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Exciting Times For MAARA

MAARA conducts and funds research into asthma and allergy.

This year we are starting collaboration with the Institute of Lung Health in Leicester.

In Derby we have moved into new premises and are developing stronger links with the University of Derby.

Both these initiatives will increase our research opportunities and enable us to help more people with asthma and other allergies.

We cannot carry on our work without your help

Please continue to support our research.

Action for Asthma and Allergy

A collaboration between the Institute for Lung Health and MAARA

by Professor Andrew Wardlaw

The Institute for Lung Health (ILH) was established in 2000 to bring together those interested in lung disease who worked in the University Hospitals of Leicester NHS Trust and Leicester University. It is supported by both these organisations. It has about 50 full members who are either consultant physicians and surgeons, senior nurses or scientists. Together with the people who work with them there are about 150 people in the ILH. Most of the people in the ILH either work in the adult respiratory medicine department at Glenfield Hospital, the Children's Hospital based at the Leicester Royal Infirmary or on the main campus of the university.

The major diseases we are interested in are asthma, allergic disease, COPD, lung cancer and tuberculosis. The overall aim of the ILH is to improve the care of people with lung and allergic disease. We are doing this by raising the profile of Leicester so that we can attract the best people to work here and by doing original research into the causes and treatment of disease especially asthma and COPD. We

are now recognised as one of the strongest respiratory and allergy groups in the UK. Although we are based in Leicester we see patients from all over the East Midlands in our clinics and are keen to build up collaborations with Loughborough, Derby and Nottingham.

Dr Martin Stern was a member of the ILH until his recent retirement and the ILH have been involved in research trials undertaken by MAARA. Julie Corden is an honorary member of the ILH. Since Dr Stern's retirement we have expanded the adult allergy service based at Glenfield Hospital. This is now delivered by three consultants supported by a senior specialist nurse and a specialist dietician. Leicester was recognised in a recent report by the Royal College of Physicians as being one of only six centres in the UK with a fully comprehensive full time allergy service. I am the current president of the British Society for Allergy and Clinical Immunology and the Director of the ILH as well as the Vice-Chairman of MAARA. There were therefore already strong links between the ILH and MAARA and this has been further strengthened by Edward Stanger, who is on the

ILH advisory board, becoming the Chairman of MAARA.

The ILH has until now got all its money from research grants and has not tried to raise money from the local community. However research grants are always very competitive and uncertain and often don't support work which is of direct benefit to patients which is the sort we like to do. The recent restructuring of MAARA allowed the opportunity for MAARA and the ILH to work even closer together on a joint fund raising effort. This will use the well-respected and long established name of MAARA to support the strong sense of purpose of the ILH in driving forward asthma and allergy research. We have chosen to fund raise in the first instance for a new piece of equipment, a special type of camera that will allow us to look deep into the lungs of patients with asthma, as this will allow us to undertake ground breaking research into the causes of asthma in both adults and children.

If you would like to know more about the ILH please visit our Web site www.ilh.org.uk or contact the ILH Co-ordinator Xan Whitfield-Grace on 0116 250 2581.

NEW MAARA CHAIRMAN

Edward Stanger, the new MAARA Chairman tells us about himself:-

I was pleased to accept the invitation to become Chairman of MAARA, not only because I have lived and worked in Derbyshire and Leicestershire since 1968 but I have benefited from MAARA as a patient of Dr Morrow-Brown in Derby and later of Dr Martin Stern in Leicestershire.

I moved from London to Derby, with my wife Flora and two sons Edward and Norman, to become General Manager of Robert Morton and Delaney Gallay (who designed and manufactured Brewery systems, piping systems for Rolls Royce and the motor industry and insulation systems for Nuclear reactors) in Burton on Trent.

In 1971 I was promoted to become Managing Director of Ratby Engineering Co at Peckleton and we moved home to Oadby in Leicestershire where we still live.

In 1977 I was appointed Group Managing Director of Ford and Weston – the old established Derby based construction and engineering group until 1987 when it was taken over. Since then I have been either Chairman or a director of a number of companies based in the East Midlands including Ron Jones, Century Radio, Leicester Sound, Radio Trent and the venture capital company Midven.

Over the years I have been involved with a number of organisations and charities including being a Trustee of Derby Cathedral Trust, Chairman of the CBI East Midlands Region, Director of Leicestershire Health Authority, Chairman of Glenfield NHS Trust, Member of the Court of the University of Leicester, and a member of De Montfort Housing Association.

I am a keen golfer and was a member of Kedleston Golf Club before I joined the Leicestershire Golf Club in 1971.



I attend St Stephens United Reformed Church in Leicester and am a member of the Rotary Club of Derby and the Leicester Probus Club.

It is an honour to become Chairman of MAARA, which has built up both a national and international reputation for its research and charitable works in the asthma and allergy fields. The current increase of patients suffering makes the need to continue the work essential so that the discomfort and suffering can be controlled and the life style of patients can be improved.

On behalf of everyone associated with MAARA I would like to thank my predecessor, Don Pearson, for his dedication and effort over the many years he has been a member and Chairman of the Association. His leadership has ensured the success of the organisation and I am delighted that he has agreed to continue as Honorary President.

I am looking forward to working with the energetic staff and committee of MAARA in the future to continue its excellent research and fundraising reputation. The help and support of not only the committee and members but also the public has played an important part in the progress of MAARA and I am hopeful that this will continue for the benefit of all sufferers in the East Midlands.

THE MAARA – ILH FUNDRAISING COLLABORATION

The profile of asthma and allergy has never been higher, given the recent publicity surrounding the increase in incidence of both these diseases. Attention grabbing headlines such as 'asthma in British teenagers worst in the world' and 'half of all Europeans may be suffering from some sort of allergy by 2015' help to bring these diseases to the public's attention. Researchers at the recent World Asthma Meeting in Bangkok say that 17% or 10 million people in the UK suffer from asthma and rates among 13-14 year olds were as high as 33.6%. The condition is responsible for around 1,500 deaths in the UK each year and treating the symptoms of asthma costs the NHS £2.5 billion a year. Last year the Royal College of Physicians reported that allergy had increased three-fold in recent years, as had the severity and complexity of the disease. In the light of these concerning figures it is an opportune time to launch a venture, which aims to address these statistics.

The MAARA Executive Committee agreed on the 22 January 2004 to form a collaboration with the Institute for Lung Health (ILH). The ILH is a Leicester based organisation comprising of leading academics, scientists and healthcare professionals within the field of respiratory research. The work of ILH researchers is nationally and internationally recognised.

The ILH is non-profit making and has a variety of funding streams, however it is keen to embark upon fundraising and therefore MAARA was deemed to be the perfect organisation to form a partnership with.

In its initial phase the collaboration will last 18 months and will then be reviewed. During this time a marketable identity will be developed. There will be a distinct logo and strap line, along with supporting literature, website links and a number of fundraising events. The aim is to establish a recognisable identity within Derbyshire and Leicestershire.

The collaboration will be launched in June 2004 to generate maximum publicity for the charity. At the same time the fundraising drive will be launched.

Under the new identity local businesses will be approached to see if they would be willing to support the charity. Applications will also be made to charitable trusts and foundations to obtain grant funding.

It is hoped that this collaboration will build on the current high profile of asthma and allergy and achieve the demanding fundraising targets.

If successful it is hoped that the collaboration will enhance the capacity of each organisation to raise funds for research, education and clinical development into asthma and allergy, which may one day lead to a reduction in the number of adults and children suffering from these diseases.

The ILH Co-ordinator Xan Whitfield-Grace will be the main organiser of the collaboration and her contact details are: telephone number 0116 2502581 and e-mail: xlw1@le.ac.uk

A BRONCHOSCOPE THAT REACHES THE PARTS OTHER BRONCHOSCOPES CANNOT REACH

One of the key goals of the MAARA/ILH collaboration is the launch of a fundraising drive that will help to buy a piece of equipment to aid research into the causes and treatment of asthma. Levels of asthma in the East Midlands are high particularly in children and more research is needed into why certain people, especially children, develop the disease particularly in its more severe forms.

Asthma is due to chronic inflammation of the breathing tubes (bronchi). This is caused in many people by allergies to dust mites, pollen and animals although in many adults the cause is not clear. In order to find out how to switch

off the inflammation we need to find out more about it. A very useful technique for doing this is to look into the lung with a special camera called a bronchoscope. This allows us to take samples of the bronchi and look at the inflammation under the microscope. This can also be useful when we want to confirm that our diagnosis is correct particularly in adults and children with more severe disease where we are having to use a lot of steroids. In many patients with severe asthma the inflammation is deep in the lung where the current type of bronchoscopes cannot reach. The large bronchoscopes currently available are also difficult to use in children.

The equipment chosen for the focus of the fundraising drive is a new type of bronchoscope called the Olympus BF-P260F which has just been developed and costs in the region of £50,000.

The light in this scope is provided by a new digitally based design which means that it is much thinner and therefore allows us to take samples from much deeper in the lung. This has not been done before in the UK.

The bronchoscope's imaging technology is also raised to a new standard, producing pictures of the highest clarity leading to greater accuracy when using the equipment.

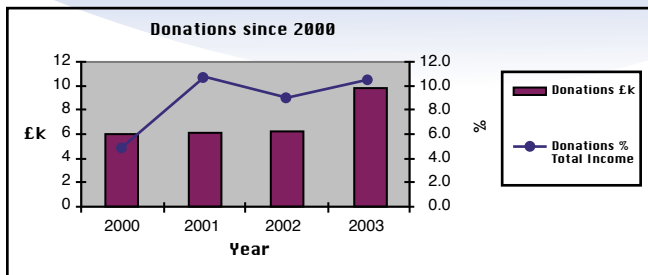
Crucially the bronchoscope will be more comfortable for children and will allow us to develop a research programme which will help us to understand why some children suffer from difficult asthma.

By raising funds for this equipment we hope that it will allow Leicester to take a lead in establishing a network of UK centres to diagnose and manage cases of difficult asthma in both adults and children.

If you would like to help us raise money for this equipment or make a donation please contact Xan Whitfield Grace on 0116 250 2581

Your donations are vital!

With the ending of trials work, the association now has to depend on other sources of income to fund its charitable activities. Donations and legacies are an important source of income for us. Donations in particular are vital, and come from your fund-raising events, gift-aid giving and other gifts. The graph shows how donations have changed since 2000.



As you will see, your donations account for around 10% of income. Legacies and in-memoriam bequests add about another 10% although, by their very nature, the timing of legacies is something, which is out of our control. So, a big thank-you to you all, keep up the good work with fund-raising and make sure your donations keep coming in!

Roger Chappell

MAARA website

The MAARA website www.maara.org was designed by Paul Allitt (www.paulallitt.com) who is an artist and designer working at Kettle's Yard Gallery in Cambridge. It is very popular, with many people accessing it for help and advice so please do not hesitate to tell people about it. Once on our website by the click of a button you are through to our medical site. We update our site regularly with news about the

charity and there is information about how you can help us. Changes in pollen and spore concentrations are placed on the website throughout the year with tips for hayfever sufferers.

During the summer months the site is updated every weekday. We hope to expand our website in the near future to provide more information for people everywhere.

MAARA applies for lottery grant

In this country there are estimated to be 5.1 million people receiving treatment for asthma including 1.4 million children. Aeroallergens, such as pollen and fungal spores, have caused 'epidemics' of asthma and contribute to day-to-day fluctuations in asthma symptoms. At present we do not know which aeroallergens, or combinations of aeroallergens, are important. Before we can use daily collected information in a meaningful way we need to understand the effects of aeroallergens. There is widespread speculation among the public and the media on the role of air pollution in asthma, and the evidence suggests that individual pollutants at current levels, whilst they probably do not cause asthma, may aggravate the existing condition, and contribute to daily variations in symptoms. It is also possible that aeroallergen and chemical air pollutants might act together to worsen the symptoms of asthma.

So far there has been little work done to look at the effects of combinations of these environmental factors on asthma. To start to look at this, a partnership was established in Derby, combining MAARA, which is unique in the UK in having collected daily pollen and fungal spore data for over 35 years, Derby City Council which has measured local daily air pollutant levels, Southern Derbyshire NHS Acute Hospitals Trust which holds records of health statistics on asthma and the

research and analysis skills available at Nottingham University. In a four-year study this partnership saw that thunderstorms, grass and rainfall had large effects on hospital admissions and A&E attendances. Since the completion of this study, evidence has emerged that aeroallergen exposures might be involved in other illnesses, for example, heart attacks and strokes.

Our partnership now has the opportunity to look at the effects of aeroallergens, air pollutants and the weather on a range of acute illnesses and a second, longer, study is planned. It will enable us to confirm the findings of the four-year study and allow us to look for any other outdoor environmental factors that could affect a person with asthma. We are making a bid for lottery funding for our latest study, which aims to improve the health of asthmatics in our area, continuing the work of our successful partnership bringing together the NHS, Derby City Council, MAARA and Nottingham University.

We would like to thank everyone who is supporting our bid especially Liz Blackman MP.

We are setting up a focus group of asthmatics with allergic asthma to discuss your views on our project if you would like to join please ring Julie on 01332 362461

Childhood Asthma & Wheezing in the East Midlands - The Causes & the Consequences

A series of projects carried out in Leicestershire since 1990, has taught us a lot about the factors, which put children at risk of wheezing and asthma. The research is based around studies of what are technically known as "cohorts" of children. The idea is to recruit children as young as possible, and to follow these children through for as many years as possible, to learn about the factors which are associated with the onset of asthma and wheezing and its long term outcome.

For instance, we showed that during the 1990's all types of wheezing disorder in young children (those which were caused by allergy, and those which are simply caused by virus infection such as the common cold) increase considerably in the under 5's. The rate of increase seems to have slowed down, and in fact we are seeing in the most recent surveys a slight decline in the amount of wheezing. A number of factors were associated with wheezing, but the most important was social disadvantage. This is a shorthand term for a number of well-known risk factors such as overcrowding,

exposure to cigarette smoke, and traffic pollution. However, one intriguing observation, which we have made recently, taking advantage of the high proportion of children of Asian origin in Leicestershire, is that socio-economic disadvantage does not increase the risk of wheezing amongst children of Asian origin. We are looking into this in more detail to see if we can provide any clues as to the precise way in which social disadvantage increases the risk of asthma. The group of children born in the late 80's (and recruited in 1990) are now in their late teens. They are reaching the end of the period of lung growth. Many have outgrown their early childhood asthma and wheezing. But has this left its toll on their lung development? This is our next challenging research project.

What does all this add up to? The more we understand the factors which lead to asthma, the more clues to causes and ultimately solutions.

Professor Mike Silverman
Department of Infection,
Immunity & Inflammation (Child Health) University of Leicester



The regulars at the Adventurers Pub in Leicester raised £850 for MAARA in memory of Steven Heggis who died aged 37 years. They did this by holding a football match, sponsored toenail clipping, auction of teddy bears and sale of programmes. Roger Chappell, MAARA Treasurer (left) received the cheque from Julie Withers, (landlady) and Steve Daley.

MAARA medical website

The MAARA medical website, AAIR, (www.users.globalnet.co.uk/~aair), started in 1997 and has had more than a third of a million visits. It was clear from email that much of this use was serious. This email determined much of what I wrote for the site. The AAIR site is full of information and has few pictures.

The twenty or so MAARA leaflets we previously used in clinics were usually out of date by the time they came back from printing. The AAIR site, updated almost daily, became an improved

substitute. There were no stocks of leaflets and no printing costs. It was used all over the UK and around the world and patients could not lose the material.

The AAIR site is not now being updated, though it is still available.

The AAIR site has helped MAARA to fulfil its charity role of informing the public. With redesign and broader input, much more is possible now than in 1997.

Dr Martin Stern

MAARA on the move!



What a change! From a Regency town house to a Victorian hospital site.

At the end of November, after weeks of packing and sorting and clearing, MAARA moved, lock stock and barrel, out of Vernon Street, just a little way across the city into Kingsway House. Everything was efficiently packed into a large removal van and off we went. Such a lot of work, but now we're settled.

We've left behind the townscape, the elegant villas, the walled garden, the busy streets, and the parking meters. Now we have fields and trees, birds and the occasional fox, drifts of daffodils coming up, the sun shining in (when it feels like it) – and loads of parking space. We sit at desk and bench looking out over green vistas. We've got used to such things as swipe cards (don't forget

to put it in the right way round!), and glimpses of our University staff neighbours along the corridors, and have pretty much got to know our way around. We have office and laboratory, well equipped and with lots of storage space thanks to David Vince's excellent shelf-fitting work. Thus a 'quart' has been made to fit comfortably into a 'pint pot'!

In fact our previous home begins to feel like somewhere far away and long ago. But we haven't yet said goodbye to Doris Shaw, cleaner extraordinary, who together with husband Jim has been indispensable over the Vernon Street years. They hardly ever get a mention in the Newsletter, so, on the record...

THANK YOU DORIS AND JIM!

Felicity Jackson



Derby Aerobiological Research

At the 3rd European Symposium on Aerobiology in Worcester, August 2003 three presentations and two posters were presented, either based solely on our own research or in collaboration with other European Aerobiological Research Centres. This work will be published soon. Julie Corden was a member of the Scientific Committee for this very successful conference, which brought together aerobiological researchers from all over the world. Do contact us if you would like to know more about our research.

Goodbye to Vernon Street

After more than 20 years as MAARA's head office, we said goodbye to 12 Vernon Street in November 2003 when we moved to smaller offices at Kingsway House on the Kingsway Hospital site in Derby. The move is part of the reorganisation of the Association, which is aimed at making better use of resources. Since the closure of the clinic at Vernon Street in 1997, a lot of the building has been under-utilised, and it made good sense to find smaller premises more suited to our current range of activities. We are currently seeking a tenant

to rent Vernon Street. The move was a sad one in many ways, and many of you will no doubt have fond memories of the property, in one of Derby's more imposing streets. The new office and aerobiology research laboratory are rented from the University of Derby who carry out research in the building, and we are hopeful that the move will lead to stronger relationships between our aerobiology activities and the School of Education, Health and Sciences at the University.

Roger Chappell

Derby weather station highlights 2003

The summer of 2003 will be remembered for its very hot dry days. The highest temperature recorded was 34.1°C on 9th August in this area, but was still short by almost one degree of my, also in August, 1990 record of 35.0°C. The UK temperature record was broken at Gravesend, Kent, which saw a stifling 38.1°C! February was the driest and sunniest since 1988 and the second sunniest on local records dated

from 1955. Spring was warm with overall temperatures 0.8°C above normal and rainfall 75% of the 10-year average.

In 2003 there were more hours of sunshine, less rainfall and little really wintry weather.

Now what will 2004 weather hold and how will it effect pollen and spore concentrations and your allergy?

David Vince

SUMMER WEATHER & ASTHMA-CAUSING SPORES

Some types of fungal spore can cause asthma. Research work between Harper Adams University College and MAARA has looked at the relationship between one of these fungal spores, called Cladosporium, and climate. The spore data used for this research has been collected over many years by MAARA. It is one of the longest continuous spore measurements available anywhere in the world.

The research demonstrates that there is a relationship between the amount of asthma-causing spores and temperature and rainfall in the summertime. It confirms that high temperature, low rainfall summers result in a greater amount of these spores in the air.



It may in the near future be possible to forecast the high spore years with the increased reliability of long-term forecasts being made available by the Met office (www.metoffice.com/weather/seasonal). These studies have resulted in an article published in the International Journal of Biometeorology (Vol. 48 February 2004).

Philip Hollins & Dr. Peter Kettlewell
Harper Adams University College
Shropshire

Relationships between airborne fungal spore concentration of Cladosporium and the summer climate at two sites in Britain.

P D Hollins, P S Kettlewell, M D Atkinson, D B Stephenson, J M Corden, W M Millington & J Mullins

The Bill Coullie Derby

Skegness 10th Anniversary Bike Ride

4th October 2003



10 years ago Bill Coullie died suddenly from asthma. His friends and colleagues from HL Plastics decided to have a bike ride to raise money for MAARA as Bill had always supported the charity.

Dave Kinder suggested they have another bike ride on the 10th anniversary of his death. This bike ride to Skegness raised £2550 for

MAARA -£50 coming in after the cheque presentation. Dave Kinder came 1st with a time of 6 hours 20 minutes, 21 employees took part –all of them arriving safely in Skegness.

Our thanks are due to everyone at HL Plastics without their help and support this fund raising event would not have taken place.



Aspirin and Asthma

Tears welled up in the eyes of the mother of a 16-year old girl as she explained how her daughter almost died. After an operation to remove polyps, jelly-like swellings inside the nose, which can make life miserable, the kind doctor had prescribed pain-killing tablets.

The girl also had asthma. The asthma became catastrophically bad and she stopped breathing. Luckily a doctor came into the ward and life-saving treatment worked.

What had gone wrong?

Too few people, doctors included, understand how often aspirin and similar medicines cause asthma attacks. Often neither patient nor doctor realises that this is going on, even when the patient has told the doctor that aspirin or a similar drug has caused a bad reaction.

A big fat clue is the fact that many people with this problem also have polyps (yes, just like the girl) in the nose. Although not everyone with asthma and polyps reacts badly to aspirin, anyone with the combination should be regarded as hypersensitive to aspirin until otherwise proved.

Another useful clue is asthma with no evidence of the common allergies to house dust mite and so on. Negative skin prick tests should cause the doctor to think of other possibilities, aspirin among them. Though aspirin hypersensitivity behaves rather like an allergy, it comes about in a different way and it is not really allergy.

The other medicines, which do this, are painkillers and anti-rheumatism drugs called 'NSAIDs'. This stands for 'Non-Steroidal Anti-Inflammatory Drugs', but a wit said it stands for 'New Sorts of Aspirin In Disguise'. This helps us to remember that they are dangerous in people for whom aspirin is dangerous. However, some new NSAIDs are mostly safe in this way. So if you have this problem and also have rheumatism or a similar painful problem don't despair but consult an expert. But it was an NSAID, not aspirin, which nearly killed the girl.

The doctor who made the mistake had probably never been taught about this important problem & probably did not connect the medicine he prescribed with aspirin.

Letter from MAARA's President

Dear member and reader.

Two years ago, at our AGM, you re-elected me as your Chairman, to act in my own words, as a caretaker Chairman until you could find someone who would help the charity advance. During this time MAARA was going through a reorganisation and serious decisions had to be made. Without the wholehearted support of the staff and the vital contributions of your Executive Committee this reorganisation could not have been completed.

I must give my personal thanks to Julie Corden who's work load spiralled out of control but she, with the support of the rest of the Derby staff, coped so well not only with the reorganisation but world class aerobiology. Thank you Julie and thank you also to Eva Day, our Leicester secretary, who has given us sterling support at all times.

Our most sincere thanks must go to all the MAARA Executive Committee who may not be known to you all: -

- Honorary Secretary Jeremy Barlow for his legal expertise in producing a brand new constitution.
- Honorary Treasurer for nearly 10 years Dr Roger Chappell. Roger has given more time to MAARA than any other member of the Executive Committee. He has made sure our finances are in order and spent many hours helping the Derby staff with their move.
- Vice Chairman Professor Andy Wardlaw not only for the support he has given me but also for the work he has put in to bring about the association between MAARA and the Institute of Lung Health.

• Our Medical Advisor, Dr Martin Stern, the longest serving member of the Executive, who has devoted hours of his time to MAARA whilst he and his clinical trials team also provided more of our funds than any one else.

- Andrew Lewis who first came to my notice in the early days of the charity as a large fundraiser for MAARA.
- David Vince the most loyal of members, who implements Health and Safety procedures and helps the Derby staff.
- Dr Mike Greenwood for solving the problem of our Derby accommodation.
- Stuart Mills for his down to earth suggestions and questions to keep us on our toes.
- Steve Watson the Leicester Peanut Support Group Chairman who keeps us on the right track.
- Professor Ian Eperon who's input on medical problems and solutions is invaluable.
- David Corden, Julie's husband who put his wholehearted support into the many changes, which he knew, would cause many alterations to Julie's work.

I am sure you all wish our new Chairman Edward Stanger every success in the future. I will continue to take a keen interest in MAARA especially in its association with the Institute of Lung Health. We owe a debt of gratitude to Dr Morrow Brown who founded the charity and all those people who worked so hard for the charity over many years. I would also like to thank you all for your continuing support which gives such encouragement to all staff, officers and Executive Committee members.

THANK YOU ALL

Don Pearson

Aspirin and Asthma (cont'd)

Experts disagree about how many people with asthma are in danger from aspirin. 10% is the figure in many books and articles, but in asthma clinics the figure seems much lower. It may be more than 10% in severe asthma. Tests on people who had been in an intensive care unit for asthma showed 26% were aspirin-hypersensitive.

Aspirin and similar drugs are hard to avoid because of aspirin in medicines with other names and because people take and prescribe these medicines without thinking about this risk. If you have aspirin hypersensitivity you should not take any painkiller without consulting a doctor or a qualified pharmacist.

Fortunately paracetamol is usually OK. Prescription painkillers related to codeine also don't carry this risk.

Some plant foods contain salicylate, which is similar to aspirin. But avoiding these foods seems to make little if any difference in asthma worsened by aspirin.

If you have asthma and there is no good explanation for it, you and your doctor should consider whether aspirin might be dangerous for you. On the other hand I feel that the blanket ban on aspirin for all people with asthma, imposed by some doctors, is also wrong. If you know you can take aspirin safely, then don't worry about it.

Dr Martin Stern

The National Allergy Strategy Group

A campaign for better allergy services

Despite the epidemic increase in allergic disease in the UK, to the extent that over the course of a lifetime 18 million people will be affected, NHS allergy services are very poor compared both to other specialities in this country and allergy in the rest of Europe and the USA. A recent report by the Royal College of Physicians "Allergy the Unmet Need" (published in 2003 and available from the RCP) stated that there was only one full time consultant allergist for every 2 million people (compared to about 1 per 100,000 for most medical specialities). Some regions of the country are entirely dependent on clinical immunologists to provide allergy services even though they are usually themselves very overstretched with clinical immunology problems. This means that in some parts of the country there are effectively no hospital based services at all and patients have to travel long distances. Because of the paucity of allergy services in hospitals general practitioners who generally have little formal training in allergy are often not aware of latest developments in how to manage allergic disease. In the East Midlands we are fortunate in being in a relatively strong position with excellent NHS allergy clinics in both Nottingham and Leicester. This I am sure is due in part to the long tradition of high quality

allergy services started by Dr Harry Morrow-Brown in Derby supported by MAARA.

In order to try and improve allergy services in the UK the patient organisations represented by Allergy UK and Anaphylaxis Campaign have come together with the British Society for Allergy and Clinical Immunology under the umbrella of the National Allergy Strategy Group (NASG) to campaign for more trainees in allergy and more consultant allergists. Using the evidence provided by the Royal College Report we have been lobbying parliament and putting pressure on the Department of Health to support allergy. Allergy UK and the Anaphylaxis organisations have produced a postcard which patients are being asked to send to their Members of Parliament to prompt them to take up the issue with the Department of Health. It is also important that we put pressure locally on the Primary Care Trusts who are responsible for creating the new posts. If you would like a postcard please contact MAARA who will send one out to you. We hope that by applying concerted pressure we can achieve our aims of a dramatic improvement in the services for people with allergic disease.

Professor Andrew Wardlaw



Thoughts of a person with allergy problems

I've been an allergy sufferer for over 35 years now, having allergies to nuts, fish and eggs. People often ask what happens if you eat these foods; this could range from intolerance to the food, to an allergic reaction or an anaphylactic shock. Carry an Epi-pen especially when you are not in a familiar environment. Food manufacturers are much more aware of the labelling needed for products, but there are often hidden

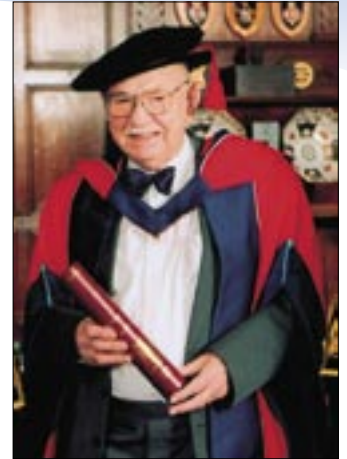
allergies. There has been a boom in processed foods, which contain many additives, so even food such as meat pies, which seem safe to eat, may, when you read the warning label, contain fish.

Finally, I can often tell when there is heavy rain coming after a long dry spell, as I tend to sneeze, or get a runny nose.

Andrew Lewis

Honorary Doctorate for founder of MAARA

Dr Harry Morrow Brown, who founded MAARA in 1968, was awarded an Honorary Doctorate by the University of Derby (photo right), in recognition of his continued contribution to the understanding and treatment of respiratory illness.



Glenfield Hospital Leicester last year.

In 1970 he demonstrated for the very first time the effectiveness of aerosol steroids for asthma sufferers. Inhaled aerosol steroids are now standard treatment all over the world, and are considered to be the most important advance in the treatment of asthma and allergic rhinitis in the last 30 years.

He was, in 1999, the first recipient of the William Frankland Medal for services to clinical allergy.

In the speech at his graduation ceremony he said in 1958 only 3% of children had asthma whereas now it is at least 30% and the total incidence of all allergies is now over 30%.

Britain has the highest incidence of asthma and allergies but lesser increases have occurred in all developed countries. Causes include heredity, damp climate, double-glazing, fitted carpets, air pollution and improved hygiene.

Although seldom fatal, allergic diseases destroy the quality of life for millions at vast socio-economic cost. He said there is at present only one allergy specialist per 2 million people with only 6 centres of excellence, fortunately the situation is improving as the sixth centre of excellence was established at

Dr Morrow Brown said he found investigating the causes of allergies and their prevention interesting and challenging and he continued to study pollen, mould spores and pollution in the air as causes of allergy.

He was delighted that Julie Corden, (his first research assistant, representing MAARA at the ceremony) and Sister Gill Frawley, from Derby Chest Clinic joined his family at the ceremony. He said Dr Farouk Shakib, who was an immunologist at MAARA for some years, has just been appointed Professor of Immunology at Nottingham University.

Dr Brown hoped that continuing research, which began, long ago at Derby Chest Clinic will lead to new horizons in the investigations and treatment of allergy sufferers.

HAYFEVER TIPS ALWAYS BE PREPARED

- Start medication early
- When the pollen count is high stay indoors with the doors and windows closed
- Change your clothes and have a shower at the end of the day
- Go to sleep with your head on a fresh pillowcase
- In the car keep the windows closed and wear sunglasses
- Keep away from areas of unmown grass
- Do not walk in the woods if you are allergic to tree pollen

Seasonal peaks for some pollen trouble makers; -

- Hazel (February and March)
- Alder (February and March)
- Birch (April)
- Oak (May)
- Grass (June and July)
- Nettle (June- September)

RING MAARA TO FIND OUT THE POLLEN CAUSING YOUR PROBLEM: 01332 362461

Dramatic increase in *Alternaria* spores in the Derby area.

Alternaria is a known aeroallergen, being a risk factor in childhood and adult asthma. We published a research paper recently comparing *Alternaria* spores levels in Cardiff and Derby, two very different regions of the UK. There has been a dramatic upward trend in the seasonal total for Derby *Alternaria* spores whereas in Cardiff the trend is downwards. On certain days in recent years Derby *Alternaria* spore counts have exceeded 1000 spores per cubic metre of air, but in Cardiff such very high counts have not occurred since 1970. This upward trend in Derby is expected to continue. The comparison between these two sites highlights regional differences in the numbers of airborne *Alternaria* spores. In Derby the increase in cereal production, together with higher midsummer

temperatures, could account for the rising *Alternaria* counts. These results have implications for *Alternaria* sensitive patients as very high counts could trigger an asthma attack.

To further our research we have recently been carrying out a collaborative study of *Alternaria* spore concentrations spore with Polish Research Institutes at Cracow and Poznan and we hope to publish this work soon.

Corden J.M., Millington W.M. and Mullins J. (2003) Long-term trends and regional variation in the aeroallergen *Alternaria* in Cardiff and Derby UK-are differences in climate and cereal production having an effect *Aerobiologia* 19: 191-199.

MAARA Pollen & Spore Database trends at our fingertips

Derby has a unique pollen and spore dataset, having one of the longest data sets in the world. Recently David Vince has been completing the computerisation of the MAARA pollen and spore dataset.

Thank you David. More than 30 different spores and over 50 pollen genera for almost every day of the year between 1970-2003 have been entered into the MAARA database.

This work has made it much easier to see and access daily counts, totals and trends and it has enabled us to provide a better service to MAARA members and the general public whilst also allowing greater collaboration with research establishments in the UK and Europe.

At a glance, for 2003 we can see ash and willow pollen were the highest since MAARA records began and birch pollen the lowest since 1991. The affects of the Dutch Elm disease in the 1980's can be seen straightaway and also a decline in Mugwort (*Artemisia*) pollen since 1989.

Already we are being asked is 2004 going to be a high year for pollen, so we wonder which pollen will break the record this year –hayfever sufferers beware. Remember we monitor pollen and spores in the air for 365 days a year.

Leicester Peanut Allergy Support Group

Our main challenge at the moment is the standardisation of policy with respect to the administration of Epinephrine (adrenaline) in schools. It is not well known that, even though your physician has prescribed two or more Epi Pens or Ana Pens with the expectation that a second pen may be needed in extreme reactions, your local Education Authority may not allow their staff to administer a second dose.

It is even more unbelievable that the policy changes between Education Authorities and that by moving a few miles from one Authority's area to another makes the difference between whether a second dose can be administered. Our son's new teacher, recently moved from the West Midlands to Leicestershire, has had to be retrained

to ensure that she can only administer a single EpiPen. At her old school, she was trained to administer a second injection if the reaction worsened or paramedics were late in arriving.

If nut allergy could be proved to be a disability, the question of discrimination could also be raised, as nut allergic children are prevented from attending residential courses due to the risk of a reaction, which could not be catered for by the "one dose" policy practiced by some Education authorities. The case is currently with our MP, David Taylor, who having received several written responses, plans to ask formal questions of Health and Education Ministers in the House of Commons.

Steve Watson

There are some milestones in the story of scientific cooperation & friendship with MAARA

Here they are:

- Perugia, 1998 The organizers of the 6th International Congress on Aerobiology in Perugia - chairman Giuseppe Frenguelli put Julie Corden's poster next to mine. Standing by our posters we talked about our database and found that they were for the same latitude 52°N. We decided to work together.
- Vienna, 2000. Julie Corden, Wendy Millington & Alicja Stach won the third prize in the poster competition during 2nd European Symposium on Aerobiology that was held in Vienna.
- Worcester, 2003 The team expanded to three people: Julie Corden, Alicja Stach & Danuta Stepalska from Jagiellonian University, Cracow, Poland. We prepared comparative studies of *Alternaria* and *Betula*. Danuta and I had great pleasure in taking a post congress visit to Derby. Julie showed us the MAARA,

lab and although it was a difficult time for her because of moving to a new place, we could see very interesting specimens, among many others: rough *Didymella* ascospores in the air after a thunderstorm. It was a great opportunity for us to work in the library and to increase our private collections of aerobiological reprints from Julie.

- 2004, dreams come true!!! We will continue our cooperation through the project financed within Marie Curie's Transfer of Knowledge: AEROTOP – Aerobiology to Poznan. I will have an opportunity to work and learn from my colleagues from The British Aerobiology Federation and hope to visit MAARA in Derby.

It makes me very happy.

Alicja Stach Laboratory of Aeropalynology Adam Mickiewicz University Poznan Poland



Some Common Indoor Spores

A poster called 'A comparison of outdoor and indoor *Aspergillus*/*Penicillium* spores in the Derby area' was shown at the Third European Symposium on Aerobiology (TESA) which took place in Worcester last September. Species of *Aspergillus* grow in soil and on decaying plant material. Their small, spheroidal spores are found in both indoor and outdoor air all the year round and are known aeroallergens. Some *Penicillium* species can also grow on various foodstuffs, and their spores are often indistinguishable from those of the *Aspergillus* group. Photographs taken by Julie at Glenfield Hospital, Leicester

provided good illustrations of spore types to go with photographs of the two contrasting houses where indoor air was sampled, and were added to a variety of graphs to show the results, which are presently being written up for publication.

The poster was laid out and printed for us by Steve Hodson of Learning and Information Services, Visual Media, Graphics at Derby University, thank you Steve for all your help. Interest has been shown in the poster after details of our TESA presentations were placed on the MAARA website, copies are available on request.

Wendy Millington

A Big Thank You

To everyone who has sent us donations, some of you have been patients in the past, are members and benefactors of MAARA, want to help all those with asthma and allergy, have lost a dear friend or a member of your family. We remember especially the companies; groups and organizations that have chosen to raise funds for MAARA.

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A.C. Gill Ltd
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William Llewellyn Thomas

MAARA Members

We never forget our members some of whom have been with us for many years. There are members spread throughout the country and even some abroad and our thanks go out to you for the support you continue to give us. We are always delighted to hear from you and would especially like to see you at our AGM.

Rolls Royce staff fund raising for MAARA

Staff at Rolls Royce raised money for MAARA by taking part in activities including a colour day when everyone wore an item of orange, guess the celebrity photographs and an office raffle. This raised £350 for MAARA

Gift Aid

Anyone who is a tax payer and makes a donation to MAARA can fill in a gift aid form, this means that MAARA will be able to claim back tax currently at 28p in the £1 on the donation without any cost to the person making the donation. If you would like to complete a gift aid form please Contact Eva Day.



Eva Day the friendly face for your membership queries

Have you any fund raising ideas to help MAARA 01332 362461

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Also available from MAARA
Credit Card size SOS cards for anaphylaxis patients to carry.
SAE appreciated if you would like us to send them in the post contact Eva Day

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