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Editor's message

TIMOTHY J. CRAIG, DO

The topics discussed in this supplement to JAOA are important. Masoud Mahmoudi, DO, PhD, and Loren W. Hunt, MD, discuss latex allergy, which affects patients and physicians alike. The study by Joshua M. Berlin, MD, and colleagues will help in deciding when to use a topical preparation for allergic rhinitis and which class of medication to select, that is, a topical corticosteroid or a topical antihistamine. Renu F. Singh, PharmD, and Chris C. Muskelly, PharmD, focus on strategies to prevent adverse effects of long-term inhaled steroid treatment of allergic disease.

New modes of therapy available for use against allergic disease include a new preparation of budesonide for topical nasal application, and two new eyedrop products—one an antihistamine and one a mast cell stabilizer. The new preparation of budesonide is a high-potency topical nasal steroid. It is fragrance free, free of burning, and is well tolerated. Its once-daily dosage enhances compliance. The new mast cell stabilizer is nedocromil, and it is the same chemical that is in the nedocromil sodium inhalation aerosol for the preventive management of asthma. It is recommended for twice-a-day dosing for allergic conjunctivitis. The new antihistamine is ketotifen fumarate, and it is long acting and stabilizes mast cells, as well. Again, twice-a-day dosing seems to be effective.

Also new is a once-a-day fexofenadine hydrochloride 180-mg tablet with effect equal to or greater than the 60-mg tablet taken twice daily. A pediatric dose form (30 mg) is also available.

Leukotriene modifiers have been experiencing increasing sales and apparently increasing indications. The effect of montelukast and zafirlukast on nasal symptoms is now better defined. The addition of a leukotriene-receptor antagonist to an antihistamine appears to have additive reduction in symptoms of rhinitis. A pediatric dosage form is now available for zafirlukast.

Many new modes of therapy for asthma will be available during the next few months to years. Anti-IgE appears to be effective, but it is unlikely to replace inhaled corticosteroids as the drug of choice for asthma. The issues surrounding the adverse effects of inhaled corticosteroids are slowly being resolved.

The world of food, bee, and drug allergy has not changed much during the past year. Allergy vaccine (formally referred to as immunotherapy) has changed. New data suggest that after 3 years of active maintenance therapy, the immune system changes and the benefits persist for at least 3 years after stopping administration of the vaccine. Data regarding lifelong effect are expected shortly.

Topical tacrolimus is a new addition effective for controlling the symptoms of atopic dermatitis, possibly sparing the adverse effects commonly seen with systemically administered tacrolimus.

A future supplement will look at these new products. Please e-mail your comments or questions to: tcraig@allergist.com.