

Unbearable Pruritus After Withdrawal of (Levo)cetirizine

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Abstract

Twelve cases of unbearable pruritus several days after withdrawal of (levo)cetirizine were reported to the Netherlands Pharmacovigilance Centre Lareb. Eleven reports concerned women and one report concerned an, aged 19–58 years. These patients had been using these antihistamines continuously for months or years. They had tried to stop using antihistamines on several occasions but felt unable to withdraw the drug because of the unbearable maddening itch. Finally, slowly tapering the drug or using a short course of corticosteroids helped to withdraw (levo)cetirizine. The Naranjo assessment score ranged from two to four for all the cases, indicating a possible relationship.

Introduction

Allergic rhinitis is an inflammatory immunoglobulin E-mediated disease with symptoms of sneezing, nasal pruritus, nasal congestion and nasal discharge. Triggering allergens include seasonal pollens and moulds, as well as dust mites and pets. Allergic rhinitis can be seasonal or year round, with symptoms being intermittent or persistent [1]. Sensitisation to inhaled allergens begins during the first year of life. The prevalence of allergic rhinitis peaks in the second to fourth decades of life and then gradually diminishes [2]. Allergic rhinitis is a common disease, with a prevalence estimated between 10 and 30% of the population [3]. Treatment options include H₁-antihistamines, intranasal glucocorticoids, leukotriene-receptor antagonists and allergen immunotherapy [2]. Oral antihistamines have been in use since 1940. These agents are effective for the relief of symptoms including rhinorrhoea, sneezing, itching, nasal blockage as well as associated ocular complaints. Oral antihistamines can be broadly categorised as first- or 1 second-generation antihistamines. The first-generation antihistamines have side effects such as sedation and mucosal dryness, which limit their use. Second-generation antihistamines are highly selective for the H₁ receptor and have limited penetration of the central nervous system. Cetirizine and levocetirizine belong to the second-generation antihistamines. Levocetirizine is the active R-enantiomer of cetirizine. The advantages of treatment with oral antihistamines include a rapid onset of action, once-daily dosing, maintenance of effectiveness with regular use and¹ the availability of some drugs without a prescription. Maximum benefit is seen with continuous use, but in patients with intermittent symptoms use on an as-needed basis can provide significant symptom relief [1].

In the period from October 1989 to June 2016, the Netherlands Pharmacovigilance Centre Lareb received 12

reports of unbearable pruritus after withdrawal of cetirizine or levocetirizine. Four reports were reported by healthcare professionals and eight reports were reported by consumers. Striking in these reports is the occurrence of a maddening generalised itch after withdrawal of the antihistamine, which is reported to be different to the complaints that the antihistamines were used for in the first place.

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