Combined drug treatment is the best alternative for the treatment of allergic rhinitis (AR) or seasonal allergic rhinitis (SAR)

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Allergic rhinitis (AR) or seasonal allergic rhinitis (SAR) whatever it may be, very easy to diagnose and hard to find out the aetiology. Treatment of the cause is hypothetical or presumptive in most of the cases. Allergic rhinitis (AR) with pregnancy, especially is its first trimester is very difficult to treat. As most of the antihistaminic irrespective of its generation is supposed to be teratogenic, only mebhydroline claims itself non-teratogenic.

The triggering factor differs with socio-geographical variation. In Bangladesh, damp housing, air pollution are sometimes considered as one of the most important causes. In the US ragweed pollen is one of the most common allergens affecting upto 75% of all the subjects with allergic rhinitis1.

It has been estimated that 20% to 30% of adolescents have allergic rhinitis. Approximately two thirds of all adults with the disease are under the age of 30 years2. This condition imposes a significant personal and financial strain on both the patient and the society. The unrelenting and often severe clinical symptoms not only debilitating but also socially embarrassing for the patients and can effect their social life3. The economic burden of allergic rhinitis is enormous. In the US, for example there is an estimated cost of $2.4 billion in total annual medical cost in association with allergic rhinitis. Apart from financial loss, loss of working hour and general failure to perform in full efficiency is also a great indirect loss.

Fexofenadine, the active metabolic of the well known and effective H1 receptor antagonist, terfenadine, is administered as the hydrochloride salt. It is a non-sedating antihistamine that provides rapid, long acting highly selective peripheral H1 receptor antagonist activity. Metabolism of fexofenadine is also non-injurious to any organ or system and is excreted in faces and urine.

Combination therapy is significantly more effective than pseudoephedrine alone. What I mean fexofenadine and pseudoephedrine is a better choice than first generation. More effective is combination of three i.e. fexofenadine + pseudoephedrine + topical steroid. The trio-combination may give 90% relief with or without relapse. In between the use of this three drug combination therapy, electro-cauterization of the trigger zone or the inferior turbinate may end with a better result.

Finally, "avoid allergen, get healthy and keep away asthma".

References

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