

Correspondence

Oral antihistamines have proven efficacy in treating ocular symptoms of allergic rhinitis

To the Editor:

There is an increasing interest in treatment options for the ocular symptoms of allergic rhinitis (AR), as evidenced by the recent article by Kaiser et al,¹ among others.^{2,3} Although often given less prominence than the nasal symptoms of AR, ocular symptoms are also troublesome and have a negative effect on quality of life.⁴ Medications that can safely and effectively reduce both ocular and nasal symptoms represent the ideal treatment option.

In their study, Kaiser et al¹ describe the efficacy of fluticasone furoate, a new intranasal corticosteroid (INS), for the treatment of AR. The authors conclude that therapy with fluticasone furoate results in significant reductions in ocular symptom scores in subjects with seasonal AR.¹ However, this beneficial effect on ocular symptoms in AR has also been seen in studies of other INSs.^{2,5,6}

Although much of the current interest in the treatment of ocular symptoms of AR focuses on INSs, several second-generation oral H₁-antihistamines have proven efficacy in treating ocular symptoms of AR as well as nasal symptoms. For example, two 2-week studies of desloratadine 5 mg once daily found a significantly greater reduction in nonnasal symptoms (itching/burning eyes, itchy ears/palate, and ocular redness and tearing) compared with placebo.⁷ In a 7-day, double-blind trial using a conjunctival allergen challenge, treatment with desloratadine 5 mg once daily was significantly more effective than placebo in reducing ocular symptoms immediately postchallenge, including itching, redness, tearing, and lid swelling.⁸ Improvements in ocular symptoms have also been noted in subjects with AR who were given fexofenadine 120 mg and 180 mg once daily⁹ or cetirizine.¹⁰ Furthermore, a meta-analysis of 16 AR trials of INSs and oral antihistamines did not identify significant differences in effectiveness between the 2 drug classes.¹¹

Given the widely acknowledged efficacy of oral non-sedating antihistamines in alleviating both the nasal and nonnasal symptoms of AR, including ocular symptoms, it is recommended that patients with AR who are responding well to treatment with this class of medications continue their current therapy. Intranasal corticosteroids may not necessarily render an additional efficacy benefit in terms of ocular symptoms, nor are they more cost-effective. Oral antihistamines taken once daily are easy to administer, which may aid in treatment adherence. In addition, it is worth noting that oral antihistamines have a faster onset of action than INSs (Table I), enabling them to provide quicker symptom relief,^{1,12,13} although specific information on the onset of action in terms of ocular symptoms is relatively scarce. Therefore, oral antihistamines provide a 1-stop efficacious, simplified, and cost-effective approach to treating AR.

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TABLE I. Onset of action for oral antihistamines and INSs^{1,12,13}

Agent	Onset of action (h)
Oral antihistamine	
Cetirizine	1-1.5
Desloratadine	0.5-3
Fexofenadine	1-2
Loratadine	1.5-2
Levocetirizine	1
INS	
Beclomethasone dipropionate	Within 72
Budesonide	In 24; usually within a few days
Fluticasone furoate	Can occur as early as 8
Fluticasone propionate	96-168
Mometasone furoate	Within 12
Triamcinolone acetonide	Can occur as early as 24

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