

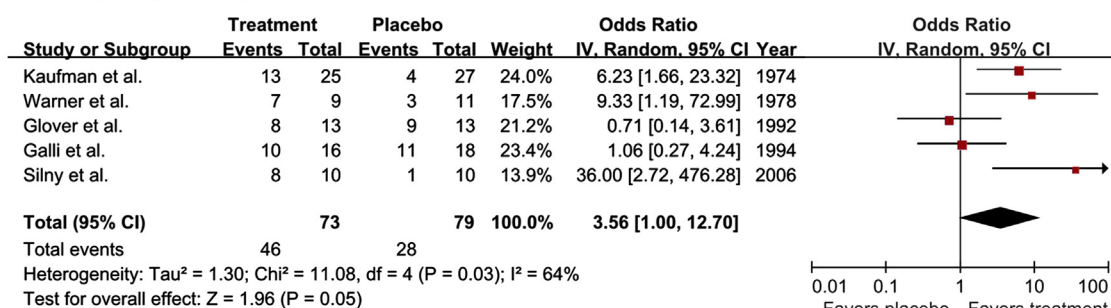
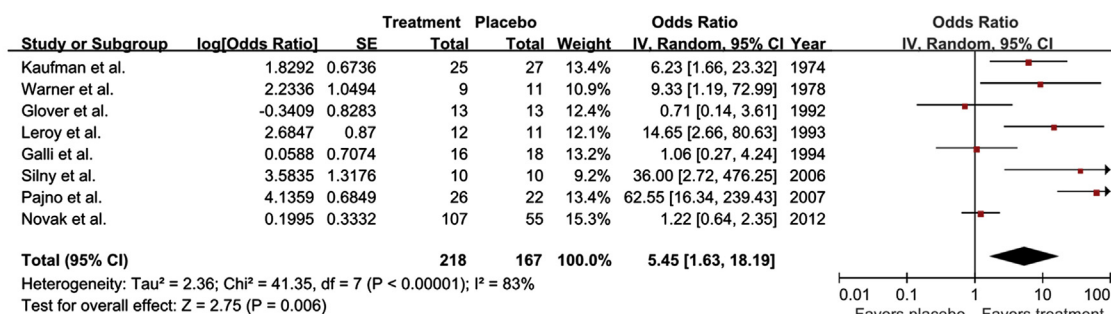
A A subgroup analysis of 5 studies of dichotomous data**B** Overall meta-analysis of 8 studies

FIG 1. Corrected forest plots. A subgroup analysis of 5 studies of dichotomous data (A) and a meta-analysis of 8 studies for the overall efficacy of allergen-specific immunotherapy for atopic dermatitis (B) are shown.

In conclusion, Tam et al¹ are quite correct in their advice on interpreting the results of the systematic review and on the importance of an *a priori* and rigorous approach accounting for different outcome categories in undertaking systematic reviews. We would like to express our gratitude for their comments once again. Despite some limitations, we maintain that our findings could provide a perspective on allergen-specific immunotherapy for atopic dermatitis and that systematic reviews with different protocols and additional well-designed clinical trials are still needed.

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Stress, β -blockers, and putting*To the Editor:*

I was interested to read the letter by Nosbaum et al¹ regarding the treatment of what they label "idiopathic aquagenic pruritus" with β -blockers.

On the basis of my clinical observation over 50 years in patients with chronic urticaria, which has a similar pathology, the underlying mechanism appears to be a reaction to stress. The condition appears to be most common in young women of child-bearing years. It is usually triggered by a viral upper respiratory tract infection, often in patients with chronic sinusitis.

I agree with the authors' suggestion that the urticarial lesions appear related to an activation of the autonomic nervous system. In my patients there has been no evidence of allergy. In a clinical trial years ago using a then new H₁ blocking antihistamine (astemizole) compared with placebo in patients with chronic urticaria, I had occasion to do extensive hematologic, biochemical,

and immunologic investigations that revealed no clue as to pathogenesis and no abnormalities.

Anecdotal stories of stress leading to patients “breaking out in hives” have long appeared in newspapers, as well as the medical literature. It is also of interest to me as a sports fan that some PGA golfers are now using β -blockers to help muscle control and improve their putting.

When β -blockers were first being investigated in England as an antihypertensive drug, patients receiving the active agent observed that they felt more relaxed. This led to a number of double-blind studies with a variety of professionals, such as music soloists, actors, and RAF pilots in simulated combat, comparing performances after taking either placebo or β -blockers. Expert judges evaluated the results in favor of the active agent rather than the placebo.

There have been no problems of adverse events in any of my patients, apart from the occasional drowsiness.

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Editor's note: *There is no accompanying reply to this correspondence.*

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Corrections

With regard to the June 2013 article entitled “Alveolar nitric oxide and asthma control in mild untreated asthma” (*J Allergy Clin Immunol* 2013;131:1513-7), an incorrect measurement notation was used throughout the text. All instances of ppb referring only to bronchial NO should be nL/min. The authors regret the error.

With regard to the June 2013 article entitled “Coassociations between *IL10* polymorphisms, IL-10 production, helminth infection, and asthma/wheeze in an urban tropical population in Brazil” (*J Allergy Clin Immunol* 2013;131:1683-90), a punctuation error in Reference 25 led to the listing of the first two authors of the article as a single entry. The correct reference is as follows: Abhimanyu, Mangangcha IR, Jha P, Arora K, Mukerji M, et al. Differential serum cytokine levels are associated with cytokine gene polymorphisms in north Indians with active pulmonary tuberculosis. *Infect Genet Evol* 2011;11:1015-22. The authors regret this error.