Ebastine in the Treatment of Allergic Rhinitis and Urticaria: 30 Years of Clinical Studies and Real-World Experience

Instructions for obtaining 1.1 Continuing Medical Education Credits

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CME Items

1. What is the prevalence of urticaria?
   a. 0.5%-5%
   b. 2.5%-8%
   c. 0.1%-0.5%
   d. 5%-15%

2. On which of the following do allergic rhinitis and urticaria have an important adverse impact?
   a. Quality of life
   b. Daily functioning
   c. Costs for society
   d. All of the above

3. From which of the following is histamine released preferentially as a preformed mediator?
   a. Basophils
   b. Eosinophils
   c. Activated mast cells
   d. B lymphocytes

4. Which of the following is true of ebastine?
   a. It is a second-generation H1-antihistamine
   b. It has an oxypiperidine-based structure
   c. It is metabolized to carebastine, its active metabolite
   d. All of the above

5. Which of the following are key points with respect to the pharmacodynamic activity of ebastine?
   a. Ebastine inhibits the cutaneous reaction to histamine in a dose-dependent manner
   b. Ebastine 20 mg reduces histamine-induced wheals to a greater extent than cetirizine 10 mg
   c. Ebastine decreases the quantity of pollen needed to induce a nasal allergic response
   d. Both a and b

6. Which of the following characterize the pharmacokinetic profile of ebastine/carebastine?
   a. Ebastine is administered once daily
   b. After oral administration, ebastine undergoes rapid and extensive first-pass metabolism to carebastine
   c. Peak plasma concentrations of carebastine are reached at 4-6 hours after dosing
   d. All of the above

7. Which of the following is once-daily oral ebastine indicated for?
   a. Allergic rhinitis/rhinoconjunctivitis (adults and adolescents aged ≥12 years) and urticaria (adults)
   b. Atopic dermatitis (adults)
   c. Allergic asthma
   d. All of the above

8. What is the approved dose for ebastine in adult patients with urticaria?
   a. 10 mg
   b. 5 mg
   c. 2.5 mg
   d. 25 mg

9. What are the most common adverse events with ebastine in placebo-controlled trials?
   a. Headache,
   b. Drowsiness and dry mouth (2.1%)
   c. Palpitations
   d. Both a and b

10. Which of the following is true about the safety of ebastine?
    a. Ebastine has no clinically relevant adverse cardiac effects at recommended doses in clinical trials.
    b. Small increases in the QTc interval are seen when ebastine is administered with ketoconazole.
    c. Small increases in the QTc interval are seen when ebastine is administered with inhaled corticosteroids
    d. Both a and b