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1)Juniper et al., J. Allergy Clin. Immunol. 83(3):627-633 (1989);

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THE JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY

VOL. 83, NO. 3
MARCH 1989

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OFFICIAL PUBLICATION OF

AMERICAN ACADEMY OF ALLERGY AND IMMUNOLOGY

Forty-sixth Annual Meeting

March 23-28, 1990
Baltimore Convention Center
Baltimore, Md.

Published monthly by The C.V. Mosby Company

ISSN 0091-6749

THE JOURNAL OF
ALLERGY
AND
CLINICAL IMMUNOLOGY

VOLUME 83 Mosby NUMBER 3

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March 1989

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Vol. 83, No. 3, March 1989. THE JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY (ISSN 0091-6749) is published monthly by The C.V. Mosby Company, 11830 Westline Industrial Drive, St. Louis, MO 63146-3318; phone (314) 872-8370, ext. 351. Second class postage paid at St. Louis, Mo., and additional mailing offices. POSTMASTER: Send address changes to THE JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY, 11830 Westline Industrial Drive, St. Louis, MO 63146-3318.

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Comparison of beclomethasone dipropionate aqueous nasal spray, astemizole, and the combination in the prophylactic treatment of ragweed pollen–induced rhinoconjunctivitis

E. F. Juniper, MSc, P. A. Kline, RN, F. E. Hargreave, MD, and J. Dolovich, MD
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The clinical efficacy and side effect of (1) beclomethasone dipropionate aqueous nasal spray, 400 μg daily, (2) astemizole, 10 mg daily, and (3) beclomethasone, 400 μg, plus astemizole, 10 mg daily, were compared in a double-blind, randomized, parallel-group trial. Ninety adults were matched into groups of three according to sensitivity to ragweed pollen. One of each of the three subjects was assigned to nasal spray alone, one was assigned to astemizole alone, and one subject was assigned to both medications. Medications were started 1 week before and continued daily until 1 week after the ragweed-pollen season (6 weeks). If rhinoconjunctivitis was inadequately controlled with the trial medications, pressurized steroid nasal spray and/or antihistamine-decongestant eye drops were used in the minimum dose that would ensure relief. Nose and eye symptoms and concomitant medication use were recorded daily in a diary. Sneezing, nasal obstruction, and rhinorrhea were significantly better, and less additional nasal spray was used in subjects taking beclomethasone alone than in subjects taking astemizole alone. Beclomethasone plus astemizole provided no better control of rhinitis than beclomethasone alone. Eye symptoms and eye drop use tended to be less in subjects taking astemizole alone than in subjects taking beclomethasone alone, but the best control of eye symptoms was recorded in the subjects taking both trial medications. Side effects were mild or transient. (J ALLERGY CLIN IMMUNOL 1989;83:627-33.)

Antihistamine tablets and intranasal steroid spray have been used successfully to treat rhinoconjunctivitis induced by seasonal pollens.[1, 2] Most previous comparisons have suggested that nasal symptoms may be controlled better by steroid nasal sprays,[3-6] although the conclusions are not unanimous,[7] and that conjunctivitis is treated more effectively by antihistamines.[4-7] These results and the different pharmacologic properties of the two types of treatment suggest that a combination of nasal steroid and antihistamine may be the most effective approach of overall treatment.

In the last few years, effective, nonsedative antihistamines have become popular for the treatment of seasonal allergic rhinoconjunctivitis. More recently, aqueous steroid nasal sprays, with efficacy comparable to the original Freon-propelled delivery system, but with less nasal bleeding and drying, have been introduced.[8] The pharmacologic profile of nasal steroids suggests that the most effective approach to treatment is regular prophylactic use[9]; therefore, an aqueous delivery system should be effective in achieving this with a reduced risk of side effects. In this study, we have compared the clinical efficacy of beclomethasone dipropionate aqueous nasal spray (Aq. Beconase; Glaxo Canada, Inc., Toronto, Ontario, Canada), taken before and continued daily throughout the ragweed-pollen season, with that of astemizole (Hismanal; Janssen Pharmaceutica, Inc., Mississauga, Ontario, Canada), a nonsedative antihistamine whose pharmacologic profile also recommends prophylactic and continuous treatment for allergic rhinoconjunctivitis.[10] We have also examined whether taking the two medications together produces better symptom control than taking either medication individually.

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Supported by Glaxo Canada, Inc., Toronto, Ontario, Canada.
Received for publication April 15, 1988.
Accepted for publication July 15, 1988.
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TABLE I. Subject characteristics

	Astemizole alone	Beclomethasone alone	Beclomethasone plus astemizole
No.	30	30	30
Sex (M/F)	16/14	15/15	15/15
Age (mean, SD)	39.8 (13.5)	41.3 (11.8)	42.2 (13.8)
Initial ragweed skin sensitivity (mean wheal diameter)			
<2.5 mm	3	3	3
2.5-3.0 mm	4	4	4
3.0-3.5 mm	8	6	7
3.5-4.0 mm	5	7	6
4.0-4.5 mm	6	5	6
>4.5 mm	4	5	4
Severity of ragweed rhinoconjunctivitis the previous year			
1*	5	5	6
2†	5	5	7
3‡	16	12	11
4§	1	6	5
5‖	3	2	1
History of asthma	5	7	6
Sensitivity to fungal spores	5	4	5
Sensitivity to grass pollen	18	15	20

*Symptoms were well controlled with antihistamine or nasal spray.
†Symptoms were well controlled with antihistamine plus nasal spray or mild symptoms when subject was treated with antihistamine or nasal spray.
‡Mild symptoms when subject was treated with antihistamine plus nasal spray or moderate symptoms when subject treated with antihistamine or nasal spray.
§Moderate symptoms when subject was treated with antihistamine plus nasal spray or severe symptoms when subject was treated with antihistamine or nasal spray.
‖Severe symptoms when subject was treated with antihistamine plus nasal spray.

MATERIAL AND METHODS

Subjects

Ninety ragweed pollen–sensitive adults, aged 18 to 70 years, who were either attending the Firestone Regional Chest and Allergy Clinic or who responded to a newspaper article, participated in the study. All subjects gave a history of rhinoconjunctivitis that required treatment during the previous two ragweed-pollen seasons, and all subjects had a positive response to skin prick test with ragweed-pollen extract. None of the subjects had perennial rhinitis, and none were more than mildly sensitive to the fungal spores that are in the air at the same time as ragweed pollen. None of the subjects had serious illness other than seasonal rhinitis or asthma. Pregnant and nursing mothers were excluded, and women of childbearing potential were advised to use an effective method of birth control throughout the study and for 2 months thereafter. None of the subjects had taken astemizole, steroid nasal spray, or oral steroid within 6 weeks of enrollment. All subjects signed an informed consent, which, with the study protocol, had been approved by the St. Joseph's Hospital Research Committee.

Study design

The study was designed as a double-blind, randomized, parallel-group comparison of (1) beclomethasone dipropionate aqueous nasal spray, 50 μg per nostril four times daily, (2) astemizole, 10 mg once daily, and (3) beclomethasone dipropionate aqueous nasal spray, 50 μg per nostril four times daily plus astemizole, 10 mg daily. A double-dummy technique was used to achieve blinding.

Three weeks before the anticipated start of the ragweed-pollen season, subjects had duplicate skin prick tests with tenfold serial dilutions of ragweed-pollen extract (25 to 25,000 Noon units, Bencard Allergy Service, Weston, Ontario), with single dilutions of *Alternaria tenuis* and *Cladosporium (Hormodendrum)* (Hollister Steir Laboratories of Canada, Rexdale, Ontario), and mixed grass-pollen extract (Bencard Allergy Service). An allergy history was obtained by questionnaire. Severity of rhinoconjunctivitis during the previous ragweed season was estimated from symptoms and medication requirements (Table I). Subjects were matched into groups of three according to skin sensitivity to the ragweed extract, the severity of ragweed

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