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Introduction

Allergic rhinoconjunctivitis is the most common form of allergic disease encountered in clinical practice, affecting up to 20% of the general population.[1] The socioeconomic impact of this atopic condition is considerable, not only in terms of medical costs, but also lost school and work days and quality of life. The wide range of therapeutic approaches available for the treatment of allergic rhinoconjunctivitis enables clinical management to be tailored according to symptom severity and frequency, as well as the individual patient's needs. Treatment options include environmental control, immunotherapy and specific antiallergic drug therapy such as oral antihistamines, sodium cromoglycate, vasoconstrictors and corticosteroids. The availability of topical antihistamines, such as levocabastine, is an important advance which broadens the range of therapeutic approaches available.

Levocabastine is an extremely potent and highly specific H_1-receptor antagonist which has been specifically developed as eye drops and nasal spray for the topical treatment of allergic rhinoconjunctivitis.[2,3] Ocular and nasal challenge studies have revealed that it is a potent inhibitor of the allergic response in humans, typically providing relief from symptoms within minutes of application.[4–8] Duration of action is sufficiently long to permit a convenient twice daily dosing regimen which should promote good patient compliance.[9]

The papers collected in this supplement focus on the emerging role of levocabastine in the treatment of allergic rhinoconjunctivitis. The efficacy and tolerability of levocabastine is compared with that of current first-line therapies such as the oral antihistamine, cetirizine, as well as with that of newer approaches such as the topical antiallergic agent, azelastine. Initial clinical evidence suggests that topical levocabastine is well suited for use in children,[10] and further evidence of efficacy and tolerability in this patient population is presented here. Particular reference is placed on the comparative efficacy of levocabastine and other treatment options on days with high pollen counts, when symptoms would be expected to be sufficiently severe to permit more realistic comparison of the various therapeutic approaches available. In addition, comprehensive reviews of safety and efficacy data summarize the clinical experience with this topical antihistamine, to date, with particular emphasis on implications for patient management.

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References

1. Weeke ER. Epidemiology of hay fever and perennial allergic rhinitis. *Monogr Allergy* 1987; **21:** 1–20.
2. Van Wauwe JP. Animal pharmacology of levocabastine: a new type of H_1-antihistamine well-suited for topical application. In: Mygind N, Naclerio RM, eds. *Rhinoconjunctivitis: New Perspectives in Topical Treatment of Seasonal Allergic Rhinitis.* Proceedings of the XIIIth International Congress of Allergology and Clinical Immunology. Gottingen: Hogrefe and Huber, 1989; 27–34.
3. Awouters F, Niemegeers C, Janssen T, *et al.* Levocabastine: pharmacological profile of a highly effective inhibitor of allergic reactions. *Agents Actions* 1992; **35:** 12.
4. Pécoud A, Zuber P, Kolly M. Effect of a new selective H_1-receptor antagonist (levocabastine) in a nasal and conjunctival provocation test. *Int Arch Allergy Appl Immunol* 1987; **82:** 541–543.
5. Abelson MB, Smith LM. Levocabastine: evaluation in the histamine and compound 48/80 models of ocular allergy in humans. *Ophthalmology* 1988; **95:** 1494–1497.
6. Palma-Carlos AG, Palma-Carlos ML, Rombaut N. The effect of levocabastine nasal spray in nasal provocation tests. *Int J Clin Pharmacol Res* 1988; **8:** 25–30.
7. Rimås M, Kjellman N-IM, Blychert L-O, Björkstén B. Topical levocabastine protects better than sodium cromoglycate and placebo in conjunctival provocation tests. *Allergy* 1990; **45:** 18–21.
8. Stokes TC, Feinberg G. Rapid onset of levocabastine eye-drops in histamine-induced conjunctivitis. *Clin Exp Allergy* 1993; **23:** 791–794.
9. Tomiyama S, Ohnishi M, Okuda M. The dose and duration of effect of levocabastine, a new topical H_1-receptor antagonist, on nasal provocation reaction to allergen. *Am J Rhinol* 1993; **7:** 85–88.
10. Möller C. Topical levocabastine. A new approach for the treatment of allergic rhinoconjunctivitis in children. *Allergy* 1995; in press.

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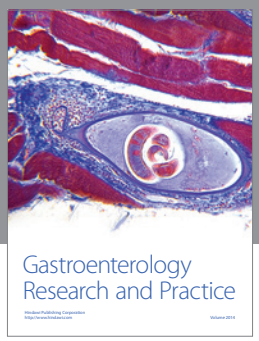

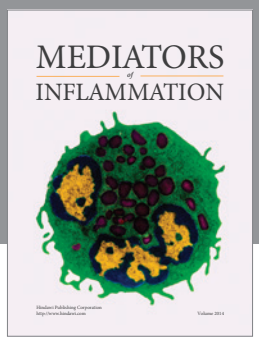

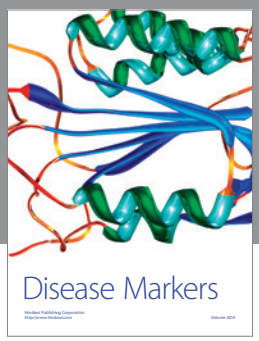

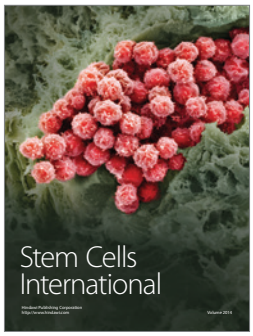

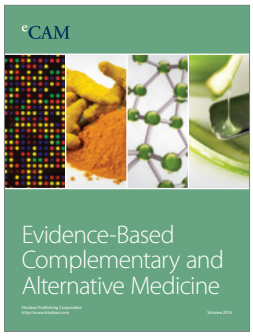

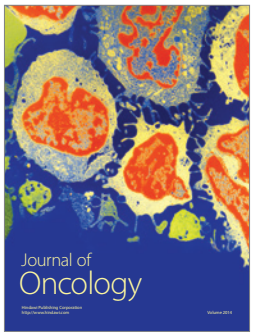

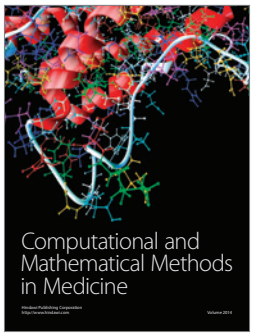

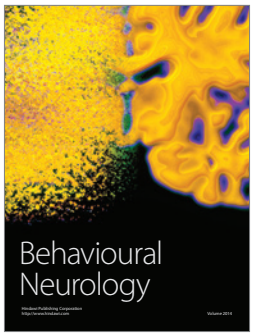

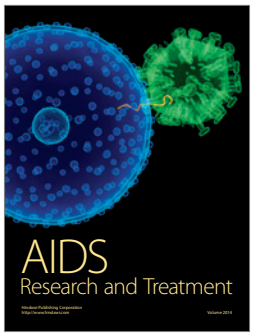

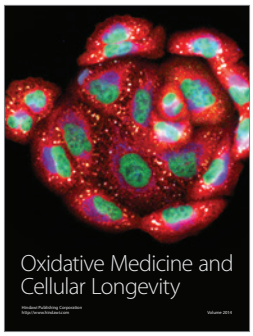

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