

Atopic (known as eczema) and of sleep.



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Atopic diseases in children In recent decades, atopic diseases, including atopic dermatitis (also known as eczema) and of sleep. Although the association between AD and AR is known for a long time, pathogenetic interrelationships are incompletely understood and are the subject of controversial debates. 3 Antihistamines in children Antihistamines are an established first-line treatment for AR and are widely prescribed in infants for allergic symptoms. 4 In the few years several new antihistamines have been introduced onto the market while others have been withdrawn. The proarrhythmic effect of some antihistamines became known, leading to the voluntary removal of terfenadine and astemizole by their manufacturers. With general increase in knowledge about adverse effects, much more information is available on the safety and efficacy of these drugs in atopic children. Results from the Early Treatment of the Atopic Child (ETAC), over the past several years program have provided clinicians with a great deal of information about antihistamines in toddlers. 5 The second generation antihistamines are selective for peripheral H₁ receptors and are associated with less sedation and anticholinergic effects compared to the non-selective first generation antihistamines.

The current second generation agent (cetirizine, fexofenadine and loratadine) lack the cardiotoxic effects of the first peripherally-selective agents, terfenadine and astemizole. 5 Fexofenadine in atopic diseases Clinical trials are available that support the safety and efficacy of fexofenadine, a second generation antihistamine, in the treatment of AD and AR in children. Atopic dermatitis Fexofenadine is a non-sedating antihistamine that in help offset daytime itching without somnolence. Nakagawa H et al., conducted a

multicenter, randomised, double-blind study in patients aged 7 to 15 years. Total 190 patients were enrolled in the study. Patients received fexofenadine 30mg bid (7 to 11 years), 60 mg bid (12 to 15 years) or ketotifen fumarate dry syrup 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 the ketotifen group.

This confirmed that fexofenadine was effective for relief of pruritus associated with atopic dermatitis in paediatric patients. Allergic rhinitis (AR) is one of the most common clinical conditions in children. Antihistamines are well-known first-line treatment for AR and are widely prescribed in infants for allergic symptoms. Hampel FC et al., conducted a multicenter, randomised, placebo-controlled study to evaluate the safety and tolerability of fexofenadine hydrochloride in children aged 6 months to 2 years with AR. The study concluded that 15 or 30 mg of fexofenadine, given for a mean duration of 8 days is well tolerated, with a good safety profile, in children aged 6 months to 2 years with AR.

Meltzer EO et al., conducted a pooled analysis of three studies to evaluate the safety and efficacy of fexofenadine in children with seasonal allergic rhinitis. Data were pooled from three, double-blind, randomised, placebo-controlled, parallel-group, 2-week trials in children (6–11 year) with seasonal allergic rhinitis. The study concluded that fexofenadine is safe and effective in reducing all seasonal allergic rhinitis symptoms in children aged 6–11 years.

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