Levocetirizine in the treatment of perennial allergic rhinitis
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Levocetirizine is a new antihistamine that inhibits the allergic cascade. After a 2 weeks run-in period eligible children, who suffer from perennial allergic rhinitis (PAR), were randomized to receive 16 weeks double-blind treatment with levocetirizine or placebo. Treatment with levocetirizine (L) had 72 children versus 72 children who took placebo (P). Statistical significance was accepted at p<0.05. Gender distribution is: 32(44%) boys, 40(56%) girls in L-children versus 25(34%) boys, 48(66%) girls in P-children. Mean age are 7.3±1.2 years in L-group vs. 7.4±1.1 years in P-group. Mean baseline IgE (IU/ml) is average 149 in L-children vs. 146 in P-children. Mean duration of PAR is: 16.8(2-65) versus 18.8(2-60) months. History of asthma had 20(28%) L-children versus 18(25%) P-children. History of previous intranasal steroid therapy had 40(56%) L-children versus 44(61%) P-children. At each 4-week time point the average daily nasal symptom severity score (aDNSSS) was significantly lower in L-children versus P-children: 4th week -1.28 vs. 1.57; 8th week -1.07 vs. 1.40; 12th week -1.0 vs. 1.28; 16th week -0.9 vs. 1.28 (p<0.001). In children who previously had failed on intranasal steroids levocetirizine showed significantly greater reductions in aDNSSS for the overall 16-week period compared with placebo (p=0.022). Conclusion: Levocetirizine was effective in children with moderate to severe PAR symptoms.