

Correspondence

Intranasal corticosteroids reduce ocular symptoms of allergic rhinitis as a class effect

To the Editor:

In their study of fluticasone furoate nasal spray, Kaiser et al¹ make an important but possibly underappreciated contribution to the growing amount of evidence demonstrating that intranasal corticosteroids (INSs), as a class, reduce the ocular symptoms associated with allergic rhinitis (AR). Unfortunately, the authors concluded that “older INSs failed to show consistent efficacy for ocular symptoms in adult subjects with SAR” (seasonal allergic rhinitis), and characterized fluticasone propionate (FP) and mometasone furoate (MF) nasal sprays as “older” INSs. However, the literature supports the positive effect on ocular allergy symptoms of older INS agents as a class effect. One possible reason that older studies may not have consistently shown a positive effect for ocular symptoms is that those studies did not focus on the ocular domain of allergy symptoms, but combined all symptoms into a single component of the total nonnasal symptom score. However, studies published over the past 5 years with FP, MF, budesonide, triamcinolone acetonide, and beclomethasone dipropionate have collected and reported ocular allergy signs and symptoms separately.

In the article by Bernstein et al² cited by Kaiser et al,¹ a 28-day study comparing FP, oral loratadine, and placebo found that subjects treated with FP had statistically significant decreases compared with placebo in the total ocular symptom score, which was the sum of scores for the symptoms of itching (pruritus), tearing (epiphora), and redness (erythema). The data also suggested that FP had reduced ocular symptoms more than or comparable to oral loratadine.

The positive effect of MF on ocular allergy symptoms was seen in an analysis of pooled data from 4 randomized blind studies. Subjects who received MF had significantly greater reductions in total ocular symptom score and the component symptoms of itching, tearing, and redness than those who received placebo over the entire 2-week course of the study, which was similar to the study by Kaiser et al.^{3,4} Mometasone furoate had an onset of effect starting at 24 hours of initiation of treatment.⁴

Ocular symptom scores also decreased significantly in pediatric patients with perennial AR after 1 year of treatment with budesonide,⁵ adolescents and adults with seasonal allergic rhinitis who received triamcinolone acetonide,⁶ and patients

with chronic rhinosinusitis with and without allergy given beclomethasone dipropionate, which significantly improved ocular tearing, itching, and redness as well as blepharodema.⁷

In conclusion, these clinical studies have demonstrated that many of the INSs have a positive effect on the ocular symptoms of AR. The positive effect appears to be a class effect of INSs, and not, as Kaiser et al¹ imply, solely an attribute of fluticasone furoate. The results of the studies conducted with the other older INSs and the results of the study by Kaiser et al¹ indicate that all of these agents may have a similar positive effect on the ocular symptoms of AR.

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

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