

Compared with other agents used to treat AR, azelastine nasal spray is more effective than oral antihistamines and intranasal levocabastine with comparable efficacy to intranasal fluticasone propionate. Combination therapy with intranasal corticosteroids has provided some interesting results and has the potential to enhance clinical benefit.

### Five-year view

The economic situation may influence the use of drugs in nonserious diseases in the next few years: whereas both H<sub>1</sub>-receptor antagonists or topical steroids are recommended as first-line treatment in AR, antihistamines are cheaper. For the same reason, combination therapies of oral antihistamines and nasal corticosteroids will hardly become market standard, despite their good pharmacological profile. Therefore, topically used antihistamines like azelastine will gain in importance, especially used on demand for moderate symptoms.

The therapeutic power of H<sub>1</sub>-receptor antagonists is limited, especially if they have no activity on other pathways of the allergic

inflammation process, such as azelastine. Therefore, it is still impossible to eliminate severe symptoms with this class of drugs and this will not change. That is the reason why several other compounds are in development with very different modes of action. Some of these are even linked to cancer treatment. However, there is no light at the end of the tunnel within the next 5 years.

The improvement of specific immunotherapy in terms of tolerability and efficacy will lead to a more frequent use. Comedication of topically used antihistamines on demand will support immunotherapy in a beneficial manner.

### Financial & competing interests disclosure

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### Key issues

- Rhinitis affects millions of people worldwide and its prevalence is increasing. Symptoms have a major negative impact on patients' health-related quality of life.
- Azelastine nasal spray is a topically administered second-generation antihistamine, indicated for the treatment of allergic rhinitis (adults and children ≥5 years of age) and nonallergic rhinitis (adults and children ≥12 years of age).
- Azelastine nasal spray dose can be tailored (i.e., one or two sprays/nostril twice daily) to suit individual patient needs, and it can be used on an as-needed basis without compromising clinical efficacy, which should improve tolerability and patient compliance.
- Compared with oral antihistamines, azelastine nasal spray has superior efficacy and has a more rapid onset of action in the treatment of allergic rhinitis. It is also effective in those patients who have previously failed to respond to oral antihistamines.
- Unlike oral antihistamines, azelastine nasal spray reduces nasal congestion without causing a sedative effect.
- With respect to intranasal corticosteroids, azelastine nasal spray demonstrates comparable efficacy to fluticasone propionate, with a faster onset of action.
- The combination of azelastine and fluticasone propionate nasal sprays reduce symptoms in allergic rhinitis patients more than either agent alone.
- Azelastine nasal spray exhibits superior efficacy to intranasal levocabastine and to mast cell stabilizers.
- Azelastine nasal spray is safe and well tolerated for up to 4 weeks in both adults and children.

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- **Important review, which sourced publications from 1995 to 2007 regarding the treatment of allergic and vasomotor rhinitis. It concluded that intranasal antihistamine therapy is an effective mode**

- of drug delivery in patients with allergic and vasomotor rhinitis, particularly if rapid symptom relief is required, or if congestion is a major symptom. Combination therapy with azelastine and nasal corticosteroids may also be an effective treatment strategy.
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#### Website

- 101 Global Allergy and Asthma European Network. News: quality management of biobanks: GA<sup>2</sup>LEN handbook for researchers  
www.ga2len.net
- Provides all relevant publications concerning allergy rhinitis and asthma.

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