

October 19, 2014

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www: aasj.com

ALLERGY & ASTHMA OF SOUTH JERSEY, P. A.

Robert E. Coifman, M. D.

personal fax

206.202.2105

email: recoifman@gmail.com

X-Millville NJ 08332-2529, 1122 N. High Street, tel 856.825.4100, fax 856.825.1700
-Galloway NJ 08205, 408 Chris Gaupp Drive Suite 200, tel 609.652.1009

Sneezin's Greetings

ANNOUNCING

The Cough Center at AASJ

In the CDC's NHANES 2011-12 national health survey 10.4% of respondents reported chronic cough, defined as a cough on most days for a 3 month period. This is about the average of other population surveys in the developed world, for which chronic cough was usually defined as a cough of more than 8 weeks duration that interferes with quality of life. The principal drivers of symptoms for most chronic cough patients are one or more of the upper airway cough syndrome (an expanded definition of post-nasal drip from the upper airway), eosinophilic bronchitis (including both asthma and non-asthmatic eosinophilic bronchitis involving the lower airway) and laryngopharyngeal reflux (as a manifestation of GERD).

The anatomy and physiology of the areas in which these factors intersect has long been of interest to allergists. A few allergy colleagues in other parts of the country set out to organize and expand the relevant knowledge base and developed prototype evaluation and treatment protocols for specialized cough centers. This comprehensive and systematic approach to cough management has given relief to many patients who failed more piecemeal treatment. We spent the past two years developing expertise in this area and our own cough center, for which patient scheduling will be interspersed with our regular allergy appointment schedule, will open in January 2015. Patients are already able to see the inside of their noses and throats on a computer screen in our Millville office and our computer people assure me that digital image capture and same visit printing of reports will be in place by the end of the year. Patients seeking cough center care in Galloway can have the same evaluation and management but with my eyeball looking into the scope instead of digital image display or capture.

Update on Poison Ivy Vaccine

Patients who presented to us for management of poison ivy of similar clinical severity have varied in quantitative patch test sensitivity across a 600-fold range. Patients who are less sensitive on patch testing are also less sensitive to the vaccine and require higher doses to respond. Our original protocols only induced tolerance in highly sensitive patients but with new vaccine formulations and higher treatment doses we have induced durable tolerance with no significant side effects in all but the least sensitive patient, who moved out of our service area but still has family here and plans to come for additional vaccine and testing when he returns for family visits.

We also thank you for your referral of "ordinary" patients with allergic and non-allergic asthma, hay fever, sinusitis, eczema and urticaria as well as those with anaphylaxis, angioedema, food and insect sting allergies. **Your continuing referral of these patients gives us the resources to develop solutions for the less common conditions for which there are no really satisfactory alternatives.**

Robert E. Coifman, M. D. and the staff of AASJ

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