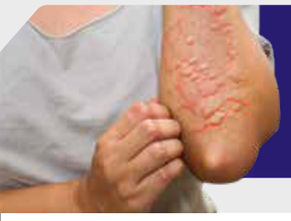

My memorable Urticaria Case

Bilastine Showed Superior Outcome Vs Fexofenadine[1]

Superior
efficacy in refractory patients

Symptom Free
within 3 Hrs by reducing IL#-6 & IL#-8 inflammatory markers

2X
Better Quality of Life
than other anti-histamines

No Sedation
upto 80mg up-dosing

Brought to you by

5 Years of PIONEERS IN BILASTINE

℞ **BILANIX** 20 mg Tablet

Forte Tablet

Bilastine 20/40mg

---

ajanta pharma

ajanta pharma

My Memorable Case

Case study 1:

Case Report: Bilastine Utilization in a Driver with Chronic Spontaneous Urticaria

Expert view - Dr. Kiran Godse

Prof. Dr. Kiran Godse
MD, PhD, FRCP (Glasg.)
President IADVL National 2020
Professor of Dermatology,
D.Y.Patil University School of Medicine,
Shree Skin Centre & Pathology Laboratory,
Navi Mumbai.

Urticaria, a dermatological condition characterized by wheals, angioedema, or both, can be classified as either acute or chronic, depending on the persistence of symptoms lasting at least six weeks. For chronic urticaria (CU), effective pharmacological intervention is essential to alleviate symptoms in affected individuals. The 2022 Guidelines from the Skin Allergy Research Society strongly advocate for the initial use of nonsedating, second-generation H1-antihistamines (sAHs) as the primary treatment for CU patients.[1] A network meta-analysis underscores the superiority of sAHs such as olopatadine, fexofenadine, bilastine, rupatadine, and levocetirizine over placebo in chronic spontaneous urticaria (CSU). According to a retrospective investigation, CSU patients who failed to achieve satisfactory outcomes with commonly prescribed antihistamines, even with increased dosage or combination therapy, experienced relief and enhanced quality of life upon transitioning to bilastine. An Indian study indicates that escalating the dosage of non-sedating sAHs leads to superior responses compared to a combination of second-generation and first-generation antihistamines. Moreover, bilastine has proven effective in managing CSU cases resistant to levocetirizine, with no discernible impact on psychomotor function or driving ability.[2]

Case presentation:

A 47-year-old male truck driver visited the dermatology outpatient department (OPD) with the following concerns:

- Consistent appearance of red rashes on his body almost daily.
- The rashes are accompanied by intense itching.
- He has been experiencing these episodes for the past two years.
- Initially prescribed Tab. Levocetirizine 5mg twice daily for one month, the dosage was subsequently increased to 10mg twice daily for the past month, resulting in symptom control.
- He reports experiencing increased sedation, which is interfering with his daily activities.
- He has a history of hypertension for the past decade and is currently taking Tab. Telmisartan (40mg) once daily. There is no history of diabetes mellitus, tuberculosis, thyroid disorders, or bronchial asthma.

My memorable Urticaria Case

Clinical Examination:

- Wheals with mild pruritis (pruritus)
- Dermographism is positive
- Angioedema +
- Urticaria activity score (UAS 7): 30
- Urticaria control test (UCT): 10

Investigations:

Hemoglobin	12.1 g/dl
Absolute neutrophil count	8247 cells/mm3
Neutrophil	70%
Lymphocytes	28%
RBS (Random blood sugar)	126 mg/dl
TSH (Thyroid stimulating hormone)	3 mIU/L
CRP (C-reactive protein)	Within normal limits

Management:

- Initiated treatment with Tab. Bilastine 20 mg once daily.
- Tab. Ranitidine 150 mg twice daily.
- Improvement in urticarial symptoms was observed after 14 days of therapy, evidenced by better scores on UAS7 and UCT.

Follow-up:

- Increased Tab. Bilastine dosage to 40 mg twice daily, resulting in complete symptom control.
- Patient reported no disruption of sleep or daily routine activities due to urticarial symptoms.
- No excessive sedation was reported.

Discussion:

Urticaria, an inflammatory skin disorder that is both common and heterogeneous, exhibits a lifetime prevalence of 20% worldwide. While most cases of acute urticaria resolve within one week, fewer than 40% become chronic, lasting several years before spontaneous remission occurs. Chronic urticaria can significantly impact health-related quality of life, resulting in disrupted sleep, decreased physical and emotional well-being, and impaired performance in academic and occupational settings. Chronic spontaneous urticaria (CSU), recurring at least twice weekly and lasting more than six weeks, primarily manifests with wheals (approximately 57%), wheals and angioedema (around 37%), or angioedema alone (about 6%). [3,4]

Bilastine, a potent and specific H1-antihistamine, emerges as a viable treatment option for CSU across various age groups. It boasts rapid onset and prolonged duration of action, undergoes minimal metabolism, and lacks significant interaction with the CYP450 system, reducing the likelihood of drug-drug interactions. Moreover, it does not necessitate dosage adjustments in elderly patients or those with renal or hepatic impairment. Bilastine is generally well-tolerated, even at doses higher than standard recommendations, exhibiting no anticholinergic or cardiotoxic effects, negligible central nervous system penetration, minimal sedative properties, and an improvement in health-related quality of life. [2,5]

A parallel-group, randomized (1:1), double-blind, active treatment-controlled trial involving patients aged 18-65 with moderate-to-severe CSU (Urticaria Activity Score ≥16) over six months demonstrated Bilastine (20 mg) to be more effective than Levocetirizine (5 mg) while exerting a similar impact on quality of life and causing less sedation. [6]

My memorable Urticaria Case

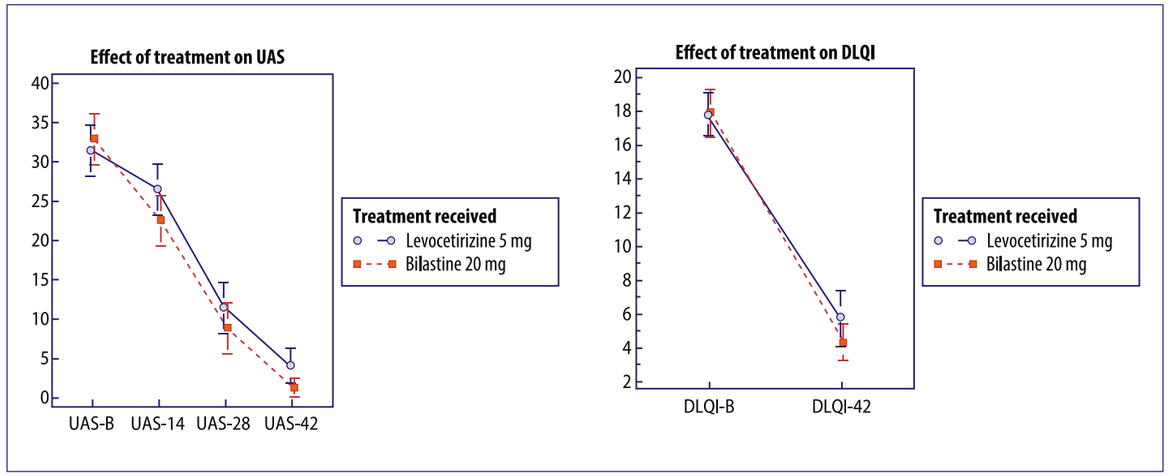

Figure 1: Bilastine vs. Levocetirizine: Effect of treatment on UAS and DLQI [6]

UAS: Urticaria Activity score; DLQI: Dermatology Life Quality Index

Bilastine can prove effective at higher doses (up to fourfold) for patients who do not respond to standard doses. In a well-designed clinical trial among patients with acquired cold urticaria, Bilastine (20 - 80 mg once daily) exhibited a response rate of 60%, comparable to placebo for adverse event occurrence, indicating its safety even at doses two to four times higher than the recommended daily dose. [2] Bilastine does not impair driving ability after single or repeated doses and can be safely used in traffic at doses up to 40 mg. A double-blinded, placebo-controlled study evaluating the driving effects of Bilastine 20 and 40 mg after a single dose and once-daily dosing for a week found no detrimental effects from either dose, whether administered singly or daily for a week. [7]

Bilastine may serve as the primary treatment option for individuals experiencing inadequate symptom control with levocetirizine or encountering sedation at higher doses, particularly among drivers, in cases of chronic urticaria. Bilastine does not induce driving impairment following single or repeated doses and can be safely utilized in traffic at dosages up to 40 mg.

CSU: Chronic spontaneous urticaria, CNS: Central nervous system, BD: Twice daily, OD: Once daily,TDS: Three times daily, UAS7: Urticaria activity score 7, ESR: Erythrocyte sedimentation rate, EAACI: European academy of allergy and clinical immunology, GA2LEN: Global allergy and asthma European network ,EDF:European dermatology forum, WAO: World allergy organization, CTT: Critical temperature threshold, DLQI: Dermatology life quality index, CIndU: Chronic inducible urticaria

References:

1.Godse K, Patil A, De A, Sharma N, et al. Diagnosis and management of urticaria in Indian settings: Skin allergy research society's guideline-2022. Indian Journal of Dermatology. 2022 Nov;67(6):732

2.Godse K, Rajagopalan M, Shah B, et al. Bilastine up-dosing in chronic urticaria: A review. Indian J Drugs Dermatol 2022; 8:55-8.

3.Kolkhir, P., Giménez-Arnau, A.M., Kulthanan, K. et al. Urticaria. Nat Rev Dis Primers. 2022; 8:61. https://doi.org/10.1038/s41572-022-00389-z

4.Kayiran MA, Akdeniz N. Diagnosis and treatment of urticaria in primary care. North Clin Istanb. 2019; 6(1): 93–99.

5.Church MK, Tiongco-Recto M, Ridolo E, Novák Z. Bilastine: a lifetime companion for the treatment of allergies. Current Medical Research and Opinion. 2019; 36(3):445–54.

6.Podder I, Das A, Ghosh S, et al. Eectiveness, safety, and tolerability of bilastine 20 mg vs levocetirizine 5 mg for the treatment of chronic spontaneous urticaria: A double-blind, parallel group, randomized controlled trial. Dermatol Ther. 2020; 33(6):e13946.

7.Conen S, Theunissen EL, Van Oers AC, et al. Acute and subchronic eects of bilastine (20 and 40 mg) and hydroxyzine (50 mg) on actual driving performance in healthy volunteers. Journal of Psychopharmacology. 2010; 25(11):1517–23