

Cetirizine/Pseudoephedrine A Viewpoint by Friedrich Horak

ENT - University Clinic AKH Vienna,
University of Vienna, Vienna, Austria

Oral antihistamine/pseudoephedrine combinations have been widely used for the treatment of allergic rhinitis and other recurrent infections of the nose. However, up until now, their range of use in therapy has been restricted by the sedating effects of conventional histamine H₁ receptor antagonists and the generalised vascular effects of pseudoephedrine. The new combination of cetirizine, a highly specific H₁ receptor antagonist with proven efficacy and good tolerability, and pseudoephedrine sustained-release, a sympathomimetic drug with a good adverse effect profile due to the new galenic formula, may distinctly extend the scope of the antihistamine/pseudoephedrine combination in therapy.

Nasal congestion with airflow obstruction, as well as secretion, are the prominent symptoms in patients experiencing intermittent or persistent allergic rhinitis, the common cold or sinus disease. Although these disorders are not life threatening, they are responsible for substantial discomfort, loss of productivity and impaired quality of life.

Topical decongestants have the advantage of a selective site of action and a rapid onset. The disadvantage

is the short duration of action and the unbearable rebound effect caused by down-regulation of α -adrenergic receptors on the nasal vasculature. Topical corticosteroids have the advantage of systemic depression of the late phase reaction in allergic rhinitis. However, despite the common belief that corticosteroids depress nasal congestion within a reasonable time, evidence of this effect has not yet been sufficiently proven in controlled trials, which have produced rather controversial results.

In contrast, oral combinations of antihistamines and sustained release pseudoephedrine reduce nasal obstruction quickly without a rebound effect. In addition, they have proved effective in the systemic treatment of allergic symptoms. The rapid onset of action and the maintenance of efficacy for a long period predestine this drug for use on demand in intermittent or persistent allergic rhinitis in adults and children ≥ 12 years of age, if nasal obstruction is the main symptom. Although adverse effects occur rather scarcely, the drug should be used with caution in elderly patients, especially in men.

The additional inhibitory effect of cetirizine on the expression of intercellular adhesion molecule-1 also makes it feasible to consider this drug for treatment of common colds. Furthermore, it can be used as an adjunct to other drugs, such as analgesics, antitussives or expectorants. ▲