



Newsletter

Fall 2015

FALL ACTIVITIES

Here are a few inexpensive activities for you to try this fall.



LEAF SUNCATCHER: Have your child tear up pieces of fall-colored tissue paper and then stick the pieces onto a sheet of clear contact paper. Now that it's time to draw some leaves, you can either let your child create their own design or you can give them a template to trace. Cut out the leaves with scissors and mount them to a window with double-sided tape to create a lovely stained-glass effect.



Q-TIP TREE: Draw the trunk of a tree on a piece of white cardboard paper. Also, draw a circle at the top of the trunk, as this is where your child will paint. Add fall-colored paint to a plate and instruct your child to use Q-tips to paint dots inside the circle until they have filled it up, and then watch as they create a beautiful fall tree.

WIND STUDY PROGRESS

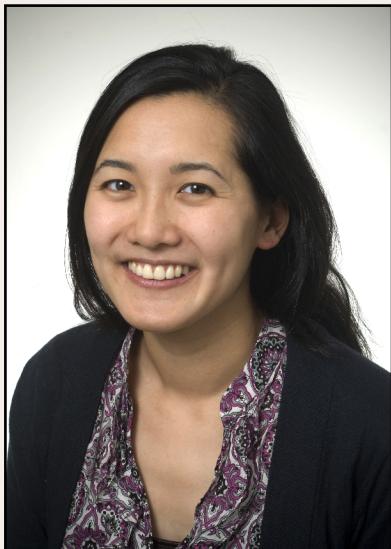
We began the age 3-½ year in-person visits with WIND Study participants from Massachusetts General Hospital and Boston Children's Hospital, two of the hospitals where children were enrolled into the study. Visits at several of the other hospitals are starting to get under way, so if you haven't yet heard from the WIND Study team about the in-person visit, you will soon!



PAPER BAG SCARECROW: Let your child decorate a paper lunch bag like a scarecrow's face using crayons, construction paper, and a glue stick. Stuff the lunch bag with shredded paper to make the head three-dimensional, and then tie the bag shut with some string to finish making your very own paper bag scarecrow.



GET TO KNOW: THIDA ONG



Thida Ong is one of the site principal investigators of the WIND Study. She is an assistant professor in the Department of Pediatrics at the University of Washington School of Medicine, as well as a pediatric pulmonologist at Seattle Children's Hospital.

Dr. Ong believes the WIND Study is important because it follows up with patients who have been hospitalized with bronchiolitis over a long period of time. This long-term follow-up, according to Dr. Ong, will address key risk factors of asthma as well as provide important information in the future to families who ever need to go through having their child hospitalized with bronchiolitis.

In addition to her work with the WIND Study, Dr. Ong has a particular clinical research interest in cystic fibrosis, a life-threatening genetic disorder that damages the lungs and the digestive system. Dr. Ong is especially interested in how the disease affects adolescents. She is the Associate Director of the Seattle Children's Hospital Cystic Fibrosis Center, where she is involved in many projects.

Dr. Ong says she has a somewhat hectic life as a mom to three daughters. While she is not doing something for them, she will likely be in the kitchen trying new recipes. "Sometimes they are successful," said Dr. Ong. "Sometimes not so much, but I'll eat them anyway!"

IN-DEPTH: THE LINK BETWEEN FOOD ALLERGIES AND ASTHMA

During phone interviews, we ask if your child has ever had any doctor-diagnosed food allergies. When a child has an allergic reaction to food, their immune system is reacting negatively to proteins in the food that are safe or harmless for most. While uncommon, it is possible for food allergies to trigger asthma symptoms or even an asthma attack, so it is important to understand how to manage these potentially overlapping conditions.

The most common food allergies children have are to peanuts and milk, but other triggers include eggs, tree nuts, soy, wheat, fish, and shellfish. As children get older, parents should help their children understand their food allergy and teach them to avoid the foods they are allergic to so when they are away from a parent, they are able to manage their own condition. Also, parents should be aware of the



possibility of anaphylaxis, a life-threatening allergic reaction often set off by a food allergy. When severe, anaphylaxis can involve swelling of the throat and blocking of the airways.

Children with asthma already have sensitive or inflamed airways, so if they develop anaphylaxis from an allergic reaction to food, they are at greater risk of complications.

Most children with food allergies are prescribed epinephrine, administered with an auto-injector, as the first line of treatment for anaphylaxis. For children who have asthma, an inhaled

bronchodilator may be part of treatment, but epinephrine should always be administered as soon as symptoms of anaphylaxis develop. Consult your child's primary care provider regarding appropriate treatment for the potentially-overlapping symptoms of asthma and food allergies.

COLD / FLU OR ALLERGIES?

While the symptoms of the common cold or flu can be similar to those of nasal allergies, it is important to understand their differences. We have listed several key differences between the two, but please consult your child's primary care provider in order to determine the most accurate diagnosis.

CONTACT US!

Do you have questions about the WIND Study? Did you recently move, or change your phone number or e-mail? Please let us know so we can stay in touch. Call or e-mail us anytime.

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| | Cold or Flu | Allergies |
|-----------------|--|---|
| Cause | Cold and flu are caused by viruses, so your child can catch these infections from someone who has that virus. | Nasal allergies are caused by exposure to an allergen, and unlike a cold or flu, they are not contagious. |
| Symptoms | Common symptoms of cold or flu include runny nose with yellow discharge, sore and scratchy throat, aches and pains, congestion, sneezing, and coughing. | Symptoms of nasal allergies include runny nose with clear discharge, stuffed nose, coughing, wheezing, violent sneezing, and itchy and watery eyes. |
| Timing | Although cold or flu are possible in the spring or summer, they usually appear in the late fall and winter. | Nasal allergies can occur anytime of the year but are more common in some children during specific seasons (pollen). |
| Duration | Symptoms of cold or flu usually take a few days to appear after your child has been exposed to the virus, and should clear up within a few days to a week. | Symptoms of nasal allergies begin almost immediately after allergen exposure, and last for as long as your child is exposed to the allergen. |