

Correspondence

Comment on the successful treatment by Dueñas-Laita et al of chronic drug-resistant urticaria with alprazolam

To the Editor:

In their letter, Dueñas-Laita et al¹ show an effect of alprazolam in the treatment of chronic drug-resistant urticaria, which provides a therapeutic measurement for chronic urticaria (CU), especially chronic idiopathic urticaria. However, we have several doubts.

First, the mechanism of alprazolam for CU is uncertain. Although a psychophysiologic reaction is one of the possible causes of CU, it is only a chance occurrence and not a common etiologic factor.² Currently, it is thought that CU, particularly chronic idiopathic urticaria, is mostly related to the autoimmunity of the body, and histamine-releasing autoantibodies play an important role in the pathogenesis of CU, with which about 27% to 50% of patients generate functional autoantibodies against the high-affinity IgE receptor.³ The relevant report showed that the mechanism of psychotropics (such as alprazolam and fludiazepam) for suppressing CU was through the inhibition of a neuronal pathway, not the blockage of H1 receptor.⁴ Second, the course of treatment of alprazolam for urticaria is not explicitly explained in the study. Dueñas-Laita et al¹ reported only that urticaria disappeared after 2 days with alprazolam. Generally, a more than 4-week treatment period is compatible with antihistaminics or antiallergics for CU.⁵ Furthermore, psychotropics with antihistamines were previously used for 6 months in treatment of CU.⁴ Third, the dose of alprazolam in the letter was too high compared with that in the previous reports. In the study by Dueñas-Laita et al¹ alprazolam 2 mg 3 times daily was administered to the patients. However, because it is more toxic than other benzodiazepines, the dose of alprazolam generally used is relatively low.⁶ According to several studies, alprazolam with an average dose of 0.40 to 1.47 mg/d was commonly applied in psychiatric disorders such as panic disorder, depression, and anxiety disorder to reduce panic attacks and relieve anticipatory anxiety.^{6,7} Meanwhile, Hashiro and Yamatodani⁴ also considered that it was extremely effective for patients with CU to receive alprazolam 0.4 mg 3 times a day plus antihistamine. In addition, if the dosage of alprazolam is too high, adverse reactions, such as drowsiness, sedation,

and so on, may occur in a dose-related manner. At discontinuation of alprazolam treatment, withdrawal and rebound symptoms will ensue.⁸ Moreover, Hisashi et al suggested that alprazolam could affect dopamine receptors and lead to unusual side effects.⁶ For example, neuroleptic malignant syndrome, a life-threatening complication, presented after 10 days of treatment with a daily dose of 1.2 mg alprazolam.⁶

Therefore, it is important for us to clarify the mechanism, treatment period, and dosage of alprazolam for CU as well as pay attention to the possible side effects of alprazolam.

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