plays the flute and piccolo. She also enjoys hiking and skiing. Her husband, Kevin Mallory PA-C, also practices at Omak Clinic. They have a 3-month-old daughter, Jessica.



**Jeffrey T. Monson, M.D.**  
**General Surgery**  
*Wenatchee Valley Medical Center*

Jeffrey T. Monson, M.D. joined the Surgery Department in August, 2003. He earned his B.S. in Zoology at the University of Washington, Seattle, and his M.D. at Saint Louis University, St. Louis, Missouri. For the past six years

he has been training as a Surgical Intern, a Junior Surgical Resident, and a Senior Surgical Resident in the Department of Surgery at the University of Washington Medical Center,

Seattle. He was Administrative Chief Surgical Resident during 2002-2003. Dr. Monson's clinical interests include endocrine and gastrointestinal surgery, laparoscopy, working with cancer patients and thoracic work.

He and his wife Renee have a two-year-old son, Sam, and recent arrival Noah. Along with spending time with his family, he enjoys skiing, hiking, camping, cycling and photography.



**Elisabeth van Loben Sels**  
**Hospitalist**  
*Wenatchee Valley Medical Center*

Elisabeth (Betsy) van Loben Sels recently joined Wenatchee Valley Medical Center as a Hospitalist practicing at Central Washington Hospital. She earned a B.S. in Engineering with High Honors from

Michigan State University, a Ph.D. in Physiology and Biophysics and her Medical Degree from the University of Washington. She completed her Internship in Internal Medicine at the University of Washington, and her Residency in Internal Medicine at Virginia Mason Medical Center. Before joining WVMC, Dr. van Loben Sels practiced at Whidbey Island Internal Medicine, and at Central Washington Hospital in the Internal Medicine Department. She enjoys a variety of sports, including water-skiing, alpine skiing, snowboarding, snowshoeing, running and backpacking. Her husband Jeffrey is a Navy pilot currently in the Navy Reserves. They have a 16-month-old baby boy named Canyon.



**Meleah Butruille, ARNP**  
**Pediatrics**  
*Wenatchee Valley Medical Center*

Meleah Butruille, ARNP has joined the Pediatric department, and sees patients both in Wenatchee and in East Wenatchee. She recently completed her Master of Science in Nursing at Gonzaga University in

Spokane where she was a member of Sigma Theta Tau, honor society of nursing. Prior to that she received her BSN at Oregon Health Sciences University School of Nursing in Portland. She worked as Pediatric Nurse at St. Luke's Regional Medical Center in Boise, Idaho and most recently at Clearwater Valley Hospital and Clinic in Orofino, Idaho. Meleah and her husband Dr. Tony Butruille have an 18 month old daughter, Sarah. Meleah enjoys spending time with her family, and also enjoys international travel, hiking, camping, rafting and skiing. She is a runner and ran the Portland Marathon - her first marathon - in October.



**Anne M. Carpenter, ARNP**  
**Behavioral Medicine**  
*Wenatchee Valley Medical Center*

Anne M. Carpenter, MN, ARNP, CS has joined the Behavioral Medicine Department at Wenatchee Valley Medical Center. Ms. Carpenter's started her career with a nursing diploma from St. Joseph's Nursing

School in Syracuse, New York. She then completed her BSN, a Master of Nursing, and post-graduate work in nursing, all at the University of Washington.

In 1996 she completed an Advance Practice Mental Health Nursing Fellowship at Oregon Health Sciences University in Portland. In 1999 she completed a post-master's dual Family/Gerontology Nurse Practitioner Certificate Program at the University of California, San Diego.

She has worked in private practice in Santa Fe, Seattle and Boise, and as a psychiatric mental health nurse practitioner/clinical nurse specialist at Emanuel/Good Samaritan Hospitals in Portland.

Anne Carpenter brings a depth of experience in stress management, biofeedback, group therapy, individual psychotherapy and behavioral therapy to her practice. She is licensed to prescribe psychiatric medications.



**Leona Hays, FNP**  
**Orthopedics**  
*Moses Lake Clinic*

Leona Hays, FNP has joined the Orthopedics department at the Moses Lake Clinic. Leona recently completed a Master of Nursing (MSN) at Washington State University/

Intercollegiate College of Nursing in Spokane. She has passed her board to become a Family Nurse Practitioner. She previously completed Bachelor in Nursing (BSN) through the same program. She received her Associate Degree in Nursing (RN) from Columbia Basin Community College in Pasco. She has been a certified Nephrology nurse since 1996 and has worked as a Registered Nurse and Charge Nurse at the Moses Lake Dialysis Unit.

Originally from Billings, Montana, Leona and her husband Todd have lived in Moses Lake for the past seven years. She enjoys goose and duck hunting with her husband, hiking and camping and spending time at home with her husband and their Great Dane. When there is time she also enjoys golfing and swimming.



## Caitlin's Asthma Story

By the time Veronique Paquette's daughter Caitlin was five, she was catching colds every few weeks (or so they thought) accompanied by fits of coughing. By the time she was in the first grade, she missed a good portion of the school year. After she had a coughing fit so severe that she threw up, they took her to the doctor. "The doctor listened to her lungs," remembers Veronique. "The wheezing was so loud it sounded like drums."

Caitlin was diagnosed with asthma, and her doctor recommended allergist Brad Cromar. Dr. Cromar put her on medication, but three episodes that landed her in the emergency room prompted allergy testing.

"The poor child is allergic to half the world," says Veronique. Stress was also considered to be a trigger. They continued with medication, and started her on desensitization shots. Nervous about getting shots at first, Caitlin quickly became friends with the nurses. Caitlin is 11-years-old now, and in her third year of shots. Her bi-weekly shots are part of her routine. "She's a trouper," says Mom. "We're really proud of her."

For Caitlin, the combination of medication and desensitization shots has helped keep her well.

"It has made an incredible difference," says Veronique. "She can go to people's homes who have cats and dogs. She has not had one allergy attack. I'm a true believer because I've seen the difference. She can breathe now."

## Drug-Eluting Stents: The New Treatment for Coronary Artery Disease

Each year 800,000 angioplasty procedures are performed in the United States to open clogged coronary arteries. Often, the artery becomes clogged again within a year, and must be treated again with a procedure such as angioplasty or bypass surgery. A new technology - called drug-eluting stent - keeps arteries from re-narrowing (called restenosis). The U.S. Food and Drug Administration approved the first drug-eluting stent for angioplasty procedures in April, 2003.



"The drug-eluting stents are regular stents that have drug on them. It's not just a drug coating, it's drug-eluting. How much is released and how fast it's released is all important."

The slow release of the drug keeps excess tissue from growing over and around the stent, clogging up the artery. That extra time allows the artery to heal.

"If the artery hasn't re-narrowed in six months, it's not going to, ever," says Dr. Harms.

Before stents came along, when the balloon-only angioplasty was performed, the blockage returned about 30-40 percent of the time. Stents, with no drug coating, cut the percentage of blockage returning to about 20-25 percent. The drug-eluting stents have dropped that percentage even lower, to 4-8 percent.

- ♥ life-style changes in smoking, diet and exercise habits
- ♥ medications to control the progression of disease
- ♥ interventions to restore blood flow, such as angioplasty

Angioplasty is a procedure where a tiny balloon is delivered to the narrowed part of the artery through a catheter. The balloon is inflated to open the blockage. About 75 percent of the time, when the balloon is withdrawn, a stent - a wire mesh tube - is inserted into an artery to expand the artery and hold it open.

A drug-eluting stent is a wire mesh tube that is coated with a drug. The word "eluting" means the drug is released slowly over a period of time into the surrounding tissue. Cardiologist Geoffrey Harms, M.D., explains.

The drug does allow the growth of a thin tissue cover over the stent. That thin cover is important, since bare metal stents sometimes catch blood clots on their metal mesh surface. The thin tissue cover prevents that from happening.

While drug-eluting stents are helping coronary artery disease patients, the old adage still holds true - an ounce of prevention is worth a pound of cure.

Dr. Harms recommends seeing your doctor to screen for risk factors. "If somebody has hypertension or high blood pressure, if they smoke or have abnormal lipids cholesterol, they're at risk and they should be screened by their physician."

He also recommends taking an aspirin a day, after checking with your physician.

"The main thing," says Dr. Harms, "is preventing the disease in the first place."

How Your Heart

Works:

The normal heart

is a strong,

muscular pump a

little larger than a

fist. It pumps blood

continuously

through the

circulatory

system. Each day

the average heart

"beats" (expands

and contracts)

100,000 times and

pumps about 2,000

gallons of blood.

In a 70-year

lifetime, an

average human

heart beats more

than 2.5 billion

times.

From

The American

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