

labeled anti-IgE. As compared to the skin test, the assay of specific IgE in serum is less sensitive but has high specificity.

TREATMENT

Allergic Rhinitis

Although allergen avoidance is the most cost-effective means of managing allergic rhinitis, only in the case of animal dander and possibly dust mites is it feasible. Treatment with pharmacologic agents represents the standard initial approach to seasonal or perennial allergic rhinitis. Oral long-acting H₁ antihistamines, such as fexofenadine, loratadine, desloratadine, cetirizine, and levocetirizine, are effective for nasopharyngeal itching, sneezing, and watery rhinorrhea and for such ocular manifestations as itching, tearing, and erythema, but they are less efficacious for the nasal congestion. They reduce nasal and ocular symptoms by about one-third. These antihistamines are less lipophilic and more H₁ selective, thus minimizing their ability to cross the blood-brain barrier and therefore diminishing their sedating and anticholinergic effect; they do not differ appreciably in efficacy for relief of rhinitis and/or sneezing.

Intranasal high-potency glucocorticoids are the most effective drugs available for the relief of established rhinitis, seasonal or perennial, and are effective in relieving nasal congestion as well as ocular symptoms. They provide efficacy with substantially reduced side effects as compared with this same class of agent administered orally. Their most frequent side effect is local irritation, with fungal overgrowth being a rare occurrence. The currently available intranasal glucocorticoids—beclomethasone, flunisolide, triamcinolone, budesonide, fluticasone propionate, fluticasone furoate, ciclesonide, and mometasone furoate—are equally effective for nasal symptom relief, including nasal congestion; these agents all achieve up to 70% overall symptom relief with some variation in the time period for onset of benefit. The nasal antihistamines azelastine and olopatadine may benefit individuals with nonallergic vasomotor rhinitis as well as have additive benefit to intranasal steroids in allergic rhinitis, but they have an adverse