

Desloratadine in chronic spontaneous urticaria in higher doses

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Abstract

We studied desloratadine in higher doses in chronic spontaneous urticaria. EAACI/GA² LEN/EDF guidelines advocate up dosing of non sedating antihistamines in patients who do not respond satisfactorily to the standard doses. Desloratadine is a new, non sedating antihistamine with potent peripheral H₁ receptor blockade. Thirty patients (17 females and 13 males, age group 20-60 years, mean age 32.2 years) with chronic spontaneous urticaria for at least six weeks and pruritus were enrolled in the study. All patients were started with desloratadine 5 mg tablet at bed time. Patients were reviewed at weekly intervals of four weeks. For symptomatic patients, the dose of desloratadine was doubled to 10 mg of desloratadine (2 tablets) at bed time at the end of one week and four tablets of desloratadine (20 mg) in two divided doses at the end of two weeks. Seventeen, eight and three patients became symptom-free when administered 5, 10 and 20 mg desloratadine, respectively. Two patients did not respond to 20 mgs of desloratadine. In conclusion, desloratadine is safe and effective in higher doses to control chronic spontaneous urticaria.

Keywords: Antihistamines, Higher doses, urticaria

INTRODUCTION

H₁-antihistamines are first line treatment of chronic urticaria, but many patients do not get satisfactory relief with recommended doses. In chronic spontaneous urticaria wheals arise spontaneously without external physical stimuli for more than six weeks. The current European

Academy of Allergology and Clinical Immunology/Global Allergy and Asthma European Network/European Dermatology Forum (EAACI/GA² LEN/EDF) guidelines call for up dosing of non sedating antihistamines (up to four times the standard dose) in urticaria patients who do not respond satisfactorily to the standard doses.¹ There are a few studies to assess the efficacy of such a recommendation.

Desloratadine is a new, non sedating antihistamine with potent peripheral H₁ receptor blockade². Desloratadine is a non sedating antihistamine that has an excellent cardiovascular safety profile.

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Desloratadine is a selective H_1 -receptor antagonist with a favourable pharmacokinetic profile that includes rapid absorption, bioavailability unaffected by food or juice, half-life of 21-27 h and no significant drug-drug interactions³. The present study was aimed to assess effect of desloratadine in chronic spontaneous urticaria in higher doses.

MATERIAL AND METHODS

Thirty patients (17 females and 13 males, age group 20-60 years, mean age 32.2 years) with chronic spontaneous urticaria for at least six weeks and pruritus, wheal score of more than two were enrolled after an informed written consent. The exclusion criteria included physical urticaria, urticarial vasculitis, pregnant or lactating women, gastritis, a history of sensitivity to aspirin or NSAIDs and a history of aggravation of symptoms by pressure. Routine investigations like complete blood count, blood sugar, thyroid stimulating hormone (TSH) and urine examination were done to rule out infection before starting therapy. All 30 patients had chronic spontaneous urticaria of duration ranging from three months to two years (mean duration 13.8 months).

After a one-day washout without treatment we graded symptoms using the Urticaria activity score (UAS). The UAS measures two symptoms - quantity of wheals and intensity of itching - each on a 0-3 scale each day (Table 1). The urticaria activity score (UAS) was recorded by each patient daily. And they obtained from patients weekly. The number of wheals was scored from 0 to 3: 0, no wheals; 1, less than 20 wheals; 2, 20- 50 wheals; 3, > 50 wheals almost covered or large confluent areas of wheals. Severity of itch was scored as 0, none; 1, mild; 2, moderate; and 3, severe. One has to add each score together for both number of wheals and the severity of itch on a given day for each the 7 days in a given week to get the weekly UAS. The possible weekly aggregate UAS thereby ranged from 0 to 42⁴. Sedation was graded from 0 to 3 (0, none; 1, mild; 2, moderate; and 3, severe). We recorded UAS at zero, two and four weeks to monitor urticaria.

All patients were started with desloratadine 5 mg tablet at bed time. Patients were reviewed at weekly

interval of four weeks. For symptomatic patients, the dose of desloratadine was doubled to 10 mg of desloratadine (2 tablets) at bed time at the end of one week and four tablets of desloratadine (20 mg) in two divided doses at the end of two weeks. Investigations revealed microcytic anemia in two patients and raised thyroid stimulating hormone (TSH) in two patients.

RESULTS

Average UAS was 4.3 at 0 weeks which came down to 2.1 at one week. At the end of one week, thirteen patients out of 30 were symptomatic. We doubled the dose to 10 mg of desloratadine at bedtime. At two weeks UAS was 1.1. At the end of two weeks, five out of thirteen patients were symptomatic whose dose was doubled to 10 mg of desloratadine twice a day. At the end of four weeks UAS came down to less than 1. Two patients did not respond to even 20 mgs of desloratadine.

Sedation was recorded as 0, mild or moderate or severe. One patient with 20 mg of desloratadine complained of sedation, which was mild. Seventeen, eight and three patients became symptom-free when administered 5, 10 and 20 mg desloratadine, respectively.

Table 1. Urticaria Activity Score (UAS)

Score	Wheals	Pruritus
0	None	None
1	Mild (<20 wheals/24 h)	Mild (present but not annoying or troublesome)
2	Moderate (20-50 wheals /24 h)	troublesome but does not interfere sleep
3	Intense (>50 wheals/ 24 h or large confluent areas of wheals)	severe pruritus, which is sufficiently troublesome to interfere with normal daily activity or sleep

DISCUSSION

Previously we have reported up dosing with levocetirizine to control chronic urticaria in Indian patients⁵. A study from Bulgaria shows that increasing the dosage of levocetirizine and desloratadine up to 4-fold improves chronic urticaria symptoms without compromising safety in approximately three quarters of patients with difficult-to-treat chronic urticaria⁶. In the present study, desloratadine was found safe and effective in higher doses to control chronic spontaneous urticaria.

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