

# [Atopic known as eczema) and of sleep.](https://assignbuster.com/atopic-known-as-eczema-and-of-sleep/)

Atopic diseases in childrenIn recent decades, atopicdiseases, including atopic dermatitis also known as eczema) and   ofsleep. Althoughthe association between AD and AR is known for a long time, pathogenetic interrelationshipsare incompletely understood and are the subject of controversial debates. 3Antihistamines in childrenAntihistamines are anestablished first-line treatment for AR and are widely prescribed in infantsfor allergic symptoms. 4 In the few years several new antihistamineshave been introduced onto the market while others have been withdrawn. Theproarrhythmic effect of some antihistamines became known, leading to thevoluntary removal of terfenadine and astemizole by their manufacturers. Withgeneral increase in knowledge about adverse effects, much more information isavailable on the safety and efficacy of these drugs in atopic children. Results from the EarlyTreatment of the Atopic Child (ETAC), over the past several years program haveprovided clinicians with a great deal of information about antihistamines intoddlers. 5The second generationantihistamines are selective for peripheral H1 receptors and are associatedwith less sedation and anticholinergic effects compared to the non-selectivefirst generation antihistamines.

The current secondgeneration agent (cetirizine, fexofenadine and loratadine) lack the cardiotoxiceffects of the first peripherally-selective agents, terfenadine and astemizole. 5 Fexofenadine in atopic diseasesClinical trials are available that support thesafety and efficacy of fexofenadine, a second generation antihistamine, in thetreatment of AD and AR in children. Atopic dermatitisFexofenadine isa non-sedating antihistamine that in help offset daytime itching without somnolence. Nakagawa H et al., conducted a multicenter, randomised, double-blindstudy in patients aged 7 to 15 years. Total 190 patients were enrolled in thestudy.  Patients received fexofenadine 30mg bid (7 to 11 years), 60 mg bid (12 to 15 years) or ketotifen fumarate drysyrup 1 mg bid.

The mean changes in itching scores were -0. 50 (95% CI, -0. 61 to-0. 38) in the fexofenadine group and -0. 58 (95% CI, -0. 70 to -0. 45) in theketotifen group.

This confirmed that fexofenadine was effective for relief ofpruritus associated with atopic dermatitis in paediatric patients. 6 Allergic rhinitisAR is one of the mostcommon clinical conditions in children. 7 Antihistamines are well-knownfirst-line treatment for AR and are widely prescribed in infants for allergicsymptoms. Hampel FC et al., conducted a multicenter, randomised, placebo-controlled study to evaluate the safety and tolerability offexofenadine hydrochloride in children aged 6 months to 2 years with AR. Thestudy concluded that 15 or 30 mg of fexofenadine, given for a mean duration of8 days is well tolerated, with a good safety profile, in children aged 6 monthsto 2 years with AR.

4 Meltzer EO et al., conducteda pooled analysis of three studies to evaluate the safety and efficacy offexofenadine in children with seasonal allergic rhinitis. Data were pooled fromthree, double-blind, randomised, placebo-controlled, parallel-group, 2-weektrials in children (6–11 year) with seasonal allergic rhinitis. The studyconcluded that fexofenadine is safe and effective in reducing all seasonalallergic rhinitis symptoms in children aged 6–11 years.

7  Conclusion AD and AR are commonclinical conditions that affect the quality of life of children. Secondgeneration antihistamines provide significant advantages like less sedation andanticholinergic effects that is lacking in the first generation agents. This resultsin less disruption of daily activities and interference with school performance. Fexofenadine, a second generation antihistamine, have shown its effectivenessin providing relief from the symptoms of AD and AR.