

Correspondence

Reply

To the Editor:

We appreciate the comments by Keiser and Nelson¹ pertaining to our study that evaluates the use of oxymetazoline in combination with an intranasal corticosteroid in patients with perennial allergic rhinitis.² We performed a pilot study to address the question of whether this combination was a viable therapeutic option to justify pursuing a large clinical trial. As stated in the first paragraph of the Discussion section, which includes consideration of all the data, we strongly believe this study supports the need to pursue this therapeutic option. We were also careful to state that the results of this study should not alter current clinical practice.

Our study analysis was based on absolute scores reflecting the 24-hour treatment period as opposed to changes from pretreatment baseline values because our protocol only included a 12-hour pretreatment baseline measurement. Although the scores shown in Table I are numerically different, as mentioned in the correspondence, there were no statistically significant differences between the available baseline symptoms recorded by patients in the 4 study groups ($P = .3$). The same applies for all the parameters, including the increased skin test sensitivity (wheal) to dust mite noted in the fluticasone furoate/oxymetazoline group and listed in Table I. The reason for the numeric differences in these parameters despite randomization is not clear.

As for quality-of-life measures, we never claim in the article that the combination treatment tended to show superiority over the individual treatments. This contrasted greatly with the results for acoustic rhinometry.

As for the general comments, first, we agree that it would be ideal to deliver the 2 medications in the same spray to avoid washout, but the development of a combination product would depend on the willingness of the industry to pursue it. Second, we do have a record of the patients' coexisting seasonal allergies, and

they were randomly distributed within the groups. Third, before performing multiple analyses, we performed an ANOVA, when appropriate, which carries an inherent correction for multiple comparisons. As far as true blinding of the participants, the placebo for fluticasone furoate was provided by the company, and both spray and placebo were scentless and tasteless. The placebo for oxymetazoline was normal saline, and again, these 2 sprays are scentless and tasteless. This would argue against a potential volunteer bias related to the tastes of the study medications used in this trial.

Finally, as we mention in our conclusion, our study offered a suggestion of added efficacy of the combination over the individual components, and we certainly support the performance of larger studies, which will hopefully include baseline measures, to confirm our preliminary observations.

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Disclosure of potential conflict of interest: F. M. Baroody is a speaker for GlaxoSmithKline and Merck and has received research support from GlaxoSmithKline. R. M. Naclerio is a speaker for Merck and Sundovion; has received research support from Merck, GlaxoSmithKline, and Nasoneb; has served as a legal consultant/expert witness on the topic of complications of sinus surgery; and is a consultant for TEVA and Regeneron.

REFERENCES

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2. Baroody FM, Brown D, Gavanescu L, DeTineo M, Naclerio RM. Oxymetazoline adds to the effectiveness of fluticasone furoate in the treatment of perennial allergic rhinitis. *J Allergy Clin Immunol* 2011;127:927-34.

doi:10.1016/j.jaci.2011.07.017