

Evidence for Clinical Safety, Efficacy, and Parent and Physician Perceptions of Levocetirizine for the Treatment of Children with Allergic Disease

A.N. Pampura ^a N.G. Papadopoulos ^b V. Špičák ^c R. Kurzawa ^d

^a Moscow Research Institute of Pediatrics and Children Surgery, Moscow , Russia; ^b Allergy Department,

2nd Pediatric Clinic, University of Athens, Athens , Greece; ^c Paediatric Department, Faculty Hospital Bulovka,

Prague , Czech Republic; ^d Department of Allergology and Pneumonology, National Research Institute for

Lung Diseases and Tuberculosis, Rabka-Zdrój , Poland

Abstract

Allergic rhinitis (AR) and chronic idiopathic urticaria (CIU) are highly burdensome diseases, which are increasing in prevalence, especially in the paediatric population. Despite the availability of a large number of medications for treatment of AR and CIU, their use in children has primarily been based on data obtained from a limited number of clinical trials in children and/or testing in adults. The H₁-antihistamines have traditionally been used as first-line treatment for the relief of both AR and CIU symptoms in children. The first-generation H₁-antihistamines are associated with marked adverse effects such as sedation, sleepiness/drowsiness as well as difficulties in learning and cognitive processing; thus, they are recommended for limited or discontinued use in children with AR or CIU. In contrast, second-generation H₁-antihistamines are more adapted for the use in children with AR and

CIU due to better safety profiles. However, only a limited number of trials with these agents have been conducted and generally, data from well-designed trials in children are lacking. Levocetirizine is one of the most extensively investigated H₁-antihistamines for its pharmacologic properties, safety, efficacy as well as overall global satisfaction in children aged 2–12 years. Levocetirizine is the only H₁-antihistamine launched in the 21st century shown to lack clinically relevant adverse effects on physical and psychomotor development or routine laboratory tests over a long-term period of 18 months in 1- to 3-year-old children predisposed to development of allergic disease. Available data suggest that levocetirizine is a suitable treatment option for AR and CIU in children aged 6 months to 12 years.

Copyright © 2011 S. Karger AG, Basel