

120

Linda M. Borschuk

Presentation Date: June 29, 2000

Presentation Time: 1:20 PM

00N-125b

TS 39

Linda M. Borschuk

Presentation Date: June 29, 2000

Presentation Time: 1:20 PM

My name is Linda Borschuk. I am an advocate for families with asthma and allergies and I am a past Board member of the Asthma and Allergy Foundation of America, Maryland-Greater D.C. Chapter, having served from 1991 through 2000. Today I represent no organization, nor do I have any financial association with any company whose product or issue is being considered by the FDA panel members. In fact, on the surface, my position on this issue would seem to harm me financially as a consumer of a significant number of prescription drugs.

I have struggled with asthma and allergic disease all my life and am the mother of three children whose allergies and severe asthma have greatly impacted our lives. All my children developed asthma and allergies as infants. Zack is now fifteen, Adrienne is thirteen and Sam is nine. It has been through our turbulent journey toward health that I became an advocate for others who didn't have access to the same resources.

I have learned firsthand that no two people have the same combination or degree of symptoms, triggers, or response to medications. Asthma and allergies are serious. They are chronic. And they can be life threatening.

In our family we all have asthma and allergies. My primary triggers are dust, pollen, cockroach, mold, animals, latex, and foods. Zack has a severe allergy to dogs, horses and ragweed. Adrienne has reactions to tree pollen. And Sam has as his triggers GE Reflux, chronic sinusitis, latex, and multiple life-threatening food allergies. Viral infections trigger my asthma and I usually need antibiotics, such as the course I'm currently taking in response to yet another respiratory infection. Adrienne can sometimes fight viral infections by just increasing her medications for a few weeks. But if Zack or Sam get a viral infection or are exposed to one of their allergens it almost always results in missed school time, antibiotics, and oral steroids.

To maintain optimal control we all take medication on a daily basis, but none of us is on the same regimen. Zack is on a high dose of inhaled steroids in rotodisk form, and I am on a low dose of the aerosol version. But Sam needs a different inhaled steroid altogether because he has a life-threatening allergy to milk and the rotodisk version contains lactose – a milk derivative. Zack responds best to a dry aerosol nasal spray, Adrienne and I benefit most from a once a day liquid nasal spray. I need an anti-cholinergic inhaler twice daily, my boys only need an anti-cholinergic when they are sick and using the nebulizer. Zack, Adrienne and I have recurrent sinusitis due to viral and bacterial infections and allergic reactions. This always requires a phone call to the doctor, an adjustment of our daily medications, and the addition of other medication such as antibiotics, decongestants, and oral steroids for a few weeks. Sam has chronic sinusitis and has been on twice daily antibiotics since he was three weeks old, and every winter brings a change in these medications as he develops resistance. We have all been to the emergency room in years past due to asthma or anaphylactic allergic reactions, but Sam has had it the hardest. From the time he was one and one half until he was seven, he spent an average of three and one half months of every year in the hospital. His stays ranging from a few days to six weeks, with many of these stays beginning in the pediatric intensive care unit.

Linda M. Borschuk

Presentation Date: June 29, 2000

Presentation Time: 1:20 PM

Not one of us has been to the Emergency Room or been hospitalized for asthma or an allergic reaction in over three years. We have avoided these expensive hospital encounters because we are well educated about our illnesses and well-managed on our medications. To achieve this level of management two critical factors must be in place. First there must be an ongoing relationship between the patient and their physician that allows effective two-way communication and "give and take". I remember many times, when Sam was in the midst of his worst exacerbation's, calling his Pulmonologist and saying "He doesn't seem right, I don't feel comfortable managing him at home, I think he should be admitted". After discussion about the progression of Sam's symptoms his doctor and I agreed he should be admitted. I didn't have to "prove anything" because there was an established level of trust. After all, our goal was the same, a healthy child on the fewest possible medications. Secondly, the patient must truly understand their illness so that informed decisions about proper medical care can be made jointly by the patient and the physician. This was never clearer than in 1994, the last time Sam was in Intensive Care. He was in respiratory failure, we were out of options for what medications could be added, and we were looking at experimental medications. Our outlook was pretty bleak. The decision was made to stop all food and drink and feed him intravenously for a period of time in the hopes that food allergy was triggering his asthma. Fortunately, it was the right decision. I hadn't been properly educated on the intricacies of food allergy avoidance, and it was discovered that he was being triggered through cross-contamination. I had no idea that a few molecules of milk protein could kill my child, but that's what almost happened. Proper education could have prevented this situation.

I could not manage my family's asthma and allergies without these key factors working to support and guide our medical decisions. Had these relationships not been in place, Sam would not have lived past infancy, nor would Adrienne be able to sing in the Peabody Children's Chorus, or Zack compete in running cross-country for his school. Every year we meet with our allergists to evaluate the past year, discuss new medications that have become available, alternate dosing schedules (is there a medication that lasts longer so they don't need to take medication at school), and revise the plan for the coming year. And every time there is an exacerbation of their asthma or an allergic reaction I talk with their doctor. We work as a team and we reap the benefits of a healthy, more normal life.

I believe that asthma and allergy medications should remain under prescriptive care because they are serious drugs that help manage chronic diseases in conjunction with proper education and the support and guidance of a physician. A physician who knows the patient and their symptoms and triggers and who can educate them on avoidance techniques and prescribe effective medications with the fewest side-effects tailored to that individual's needs.

Linda M. Borschuk

Presentation Date: June 29, 2000

Presentation Time: 1:20 PM

In conjunction with this, I feel it important to mention the financial burden proper asthma and allergy management places on a family. Our pharmacy bill is extraordinarily high because we have a health plan and pharmacy benefit which are not tailored to meet the demands of chronic diseases such as asthma. But most people have insurance that covers their prescription medications, except for a small co-pay. If we had insurance that only charged ten dollars per prescription we would have pharmacy bills of over six hundred dollars a month. Asthma and allergies are hereditary and it is not unusual for a family of five to have four members with these chronic illnesses. If the average salary is considered, it is tough to come up with an extra six hundred dollars a month for medicine, but inconceivable for a family to pay double or triple that amount just because the medications went 'over the counter' and their insurance stopped covering the cost. It is almost certain that Emergency Room visits, hospitalizations and deaths from asthma and allergies would increase dramatically, costing insurance companies more in the long run. The Breathmobile in Los Angeles has proven that regular visits with physicians can improve the management of the patient's asthma and allergies and dramatically reduce emergency room visits, and lost school days.

Research on asthma and allergies has come a long way in just the past fifteen years. But there is important work that still needs to be done. Physicians are still not following the Asthma Guidelines, created by The National Institutes of Health ten years ago. And The Allergy Report, the defining resource on how to treat allergic disease, has just been created. Far too many physicians are just waking up to the fact that fifty million Americans have allergic disease and less than half of them see a doctor. That asthma has increased seventy-five percent between 1980 and 1995. And that more than five thousand people with asthma and allergies die unnecessarily each year. Now is not the time to expect the public to attempt to manage a chronic illness that physicians are just beginning to understand.

Thank you for allowing me this opportunity to express my views.