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Cetirizine/Pseudoephedrine

A Viewpoint by K. Kontou-Fili

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Cetirizine 5mg in combination with pseudoephedrine hydrochloride sustained-release 120mg was developed in order to provide more efficient and prompt relief of rhinitis symptoms. Double-blind, placebo-controlled clinical trials involving close to 900 patients experiencing seasonal or perennial allergic rhinitis have demonstrated that cetirizine plus pseudoephedrine controls most naso-ocular symptoms to a greater extent than either component alone; nasal congestion, a symptom usually unaffected by antihistamine H_1 antagonists alone, was significantly reduced in patients with perennial allergic rhinitis.

Evidence has also been presented that this therapeutic effect is achieved much earlier (<1 hour) than budesonide (several days); thus, the combination appears to represent a convenient way of achieving rapid symptom relief. However, this combination treatment has not been evaluated in long-term studies and, therefore, should not be recommended for long-term use since there is no evidence that it controls the underlying inflammation.

Adverse effects such as dry mouth, insomnia, drowsiness, headache, somnolence, asthenia and nervousness, which have previously been reported with similar combinations of other second generation histamine H_1 antagonists (acrivastine, fexofenadine or loratadine plus pseudoephedrine) were also observed with cetirizine/pseudoephedrine. Because they relate primarily to the sympathomimetic action of pseudoephedrine, it should be emphasised that the combination is contraindicated in patients with hypertension, hyperthyroidism, glaucoma, coronary artery disease, diabetes mellitus, prostatic hypertrophy or those treated with monoamine oxidase inhibitors. Caution should be observed in prescribing the drug to patients with renal impairment and also to sexually active women of reproductive age who are not using effective contraceptive methods; pseudoephedrine, considered previously to be a relatively safe drug during pregnancy, was recently shown to be associated with an increased risk of gastroschisis if administered during the first trimester.[1,2] ▲

References

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