



Prof. Cas Motala presents Prof. Emil Bardana with his Life Membership Award.

phylaxis when nappy ointment was applied. The ointment contained only 5% calcium caseinate, but it was enough to cause anaphylaxis. How was the mother to know that there was 'milk' in the nappy ointment?

A symposium on the changing relationship between academia and the pharmaceutical industry with Prof. Matt Haus outlining the pharmaceutical viewpoint and Dr Sharon Kling presenting the case for academia provoked some interesting discussion, as did a debate between Prof. Paul O'Byrne of McMaster University, Hamilton, Canada, and Prof. Elvis Irusen on single-inhaler therapy vs fixed-dose combination therapy for asthma. Free presentations and posters provided information on a range of interesting studies, and a popular innovation this year was the session entitled: The year in review. Prof. Sami Bahna reviewed selected papers on food allergy published in the last 12 months and Prof. Emil Bardana reviewed his choice of the most

important recently published allergy papers. Another excellent session, also presented for the first time this year, was Clinical case studies – various presenters described unusual cases of asthma, food allergy, anaesthetic allergy and urticaria/angioedema and invited discussion from the floor.

The gala dinner provided an opportunity for delegates to relax and enjoy themselves. Overseas speakers were honoured with life membership of ALLSA and presented with Zulu craft baskets. The ALLSA research awards were presented (details appear in the Chairman's report on p. 199 in this issue) and Prof. Mohamed Jeebhay was awarded the Discovery prize for the Best Free Paper/Poster of the congress. Journal awards for the Best Article and Best Photograph published in *Current Allergy & Clinical Immunology* over the past year went to Dr Michael Levin and Dr George du Toit respectively.



Prof. Bob Lanier receiving his Life Membership Award.

PRODUCT NEWS

NASONEX IS NOW INDICATED FROM THE AGE OF 2 YEARS!



Nasonex Aqueous Nasal Spray is indicated for use in adults, adolescents and children between the ages of 2 and 11 years to treat the symptoms of seasonal allergic or perennial allergic rhinitis.

In patients who have a history of moderate to severe symptoms of seasonal allergic rhinitis, prophylactic treatment with Nasonex Aqueous Nasal Spray is recommended prior to the anticipated start of the pollen season.

Dosage and directions for use

Adults and adolescents: The usual recommended dose for prophylaxis and treatment is two sprays (50 µg/spray) into each nostril once daily (total dose 200 µg). Once symptoms are controlled, dose reduction to one spray into each nostril (total dose 100 µg) may be effective in some patients for maintenance.

Children between the ages of 2 and 11 years: The usual recommended dose is one spray (50 µg/spray) in each nostril once daily (total dose 100 µg).

For more information contact Spurgeon Steyn, Schering-Plough (Pty) Ltd, 011-922-3300.



ALLERGIES: FIGHT BACK WITH THE MOST POWERFUL VACUUM CLEANER IN SOUTH AFRICA!!!



When it comes to coping with asthma or allergies, most experts say that an ounce of prevention is worth a pound of cure. That means getting rid of allergens. Allergens like house dust, pollen grains, dust mites and their dirty droppings, and saliva-coated cat hair. Allergens are the reason your eyes itch, your nose runs and why you sniffle and sneeze with hay fever. What's more, they can trigger asthma attacks.

You can now fight back with **Miele's Ultra Performance - 2100**

vacuum cleaner and enjoy true power where it counts. Boasting an output that equals that of 2100 W, its unique triscopic suction tube adjusts from 55.5 cm to 111.5 cm making it ideal for short and tall people. The Ultra Performance's powerful suction lifts allergens off floors, carpets and even finer fabrics like mattress covers and pillows. What's more those microscopic particles can't escape the vacuum's absolutely airtight hose couplings and motor compartment or its four-component filtration system. So it can pick up more tiny particles and hold on

to them, never letting them escape in the exhaust stream. You'll notice a difference, everything looks cleaner and smells fresher ... because it is like a breeze of fresh air!

The four components and stages of the Miele anti-allergy filtration system are:

- New IntensiveClean dust bag with triple layer of random-spun fibre ensures optimum filtration and improved suction power.
- A changeable motor filter which protects the motor from sharp objects (e.g. pins, nails, staples) which might have penetrated the dust bag.
- The Active S-Class filter cassette traps 99.99% of particles as small as 0.3 microns. This filter is powerful enough to remove bacteria, pollen, dust-mite droppings and viruses from the expelled air.
- Miele's unique dust-bag system and airtight body has earned Miele the accolade of the world's first HEPA certified vacuum cleaner.



NEW CONCEPT STUDY PROVES SERETIDE® STABLE DOSING IS A SUPERIOR TREATMENT STRATEGY FOR ASTHMA CONTROL VERSUS COMPARATOR

The CONCEPT (CONtrol CEntred Patient Treatment) study revealed that stable dosing of Seretide 50/250 µg bid resulted in significantly greater increases in symptom-free days, days free of rescue medication, and morning PEF, as well as almost halving the exacerbation rate, compared with AMD (Adjustable Maintenance Dosing) of FOR/BUD (formoterol/budesonide) 6/200 µg.

The intent-to-treat population comprised 688 patients (344 per treatment arm) with a mean age of 45 years and a mean baseline forced expiratory volume in 1 second 81% of the predicted normal value. After 4 weeks' stable dosing, 581 patients (295 SAL/FP, 286 FOR/BUD) continued beyond visit 3 into the remaining 48-week treatment period.

The primary endpoint of CONCEPT was symptom-free days. Results of the year-long study showed that overall, patients treated with Seretide stable dosing (SD) experienced significantly more symptom-free days compared with patients treated with FOR/BUD adjustable maintenance dosing (59% compared to 52%; p=0.034). This equates, on average, to 24 more symptom-free days per year for Seretide SD patients. In addition, when the period where treatment strategies varied was examined (weeks 5-52), this difference increased to 74% compared to 65% (p=0.03) in favour of Seretide SD, which equates, on average, to 32 more symptom-free days per year.

The incidence of asthma exacerbations requiring oral steroids or an ED visit/hospitalisation was 47% lower with Seretide compared with FOR/BUD (adjusted annual mean rate, 0.18 vs 0.33; P = 0.008).

'The benefits of symptom eradication are clear. The CONCEPT study has once again proved that total control of asthma is now possible and it is the responsibility of every person living with asthma to speak to their doctor about



effective treatment,' says Prof Elvis Irusen, Clinical Director of the Lung Unit, University of Stellenbosch.

Seretide stable dosing is a more effective treatment strategy compared with AMD.

Rationale for the study

CONCEPT evaluated whether stable dosing with Seretide is more effective in preventing symptoms and reducing exacerbations than adjustable maintenance dosing (AMD) with formoterol/budesonide.

With stable dosing a patient takes the same treatment dose every day. With adjustable maintenance dosing the dose is increased or decreased as asthma symptoms fluctuate, also known as symptom-driven dosing.

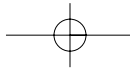
Current asthma management guidelines state that the aim of treatment should be to achieve and maintain control of the disease and those patients requiring preventative treatments should take regular daily doses, with periodic reviews by the physician.

Prior to CONCEPT no long-term, randomised, double-blind controlled studies comparing stable dosing and adjustable maintenance dosing with these treatments had been performed.

Background

The landmark GOAL (Gaining Optimal Asthma Control) study recently showed that with appropriate treatment, a high proportion of patients were capable of attaining sustained asthma control (total or well controlled), suggesting that there is considerable scope for improving asthma treatment and management.

For more information please visit www.gsk.com or contact: Dr Alan Barrett, Medical Advisor, GlaxoSmithKline, tel 011- 745- 6000, email: alan.l.barrett@gsk.com



ALLSA MEMBERSHIP 2005



Support your society, as it supports the study and practice of allergology in South Africa.

ALLSA remains one of the world's most pro-active and innovative allergy societies. Our pioneering website and patient information resources have spurred other national societies to follow suit.

ALLSA relies on an active membership base to continue to provide excellent resources to healthcare workers in Southern Africa. We welcome new members from all over Southern Africa and membership is open to all health-care workers with an interest in allergology. Our current membership includes medical practitioners (general practitioners, physicians, pulmonologists, ENT specialists, dermatologists, ophthalmologists, paediatricians and anaesthetists), nurses, dieticians, medical technologists, pharmaceutical industry staff and medical students .

Membership currently costs only R120 annually; this tax-deductible contribution to ALLSA is valued by our society which then ploughs these contributions back into providing new resources for members and the public.

Members enjoy a number of privileges which include:

- The highly rated ALLSA journal – *Current Allergy & Clinical Immunology*, which is edited by Profs Weinberg and Zar and published quarterly.
- Access to ALLSA's comprehensive allergy website at www.allergysa.org.
- Patient information guides and leaflets on all the common allergic disorders and allergen avoidance measures.
- Access to database of international allergy research journals and journal searches.
- Discounted ALLSA congress registration fees for our annual congress.
- Regional allergy courses, meetings and journal clubs.
- Support with examination preparation for the Diploma in Allergology of the Colleges of Medicine of SA.
- Access to allergy research funding and annual ALLSA research awards of up to R50 000 per research study.

For more details on membership and privileges please contact Ruwayda Adams on tel 021-447-9019, fax 021-448-0846, or e-mail enquiries to allsa@mweb.co.za.

Please cut out the membership application form and post together with your cheque or postal order made payable to the Allergy Society of South Africa. Please ensure the full society name appears on the cheque; the initials 'ALLSA' are unfortunately not acceptable to the bank. If you pay by direct debit, please ensure the bank slip includes your surname and birth date (Smith 12/06/63); this should be faxed to ALLSA at 021-448-0846.



ALLSA Membership Application	R120 annual subscription
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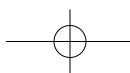
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PRODUCT NEWS

BOEHRINGER INGELHEIM LAUNCHES THE NEW INFLAMMIDE® 200 NOVOLIZER®

The prevalence of asthma is continuing to rise throughout the world and South Africa. Guidelines still recommend inhaled corticosteroids as the cornerstone of asthma therapy.¹ Despite the availability of numerous treatments the disease remains poorly controlled.²

Inappropriate and incorrect use of inhaler devices contribute to the lack of adequate asthma control; **71%** of patients misuse their MDIs and up to **47%** of patients cannot co-ordinate on activation and inspiration.³ It is now well recognised that improvement in drug delivery will continue to be paramount in improving asthma management.⁴

Boehringer Ingelheim has launched the new **Inflammide® 200 Novolizer®**. This product combines the proven efficacy of **Inflammide® 200** with the innovative technology of the **Novolizer®** delivery system.

The Inflammide® 200 Novolizer® is designed in such a way that it is virtually impossible to use incorrectly, closely meeting the characteristics sought in an 'ideal' inhaler.⁵

The Inflammide® 200 Novolizer® is breath actuated and can only be successfully activated once the threshold PIFR of 35-50 litres/min is generated. At this level the complete dose is delivered to the patient. The Novolizer® has a triple feedback that tells the patient when each dose has been successfully inhaled,⁵ thus optimising dosing.

In healthy volunteers the median lung deposition of budesonide administered via the Novolizer® was 19.9 - 32.1% at mean PIFR of 45 - 90 litres/min.⁶

The Inflammide® 200 Novolizer® contains 200 µg of budesonide per inhalation in a 200-dose cartridge. The product will be available in 2 forms:

- The **Inflammide® 200 Novolizer® Complete** which contains the Novolizer device and a cartridge.
- The **Inflammide® 200 Novolizer® refill** which contains the cartridge only.

In line with the Montreal Protocol manufacturers are compelled to switch their asthma inhalers, which contain CFC propellants, to more environmentally friendly products by December 2005. The Inflammide® 200 Novolizer® is a multidose dry powder inhaler (MDPI) and does not contain any propellants, making it not only patient-friendly but environmentally friendly too.

The Inflammide® 200 Novolizer® offers substantial advantages over metered dose inhalers making it an ideal replacement product for patients using budesonide MDIs.

For further information please contact Greg Zurnamer (Inflammide® 200 Novolizer® product manager) at 011-886-1075 or e-mail: zurnamer@jnb.boehringer-ingelheim.com

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SCHEDULING STATUS: S3 Inflammide® 200 Novolizer® Powder for inhalation
COMPOSITION: Each metered dose (10.9 mg powder) contains 200 µg budesonide. Excipient: lactose monohydrate. **PHARMACOLOGICAL CLASSIFICATION:** A 21.5.1 Corticosteroids and analogues. **INDICATIONS** Prophylaxis of the symptoms of asthma. **DOSAGE AND DIRECTIONS FOR USE:** *Adults and children over 12 years of age:* **Initially:** 1 powder inhalation (200 µg) twice daily. Maximum daily dosage of up to 1600 µg/day (8 powder inhalations). Twice daily administrations may be adequate in stable asthmatics. **Maintenance dose:** the maintenance dose should be individualised and should be the lowest possible dose. Administer before meals. Rinsing of the mouth after inhalation is recommended. **INFLAMMIDE 200 NOVOLIZER** should be administered regularly according to the recommended dosing schedule and is intended for long-term therapy. Instructions for use: refer to package insert. **CONTRA-INDICATIONS:** Tuberculosis of the lungs and other acute infections of the airways. Hypersensitivity to budesonide or lactose. Moderate to severe bronchiectasis. The safety and efficacy in children under the age of six years have not been established. **PREGNANCY AND LACTATION:** Safety in pregnancy and lactation has not been established. **SIDE-EFFECTS:** Paradoxical bronchoconstriction, irritation in the throat and hoarseness may occur. Candidiasis or other opportunistic infections of the mouth and throat may occur. Thrush occurs less often when an inhalation is performed before meals and or when the mouth is rinsed after inhalation. Adrenal insufficiency, headache and nausea have been reported. Skin reactions (urticaria, rash, dermatitis etc.) may occur. Psychiatric symptoms such as nervousness, restlessness and depression have been observed with budesonide. Pulmonary infiltrates with eosinophilia have also been reported. On prolonged administration of doses at the upper dose range, signs of hyperadrenocorticism can occur. Transfer of patients from oral corticosteroid therapy to **INFLAMMIDE 200 NOVOLIZER** may unmask conditions, which were previously suppressed e.g. allergic rhinitis, allergic eczema or rheumatoid. Suitable medicines should be co-administered to treat these symptoms. **SPECIAL PRECAUTIONS:** **INFLAMMIDE 200 NOVOLIZER** is not indicated for treatment of acute dyspnoea or status asthmaticus. If respiratory infections occur, adequate antibacterial therapy should be promptly instituted and systemic corticosteroids may have to be considered. Patients should also be made aware of the prophylactic nature of therapy with steroids and that **INFLAMMIDE 200 NOVOLIZER** should be taken regularly even when they are asymptomatic. Adrenal suppression and other systemic side-effects may occur. In such patients precautions should be taken to provide systemic steroid cover in situations of prolonged stress e.g. surgery or severe infections. Treatment with inhaled steroids should not be stopped abruptly. In hypothermia, acetylsalicylic acid (aspirin) should be used cautiously in conjunction with corticosteroids. For patients who are also receiving systemic corticosteroid therapy: The transfer of patients from systemic corticosteroids to treatment with **INFLAMMIDE 200 NOVOLIZER** demands special care mainly due to the slow recovery rate of the hypothalamic-pituitary-adrenal (HPA) function caused by the long-term use of oral corticosteroids. When transferring a patient from systemic corticosteroid therapy to inhaled corticosteroid therapy, the patient's asthmatic condition should be stable. When initiating the transfer, the patient should add the inhaled corticosteroid to their existing systemic therapy. After a week to 10 days of concurrent therapy, the systemic agent should be withdrawn gradually by reducing the daily or alternate-daily dose. The oral dose is reduced to the lowest level, which in combination with **INFLAMMIDE 200 NOVOLIZER**, gives a stable respiratory capacity. In many cases it may eventually be possible to withdraw the oral steroid completely and maintain the patient on the **INFLAMMIDE 200 NOVOLIZER** treatment only but in other cases the patient may have to be maintained on a low oral steroid dose. Some patients may experience uneasiness during the withdrawal period due to a decreased steroid effect. The length of time needed for the body to regain its natural production of corticosteroid in sufficient amounts is often extensive. Thus during periods of stress or in the case of emergencies (e.g. severe infections, injuries and surgical operations) it will be necessary to give the patient an additional oral steroid dose. Acute exacerbations, accompanied by increased mucous viscosity and mucous plugging may require complementary treatment with an oral corticosteroid. **REGISTRATION NUMBER:** 37/21.5.1/0343 **DETAILS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:** Ingelheim Pharmaceuticals (Pty) Ltd 407 Pine Avenue Randburg. Tel No. +27 11 886 1075. Fax No. +27 11 787 3766/886 3205 Cpy. Reg. No. 66/08618/07 For complete prescribing information refer to package insert. **BI Ref** 2/2005 Jan 2005