Introduction

Focusing into New Challenges in Allergic Rhinitis and Urticaria

Antihistamines are the most widely prescribed drugs for the treatment of allergic rhinitis and urticaria. We basically need the antihistamine used to offer high efficacy, tolerance and safety.

Nasal obstruction is one of the symptoms with the greatest impact upon patient quality of life. The efficacy of antihistamines in nasal obstruction in individuals with allergic rhinitis has been questioned, and it is an aspect in which these drugs can and must be improved.

The adverse effects of antihistamines on the central nervous system are dependent upon their capacity to cross the blood-brain barrier and bind to central H_1 receptors. This in turn depends on other factors such as the lipophilicity of drug molecule, its molecular weight, and affinity for P-glycoprotein.

One of the most frequent and bothersome side effects of antihistamines is sedation, and although this problem has decreased very considerably as a result of the introduction of second-generation drugs, the reduction of sedation remains a challenge with the new antihistamines.

New drugs are "demanded" to demonstrate efficacy and safety; however, in recent decades the regulatory agencies have also made it a priority concern for clinical trials and pharmacoeconomical studies to evaluate quality of life and monitor its changes after the treatments provided.

Ocular symptoms often accompany allergic rhinitis and can be as or even more bothersome for the patient than the actual nasal symptoms. Since allergic conjunctivitis is always (or almost always) accompanied by nasal symptoms, a second-generation H_1 antihistamine administered via oral route is the first-choice drug for jointly managing both nasal and ocular symptoms.

Chronic urticaria has an important impact upon patient quality of life, and in many cases no treatment has yet been developed capable of effectively controlling the disease. The most recent guidelines recommend the use of non-sedating antihistamines at high doses as second-step therapy before resorting to other treatments. According to the guidelines, the use of high-doses of H_1 antihistamines is indicated. However, this indication is based only on experts opinions. The present monograph reviews the studies published to date on the use of H_1 antihistamines at high doses in chronic urticaria.

A strong placebo effect has been observed in allergic diseases, where the evaluating parameters tend to be physical or subjective. Interest in understanding the mechanisms underlying the placebo effect has grown considerably in the last few decades. The present monograph wishes to cast some light upon this strong placebo effect – a subject that has been little examined in the literature to date, despite its importance.

In sum, the present review examines the effects of bilastine, a new, potent and highly specific H_1 antihistamine without sedative effects or cardiac toxicity, assessing the following aspects which we feel to be important: *a)* the relevance of nasal obstruction in allergic rhinitis; *b)* sedation as a relevant side effect; *c)* the need for antihistamines to improve the quality of life of our patients with allergic rhinitis and urticaria; *d)* the use of high-dose H_1 antihistamines in chronic urticaria; and lastly, another important issue, namely the strong placebo effect in allergic diseases.

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