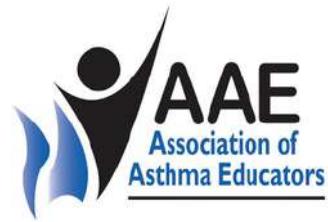


# LEADING THE WAY



## Association of Asthma Educators Newsletter

Fall 2023



### News You Can Use

by Sandy Tovar, DNP, APRN, PPCNP-BC, AE-C

The Association of Asthma Educators (AAE) is celebrating 25 amazing years as the premier national nonprofit organization devoted to excellence and raising the competency of diverse individuals who educate patients and families living with asthma. In honor of our 25th anniversary, we are more motivated than ever to deliver an exponentially greater member experience as well as the best annual conference possible.

We hope you enjoy our fall AAE Newsletter. Our goal is to communicate with our membership by providing helpful and current information. The AAE board invites you to submit a case presentation or short article of interest for publication. We welcome your contribution in all areas of practice: clinical care, administration, education, and research. Our goal is to publish a Newsletter quarterly. We know that each of you are providing essential and outstanding service in your communities and would appreciate you sharing your experiences. Your work is inspirational to others. This issue features our newly elected 2024 AAE board members with their vision statements. In the spirit of Thanksgiving, we would like to thank you for your dedication, membership and support of the AAE. As we look forward to 2024, we look forward to hearing from you and seeing you next year at our annual conference in Charlotte!

Newsletter Editors:

Sandy Tovar, DNP, APRN, PPCNP-BC, AE-C  
Kari Elliott, DNP, CPNP-PC, NP-C, AE-C

### NEWSLETTER HIGHLIGHTS

Annual Conference Recap

AAE Election Results

Case Presentation

Asthma & the Holiday Season  
AAAAI Feature

News

AAE's Community Platform

# Annual Conference Recap

The 2023 Annual Conference was held in Big Sky, Montana. It was an amazing meeting full of valuable content, robust networking and an incredible amount of collaboration and planning among our network of asthma educators and industry sponsors and supporters. There truly is no other national event like the AAE Annual Conference- with intense focus on enhancing the ability for all members of the asthma education community to increase their knowledge, expand their capabilities and together become a greater force in improving asthma education programs everywhere.

We are finalizing plans for July 2024, which will be held in Charlotte, NC. We will announce the dates and open registration very soon!

## PHARMACOLOGY-FOCUSED VIRTUAL EVENT

DECEMBER 4, 2023



ONLINE LEARNING

CONTENT FROM OUR 2023 ANNUAL CONFERENCE  
BROUGHT TO YOU IN A VIRTUAL FORMAT WITH LIVE MODERATION AND  
ENGAGEMENT

### SESSION 1: DECEMBER 4

1:15 PM- 4:45 PM EASTERN

1:15 PM *Presentations by Karen Gregory*

- What's New in Food Allergies
- TSLP-Blocking Biologic Treatment- Who? Why? When?

2:30 PM *Presentations by Maureen George*

- Updates on New Recommendations for Adult Asthma-GINA 2022

3:15 BREAK

- Case Study in Adult Asthma
- New Propellants

### SESSION 2: DECEMBER 4

5:00 PM- 9:15 PM EASTERN

5:00 PM *Presentations by Marcia Winston*

- SMART Therapy in Children Under 12
- Evidence-Based Remediation Strategies for Environmental Triggers
- Case Study in Pediatric Asthma

7:15 PM-7:30 PM BREAK

7:30 PM *Presentations by Karen Gregory*

- SMART Therapy in Those 12 and Older
- Case Study in Atopic Dermatitis and Biologic Therapy

### Presenters

MAUREEN GEORGE, AE-C, MSN, PhD, RN

KAREN L. GREGORY, DNP, APRN, CNS, RRT, AE-C, FAARC

MARCIA WINSTON, MSN, CRNP, CPNP-PC, AE-C

**Registration: \$75 for a single session/ \$125 for both**

[www.asthmaeducators.org](http://www.asthmaeducators.org) Click

UPCOMING COURSES

**YOUR CHOICE! ATTEND ONE OR BOTH SESSIONS**

\* IF YOU ATTENDED THESE SESSIONS IN BIG SKY, MONTANA AND WISH TO LISTEN IN ONE MORE TIME PLEASE REACH OUT TO THE ADMIN TEAM TO PICK UP THE LINK. CE CANNOT BE COLLECTED AGAIN, BUT YOU ARE WELCOME TO THE SESSION AND DISCUSSIONS.

# Association of Asthma Educators

MEMBERSHIP MATTERS

## JOIN US

### OUR PURPOSE

Join AAE in striving for excellence. Together, we can improve lives. It is vital that individuals involved in all levels of asthma education have access to materials, contemporary insights and community resources to achieve the highest standards of care.



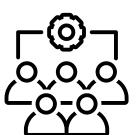
### NETWORKING COMMUNITY

Connections between asthma educators of all types is key. We connect member to member, provide mentorship, and assist in the development of guidance and other initiatives for asthma care. Membership includes an innovative social engagement web/mobile hub for networking and resources.



### DEVELOPING EDUCATION

AAE develops high quality education programs for all. We have scalable courses for all levels of asthma educators, Foundational, Enhanced and Advanced. Members have access to continuing education programs providing multidisciplinary accreditations.



### SHARED GOALS IMPROVING LIVES

No matter your role in asthma care and education, you can be a part of the AAE community in many vital ways. We build a network between all professionals: physicians, pharmacists, nurses, program managers, community health workers, first responders... and more!



WWW.ASTHMAEDUCATORS.ORG



# 2024 BOARD OF DIRECTORS ELECTION RESULTS

Clifton Dennis, RRT AE-C



## Vision Statement

I believe that no person should die from asthma. I have witnessed deaths due to asthma. My mission is to provide education, information and service to people with asthma. I believe in the power of a dedicated group of people in making change happen. I have worked with several organizations that are willing to effect change in the manner we educate and train other healthcare professionals in looking at and caring for people with asthma. I have had the pleasure of working with dedicated healthcare professionals in making change happen and I would like to continue making change happen with the Association of Asthma Educators.

Thomas Lamey, PhD, RRT, AE-C

## Vision Statement

My vision for AAE is to strengthen organizational growth through highlighting best instructional and learner strategies that improves asthma outcomes. My focus is on valid and reliable instructional strategies that capture the attention of the asthma patient through utilization of emerging technologies and real-life authentic practice. Within this scope, I think asthma educators need to further advocate for creation, implementation, and transformations of evidenced-based clinical practice guidelines specific to the asthma patient. We should be leaders in this, as asthma educators stand at the corner of high impact educational strategies and current treatment options for those diagnosed with asthma. Thank you for your consideration.

[VIEW RESUME](#)



Stefanie Rollins, APRN-CNP, AE-C



## Vision Statement

My vision is to increase membership, further diversity, promote mentorship, and empower members through all endeavors. I am dedicated to helping provide successful educational opportunities and increasing mentorship opportunities among members throughout my term. I feel these opportunities are key to help members provide excellent evidence-based asthma education and strengthen our organization through collaboration and community. I have been blessed to incorporate the benefits of these opportunities with my patients and their families, and hope the same for each of our members. I have thoroughly enjoyed serving on the AAE board for last 3 years and would greatly appreciate the opportunity to continue serving on the board of this amazing organization.

Stefanie Rollins, APRN-CNP, AE-C

Anita B. Shuler, BS, RRT, RRT-NPS, AE-C



## Vision Statement

I would like to join the AAE board of directors to increase my knowledge in the multi-disciplinary approach to providing asthma education to patients from all backgrounds, locations, and educational levels. I seek to be involved in delivering education to healthcare professionals to improve the asthma management and outcomes for parents across the country. We can bridge the gap in understanding between providers and families with comprehensive asthma education. The more families and parents know about asthma, the better their quality of life can be. I believe that an informed patient can successfully manage their disease and live a full life despite their asthma diagnosis.

[VIEW RESUME](#)

## CASE PRESENTATION

By Traci Arney, MN, FNP-C, FAANP, AE-C  
Crazy About Kids Pulmonary Services  
Tempe, AZ  
AAE Board of Directors

**History:** A 14-year-old Vietnamese girl presents to an office for the first time. She has been diagnosed with asthma and has had coughing and wheezing for the past month. She has been seen in three Emergency Departments and was given albuterol and one dose of Decadron. She has been up every night with coughing and wheezing. She has been using two inhalers of albuterol per month for the last two months. She does have Flovent 220 on hand but feels it does not work and used it for only a week. She does not have a spacer. She does have a nebulizer at home and has been using that as needed.

**Physical exam:** She is wheezing throughout, RR 32, Oxygen Saturation is 95%, no clubbing, no cyanosis.

Lung function shows an FEV1 of 40% that improves by 30% post bronchodilator.

Skin testing shows reactions to grass, weeds and tree pollen, dogs and cats.

**Considerations:** Mom does not speak English well and communications was difficulty.

**Resolution-** It was agreed that her 20-year-old sister would interpret for the family and was called on the speaker phone. She has been the one to bring her sister to the ED. She was able to explain the medications that her sister was taking and what medications were available in the home.

The young girl does not see a benefit to taking the Flovent, she did not get immediate relief, so stopped the medications. She was not given a spacer and did not get instruction by pharmacy or Primary care to use the inhaler correctly. **Resolution-** A lengthy discussion regarding airway inflammation and the importance of daily control using the Inhaled corticosteroid that she has. She was taught to use the spacer and appropriate inhaler technique and was asked to take the Flovent 220 two puffs twice per day through the spacer. There was also discussion regarding albuterol use and that the increased usage put her at risk of a fatal outcome. She was asked to take a daily non-sedating antihistamine due to her known allergy. She was given a burst of prednisone to control airway inflammation and resolve wheezing.

When asked what her primary concern was, she stated that she wanted to attend homecoming Friday and would she be able to go. That was four days later, It was agreed if she had resolution in wheezing she would be able to go.

**Follow up:** She was seen two weeks later and was much improved. FEV1 was 96% and her chest was clear. She proudly showed the homecoming pictures of her and her friends with the staff. She and her sister were at that follow up and the importance of controlling the asthma was reinforced.



# Allergies, Asthma and Winter Holidays

Article from AAAAI



Holidays can be scary for those with food allergies and asthma. Candles, wood burning stoves, fire pits, scentsy, incense, and a variety of perfumes in one area can trigger asthma and result in an exacerbation.

Some individuals with asthma have food allergies as well or food sensitivities. The nine most common foods that cause allergies are cows milk, soy, eggs, fish, peanuts, sesame, shellfish, tree nuts, and wheat. These foods may also be hidden ingredients.

Whether someone is intolerant or allergic they still have to be cautious. An allergy will trigger an immune response, may be life-threatening, and may require use of their Epi-Pen, EVEN if they eat something with a similar protein found in a food that they are unaware of having an allergy. For example, many of those with asthma are allergic to ragweed, thus they may be allergic to melon or banana.

If someone experiences a serious food allergy: Use your Epi-Pen and seek emergency help, call 911: Food allergies may present with a variety of symptoms, which may involve the skin, gastrointestinal tract, cardiovascular system, and respiratory tract. Some common symptoms may include hives, red itchy skin, stuffy/itchy nose, sneezing, itching/tearing eyes, vomiting, diarrhea, stomach cramps, angioedema, or swelling. Three common foods are at increased risk of causing Food Protein-Induced Enterocolitis Syndrome, where one may have a delayed food allergy and develop vomiting and/or diarrhea, resulting in dehydration/shock.

## Common Foods:

Hot chocolate- may contain ingredients such as tree nuts, peanuts, milk, soy egg, wheat

Iced sugar cookies- may contain ingredients such as wheat, milk, eggs, nuts

Holiday bread- may contain ingredients such as tree nuts, peanuts, wheat, egg, milk, soy

Worcestershire sauce and other sauces- may contain shellfish

Restaurant steak

Gingerbread houses--multiple different ingredients depending on where manufactured

Seafood/fish

Stuffing- wheat and other ingredients

Latkas- may contain ingredients such as wheat, peanuts, tree nuts, egg, milk, soy

Rugelach- may contain ingredients such as wheat, milk, egg, nuts

Eggnog- may contain ingredients such as milk, egg, tree nuts, peanuts

Bûche de Noël- may contain ingredients such as wheat, egg, milk, tree nuts, peanuts, soy

Deli meats- may contain or be exposed to tree nuts, milk, wheat, soy

Wreaths- wheat; if those are allergic the cedar or pine

Crackling fire- peanut, tree nuts, seeds



# Info Round Up

## IMPORTANT NOTES

**July 2024: AAE Annual Conference in Charlotte, North Carolina**  
**Dates to be announced soon!**

### Asthma in children younger than 12 years: Management of persistent asthma with controller therapies

#### INTRODUCTION

The use of long-term controller medications in the treatment of persistent asthma in children <12 years of age is reviewed here. The recommendations that follow are based upon major published asthma guidelines [1-4], with additional therapies added as they become available and approaches modified based upon subsequently published data. Assessing initial asthma severity, determining when to start daily controller therapy, and assessing and monitoring control to determine if therapy modifications are needed are discussed in detail separately. (See "Asthma in children younger than 12 years: Overview of initiating therapy and monitoring control".)

The initial evaluation and diagnosis of asthma, use of quick-relief medications, and management of acute exacerbations in children are all discussed separately. A general overview of asthma management and control of triggers are also presented separately, as is the management of asthma in adolescents and adults. **SCAN TO READ FULL ARTICLE on [www.UpToDate.com](http://www.UpToDate.com)**



 **SCAN ME** 

## FLOVENT NEWS

**GSK is discontinuing Flovent 12/31/23**

**If you or someone you know OR if you are a prescriber:**

**Refill your Flovent as soon as possible**

**Speak with your provider regarding different medication for your asthma; similar med to Flovent is QVar**

**Alternative to Flovent from GSK:**

**ArmonAir Digihaler-- Dosing is 55, 113, and 232. More expensive than Flovent Diskus. Dry powder substitute for Flovent Diskus**

**Arnuity Ellipta--ICS, More expensive than Flovent HFA, NOT a direct substitute for Flovent HFA or Diskus**

<https://community.aafa.org/blog/flovent-hfa-and-flovent-diskus-asthma-medicines-being-discontinued>

Scan for full details and updates on Generic Flovent HFA Availability



 [Drugs.com](#) Know more. Be sure.  

Home > Flovent HFA > Generic Availability

## Generic Flovent HFA Availability

Last updated on Nov 7, 2023.

**Flovent HFA** is a brand name of [fluticasone](#), approved by the FDA in the following formulation(s):

**FLOVENT HFA (fluticasone propionate - aerosol, metered;inhalation)**

- Manufacturer: [GLAXO GRP LTD](#)
- Approval date: May 14, 2004
- Strength(s): 0.044MG/INH [RLD], 0.11MG/INH [RLD], 0.22MG/INH [RLD]

**Has a generic version of Flovent HFA been approved?**

An Authorized Generic version of Flovent HFA has been approved. An Authorized Generic is a prescription drug that is produced by a brand company under a New Drug Application (NDA)

# NEW AAE MEMBERSHIP ONLINE COMMUNITY

## Welcome

Welcome to your new AAE Community! The AAE Community will allow you to interact regularly and easily with peers, experts, and organizational staff. We feel this is an ideal way to enhance our organization's benefits to you, our members.

Within AAE Community, members have:

- The ability to post questions in forums where peers and experts from across the industry can respond with their insights and ideas.
- The ability to share your own expertise in response to the questions of others.
- Opportunities to build your network through formal connections, private messaging, and other options.
- A robust and easy-to-access resource library, where you can download what you need when you need it.

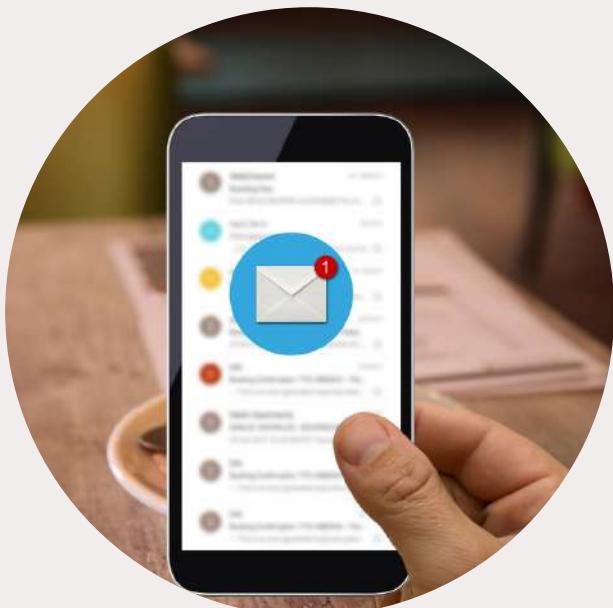
As you get started,

- Check out the interest-based groups to see what other people are already posting.
- Search the member lists to see who is in the community. We are a small, but mighty group. We know you will surely find some familiar faces!
- Send a connection request to colleagues that you know or want to know.
- Introduce yourself in the topical groups.
- Be sure to complete your profile, including a profile photo, so that people can easily search for you by expertise, interest, or goal.

Thank you for your ongoing contributions to our organization. We hope to see you around AAE Community as we continue to advance our industry and to support one another.

BOOKMARK:

<https://aaecommunity.smallworldlabs.com/dashboard>



# LEADING THE WAY

A proud past a  
promising future...



25th  
Anniversary

