

Correspondence

In response to a Position Paper of the Antihistamine Impairment Roundtable

To the Editor:

We are writing to express our exception to certain statements contained in “First Do No Harm,” published in the May 2003 issue of *The Journal of Allergy and Clinical Immunology*.¹

Our first objection relates to an erroneous legal conclusion in the section of the article that discusses laws governing driving while impaired. The article falsely concludes that “patients would be considered impaired under these laws if they operated vehicles while taking [first-generation antihistamines] or cetirizine.” We have previously seen similar misleading claims in Aventis’ *Drive On* campaign, but never in such a plain and direct false statement. The fact is that there is no law in any state that automatically deems a person impaired by taking cetirizine hydrochloride (or even any first-generation antihistamine, for that matter), and there is absolutely no evidence to support the false and misleading claim that any of these jurisdictions would automatically consider a cetirizine hydrochloride user impaired. This false conclusion implies that the authors of this article are legal authorities, which certainly was not their intent. Therefore, we request that the *Journal* correct the record in its next scheduled publication.

Our second exception concerns the recommendation that doctors should “avoid medications that have the potential to cause sedation or impairment when taken in excess of recommended doses.” Not only is this at odds with Food and Drug Administration–approved labeling and in conflict with accepted AAAAI and ACAAI practice guidelines, but we have been unable to identify any objective, peer-reviewed published data confirming superior efficacy of cetirizine, fexofenadine, or desloratadine when these agents are prescribed in doses exceeding those currently recommended in the respective package inserts for treating allergic rhinitis.²⁻⁴

The overall message of this article is that doctors should first consider the potential side effects of a drug at several times its recommended and approved dosage rather than prescribe the antihistamine that is most efficacious in relieving allergic symptoms.

Even if second-generation antihistamines were more effective at doses higher than approved by the Food and Drug Administration, this would be a radical approach to disease management. Because there is no objective evidence of any medical benefit, it seems to us to miss the more important point of prescribing the product that works best.

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REFERENCES

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Reply

To the Editor:

Hewlett et al¹ offer 2 major objections to the article entitled “First do no harm: Managing antihistamine impairment in patients with allergic rhinitis,” published in *The Journal of Allergy and Clinical Immunology* in May 2003. First, they object to a quote taken from the article that states that “patients would be considered impaired under these laws if they operated vehicles while taking any of the [first-generation antihistamines] or cetirizine.”

We agree that simply taking a drug does not imply impairment; instead, our goal was to point out that drugs that have been associated with impairment, especially impairment of driving skills, should be used with caution. We concur that the statement was too broad, but individuals who take these drugs should be cognizant of the warning labels and not drive if they are impaired in any way.

The second major objection concerns the recommendation that doctors should “avoid medications that have the potential to cause sedation or impairment when taken in excess of recommended dosages.” This statement is taken out of context. We do not advocate the use of any drugs in higher-than-recommended dosages. However, Hewlett et al should be aware that patients often use drugs in higher-than-recommended dosages. Physicians occasionally also prescribe drugs to be used in higher-than-recommended dosages. These are realities that we have observed in everyday practice. We are simply pointing out that both patients and physicians need to be aware of the potential impairing effects of certain agents when taken in higher than recommended dosages. Data showing this impairment are clearly referenced in the original article.

Finally, Hewlett et al state that the overall message of this article is that doctors should “first consider the potential side effects of a drug at several times its recommended and approved dosage rather than prescribe the antihistamine that is most efficacious in relieving allergic symptoms.” This is not the message of the article at all. We have several major messages. The first is that allergic disorders are by themselves often associated with impairment. The second is that antihistamines used to treat allergic disorders can sometimes exacerbate the impairment caused by allergic disorders. Thus, patients and physicians should use caution in selecting therapies to

treat allergic disorders and use only second-generation antihistamines. These agents have all been shown to be effective for the treatment of allergic disorders and, when used in prescribed dosages, cause little or no impairment.

We apologize for any confusion in the core message of the article but appreciate the opportunity to restate what we believe are the essential points.

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1. Hewlett D Jr, Warner C, Brenner LK. In response to a Position Paper of the Antihistamine Impairment Roundtable." *J Allergy Clin Immunol* 2003;112:1246-7.

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