Tailor made therapy for allergic rhinitis

Azelastine - more than just an anti-histamine

The main symptoms of allergic rhinitis (AR) sound harmless – watery rhinorrhea, sneezing, itching of the mucosal lining, nasal obstruction along with watery, red and swollen eyes, but for many affected people these symptoms are not only irritating but debilitating and restrictive to their day-to-day activities such as sleep, work productivity, school performance, and leisure activities, particularly if they not only suffer from these annoying symptoms for just a few days, but the whole year round. Left untreated, the inflammation may develop into asthma. Treatment guidelines recommend different classes of medication to treat this complex inflammatory disease of different genesis and severity, including intra-nasal steroids, local cromoglycates, local or oral non-sedative H1-blockers, intra-nasal or oral decongestants and immunotherapy. Treatment should focus on symptomatic therapy and on controlling the underlying inflammation with the use of anti-inflammatory agents. However, with regard to patient compliance and the concurrent improvement of the quality of life, practical aspects and patient needs should also be considered in the management of AR. Above all, patients wish for rapid and uncomplicated assistance that helps them forget their allergy. Azelastine (Allergodil®, Lastin®, Afluon®) nasal spray provides a tailor-made therapy. It is a quick, efficient and well-tolerated treatment option for alleviating symptoms associated with allergic rhinitis that may be taken on an as-needed basis.

Azelastine is superior to other anti-allergic treatment options

First priority should be given to a therapy that significantly reduces the symptoms, particularly if they are as ubiquitous and irritating as the symptoms of allergic rhinitis. A comparison of the various treatment options showed azelastine to have a faster onset of action and better efficacy as the common steroid mometasone, as shown by the superior improvement of total nasal symptom score (TNSS). Azelastine is even as effective as the strongest corticosteroid fluticasone. Both nasal sprays lead to significant improvements in the overall Rhino Conjunctivitis Quality of Life Questionnaire (RQLQ) and the total daily symptom score (TDSS). The combination of azelastine and fluticasone was more effective than the individual treatments alone. Compared with the second-generation anti-histamine cetirizine, azelastine shows a significantly greater improvement in AR symptoms such as nasal congestion and sneezing. Azelastine is superior to cetirizine in the
improvement of RQLQ and the individual symptom scores. In addition, azelastine has a faster onset of action and a better efficacy than the new generation oral anti-histamine desloratadine. Azelastine is at least as effective as a steroid, even in up to 20% of patients with an unsatisfactory response to oral antihistamines (non-responders).

**Azelastine reduces all symptoms of AR of different severity**

Allergic rhinitis is a collection of symptoms that manifest themselves in various ways. Therapy approaches capable of fighting a broad spectrum of symptoms would thus be desirable. Azelastine is able to reduce all symptoms of allergic rhinitis and accompanying conjunctivitis. The nasal spray effectively treats the symptoms of a runny or blocked nose, itching and sneezing. The eye drops effectively treat the symptoms of itchy and watering eyes. In contrast, anticholinergics, for example, only reduce rhinorrhoea, not the other symptoms.

Azelastine nasal spray also has a broad spectrum of application. It effectively and reliably ameliorates the symptoms of seasonal and perennial allergic rhinitis. To date, it is the only anti-allergic medication indicated for the treatment of vasomotor rhinitis, an inflammation of the nasal mucosa not caused by a virus or bacteria. It is also non-allergic. To date, azelastine is registered for vasomotoric rhinitis in the USA, Portugal, and the Netherlands. Azelastine is suited for patients with AR of different severity, from mild to moderately severe intermittent and persistent rhinitis. It is recommended as first-line therapy and add-on therapy to other therapeutical options.

**Triple mode of action: causal, preventive and symptomatic**

Allergic rhinitis is the result of the immune system overreacting to environmental irritants. During the complex immunological answer antigen-presenting cells detect allergens and activate TH1-lymphocytes. TH1-lymphocytes release interleukins (IL) 4, 5, 10 and 13 which in turn provoke the release of IgE, attract eosinophil leukocytes and induce the maturation of mast cells and basophil leukocytes. Azelastine exerts an anti-allergic effect but also exhibits anti-inflammatory and mast-cell stabilizing effects. It reduces levels of IL-4 and CD23, decreases ICAM-1 and eosinophilic cells, reduces leukotrienes and oxygen radicals and down-regulates calcium release and influx, acting causally, preventatively and symptomatically at the same time. Azelastine is the first drug with this unique triple mode of action.

**Fast onset, long duration and flexible use**

What all allergy sufferers wish for the most is getting rid of the cumbersome symptoms as fast as possible. Azelastine starts working faster than other anti-allergic therapies. The nasal spray relieves patients from their discomfort in just 10-15 minutes following application. Azelastine eye drops start working 3 minutes following application. In contrast, nasal corticoids start to act only two hours and an oral antihistamine only two to three hours following application. Cromoglycates have to be administered at least 14 days before allergen exposure. Local steroids and oral H1-blocker too require regular use over 1 to 4 weeks prior to the anticipated start of the pollen season. By
contrast, Azelastine has an immediate effect. Due to its rapid onset of action and the rapid relief of allergic symptoms, azelastine can be used on an as-needed basis\textsuperscript{19}, either prophylactically or when symptoms arise. This is a decisive factor for patients. They do not have to be mindful of local allergens or aggravating factors during the allergy season or when travelling to other countries and are able to act in a flexible manner when symptoms occur. Since azelastine is active for \textbf{up to 12 hours}, \textbf{1 puff} per nostril or \textbf{1 drop per eye twice daily} is adequate to effectively reduce all symptoms of allergic rhinitis and allergic conjunctivitis\textsuperscript{20}.

\textbf{Good tolerability for further improvement of quality of life}

When an allergy saps the strength of a patient, a therapy should be chosen on the basis of tolerability in the patient under care, since fewer side effects improve the quality of life\textsuperscript{9}. Due to its topical application, azelastine has a low systemic bioavailability and therefore good tolerability. The side-effect profile of azelastine is superior to oral anti-histamines and intranasal corticosteroids.

\textbf{Conclusion: Azelastine is a key treatment option}

The treatment guidelines for AR therapy demand the management of the underlying inflammation and symptomatic treatment. Azelastine best fulfils these requirements of modern AR treatment. More importantly, Azelastine is the only anti-histamine with a triple mode of action, thus treating the disease and not just the symptoms. Azelastine is as effective as or even superior to other treatment options by reducing all symptoms of AR of different severity. In addition, an effective AR management should be individualized and requires a good physician-patient partnership. Azelastine has been shown to be a fast acting, flexible and easy-to-use treatment that facilitates the cooperation between doctor and patient and increases patient compliance.
10 good reasons for recommending and prescribing azelastine:

→ Triple mode of action: anti-inflammatory, mast-cell stabilizing and anti-histaminic
→ For allergic rhinitis and accompanying conjunctivitis
→ Relief of all symptoms
→ Reliable, even in patients who are non-responders to oral anti-histamines
→ Broad spectrum of application
→ Fast onset of action
→ Easy to use
→ Once/twice daily dosing regime
→ Use on an as-needed basis (prophylactically or symptomatically)
→ Well-tolerated
→ Improvement of quality of life

Further information:
www.novolizer.com
www.azelastine.info
www.meda.se

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