Allergic Rhinitis Medications

Hideaki Shirasaki*

Department of Otolaryngology, Sapporo Medical University, Japan

*Corresponding author: Hideaki Shirasaki, Department of Otolaryngology, Sapporo Medical University, School of Medicine, Japan, E-mail: shira@sapmed.ac.jp

The nasal allergic response is a complex process involving the interaction of many mediators. The current therapeutic strategy is mainly based on drugs (antihistamines, nasal corticosteroids, etc.) and allergen immunotherapy. The most effective medication in persistent rhinitis is topical corticosteroid, which decreases all symptoms [1]. Antihistamines reduce nasal itch, sneeze and rhinorrhea [2]. Cysteinyl Leukotrienes (CysLTs) play an important role in allergic rhinitis because CysLT1 receptor antagonists relieve the symptoms of allergic rhinitis [3]. CysLT1 receptor antagonists provide a new opportunity for simultaneous management of allergic diseases of the upper and lower respiratory tract. The combination therapy is more effective and acts more rapidly than either drug used alone. Ramatroban, a thromboxane A2 receptor antagonist with clinical efficacy in allergic rhinitis, was shown to also antagonize the prostaglandin D2 receptor CRTH2 [4,5]. In addition to other inflammatory mediators, PAF have a relevant participation in allergic inflammation [6]. Rupatadine is a dual inhibitor of histamine H1 and PAF receptors, which has been shown to be an effective and generally well-tolerated treatment for allergic rhinitis and chronic urticaria. These medications for allergic rhinitis offer numerous options that are effective, and readily available to target specific nasal symptoms.

Keywords
Cysteinyl leukotrienes, Allergic rhinitis, PAF, Thromboxane, Glucocorticoids

References