Efficacy of ebastine in the treatment of allergic rhinitis
Mei Li*
Xuangang Worker’s Hospital of Iron and Steel Group in Hebei Province, 075100

ARTICLE INFO

Objective: To observe the clinical efficacy of ebastine in the treatment of allergic rhinitis (AR) and its safety. Methods: A total of 80 patients with AR who were admitted in our hospital from March, 2014 to January, 2015 were included in the study and divided into the study group and the control group with 40 cases in each group according to different treatment protocols. The patients in the two groups were given nasal spray of budesonide (Rhinocort). On this basis, the patients in the study group were orally given ebastine. The improvement of symptoms and the occurrence of adverse reactions before and after treatment in the two groups were compared. The double antibody sandwich ELISA was used to detect the levels of VCAM-1, IL-4, and IL-10. Results: The comparison of serum VCAM-1, IL-4, and IL-10 before treatment between the two groups was not statistically significant. After treatment, the levels of serum VCAM-1, IL-4, and IL-10 were significantly reduced when compared with before treatment. The levels of serum VCAM-1, IL-4, and IL-10 after treatment in the study group were significantly lower than those in the control group. The improvement of clinical symptoms after treatment in the study group was significantly superior to that in the control group. No obvious adverse reactions occurred during the treatment period in the two groups. Conclusions: Ebastine in the treatment of AR can significantly reduce the inflammatory reaction, and alleviate the clinical symptoms with no obvious adverse reactions and accurate efficacy.

1. Introduction

Allergic rhinitis (AR), frequently occurring in spring and autumn, is a common ENT disease in the clinic. According to the statistics, the morbidity of AR can reach 10%-25%, and is significantly elevated in recent 10 years. The main clinical symptoms of AR are nasal congestion, running nose, rhinocnesmus, and sneezing, which can bring a great influence on the normal study and life. The local application of antihistamine drugs and glucocorticoid nasal spray in the nasal cavity is the common method to treat AR, with an accurate efficacy, but has a certain side effect; therefore, looking for a more effective treatment method with lower side effects has becoming the research hot. Ebastine is a new type second histamine drug. It is reported that its therapeutic effect in the treatment of AR is superior to that by the routine treatment method. The study is aimed to observe the clinical efficacy of ebastine in the treatment of allergic rhinitis (AR) and its safety.

2. Materials and methods

2.1. Clinical materials

A total of 80 patients with AR who were admitted in our hospital from March, 2014 to January, 2015 with complete medical
3.2. Comparison of SSRI after treatment between the two groups

SSRIs of nasal congestion, running nose, rhinoconesmus, and sneezing after treatment in the study group were (0.55±0.33), (0.58±0.54), (0.51±0.54), and (0.47±0.50), respectively, while in the control group were (1.21±0.80), (1.10 ±0.74), (1.42±0.78), and (1.51±0.57), respectively. SSRI after treatment in the study group was significantly lower than that in the control group (P<0.05).

3.3. Comparison of the adverse reactions

No liver and kidney damage during the treatment process in the two groups. No side effects and adverse reactions were found.

4.Discussion

AR is the allergic reaction occurring in the nasal mucosa, with main pathological manifestations of elevated reaction of nasal mucosa to the external stimuli, and concurrence with the allergic conjunctivitis, which can severely affect the patients’ normal life[8-10]. It has been proved that[13-15], after exposure to allergens in AR patients, the release of IgE-mediated mediums can induce the clinical symptoms. Moreover, the morbidity of AR can reach 10%-25%, with a gradually increasing trend; therefore, looking for a highly effective treatment protocol is of great significance in improving the patients’ living qualities.

Some scholars argue that[14] various immune competent cells and cytokines are involved in the pathogenesis of AR, and the imbalance of immune response between Th1 and Th2 is an important reason...
to induce AR. VCAM-1, belonging to a super family member of immune globulin, is an important cell adhesion molecule, with a molecular weight of 110 kD, and can non-specifically combine with the glands on the surface of eosinophils to cause the migration of eosinophils, thus inducing the allergic reaction. Some researches demonstrate that[15] the expression of VCAM-1 in AR patients is significantly elevated. IL-4 is an important regulatory factor, can promote the proliferation of lymphocytes and adhesion molecules, and facilitate the immune response. IL-10 and IL-4 are the key cytokines released by Th2, and can inhibit the proliferation of Th1.

In conclusion, ebastine in the treatment of AR can significantly alleviate the clinical symptoms with no obvious adverse reactions and accurate efficacy.

References


