

No evidence of benefits from H1 antihistamines for eczema

Clinical Question	How effective are oral H1 antihistamines (AH) as an “add-on” therapy to topical treatment for eczema?
Bottom Line	There was no consistent evidence that H1 AH treatments were effective as 'add-on' therapy for eczema when compared to placebo (low and moderate quality evidence). However, fexofenadine probably led to a small improvement in patient-assessed pruritus, with probably no significant difference in the amount of treatment used to prevent eczema flares. Cetirizine was no better than placebo in terms of physician-assessed clinical signs nor patient-assessed symptoms, and there was no evidence that loratadine was more beneficial than placebo, although all interventions seemed safe. Trial duration was between three days and 18 months. Researchers studied 13 different H1 AH treatments.
Caveat	The quality of evidence was limited because of poor study design and imprecise results. It was not possible to undertake pooling because of the high level of diversity across studies in terms of duration and dose of intervention, concomitant topical therapy, and outcome assessment.
Context	Use of oral H1 AH as adjuvant therapy alongside topical agents is based on the idea that combining the anti-inflammatory effects of topical treatments with the blocking action of histamine on its receptors in the skin by H1 AH (to reduce the principal symptom of itch) might magnify or intensify the effect of treatment.
Cochrane Systematic Review	Matterne U et al. Oral H1 antihistamines as “add-on” therapy to topical treatment for eczema. Cochrane Reviews, 2019, Issue 1. Art. No.: CD012167.DOI: 10.1002/14651858.CD012167.pub2. This review contains 25 studies involving 3,285 participants.

Pearls No. 626, September 2019, written by Brian R McAvoy. C47

Systematic review link:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012167.pub2/full>