



# Prescription Profile and Clinical Outcomes in Patients with Allergic Rhinitis Treated with Oral Antihistamines or Nasal Corticosteroids

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## Abstract

**Introduction** Oral antihistamines and intranasal corticosteroids have been shown to be effective and safe for the treatment of allergic rhinitis; however, the evidence suggests a level of superiority of corticosteroids, so they should be preferred over the former.

**Objective** To know the prescription profile of two second generation antihistamines (cetirizine and levocetirizine) and two nasal corticosteroids (mometasone and furoate-ciclesonide) in a cohort of patients with allergic rhinitis, and to compare the clinical outcomes obtained.

**Methods** A cohort study was carried including patients with allergic rhinitis treated with cetirizine, levocetirizine, mometasone furoate or ciclesonide. The improvement was evaluated with the total nasal symptoms score (TNSS). This scale yields results between 0 and 12. Zero indicates absence of symptoms.

**Results** A total of 314 patients completed 12 weeks of follow-up. Seventy-five percent were treated with antihistamines, 20% with corticosteroids, and 5% with a combination of the above. The TNSS median for corticosteroid was 2.5 points; for antihistamines, it was 5 points, and for combination, it was 4 points. We found differences between corticosteroids and antihistamines.

**Conclusion** The prescription percentage of second generation oral antihistamines is higher than that of intranasal corticosteroids. However, patients with allergic rhinitis treated with the second option obtained better control of symptoms.


## Keywords

- ▶ perennial allergic rhinitis
- ▶ histamine antagonists
- ▶ mometasone furoate
- ▶ ciclesonide
- ▶ drug prescriptions
- ▶ cohort studies

## Introduction

Allergic rhinitis is a symptomatic disorder whose main effect occurs on the nasal mucosa. This effect is induced by exposure to allergens, which trigger an inflammatory process mediated by immunoglobulin-E (Ig-E).<sup>1</sup> This condition is relatively frequent and has a high prevalence between 13

and 14 years of age, a group in which it can reach 14.6%. According to the data reported by the International Study of Asthma and Allergies in Childhood (ISAAC).<sup>2</sup> From a global perspective, Africa and Latin America have the highest reported prevalence (18% and 17.3% respectively), and Colombia ranks 5th worldwide, reaching a percentage of 25.2% of cases in the adolescent population.<sup>2</sup> Due to the high burden of the disease, the volume of consultations generated by this condition is understandable, with examples such as the one reported by the national ambulatory care survey

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