ELSEVIER

LETTER TO THE EDITOR

Reply to: Treatment of hay fever with a single intramuscular (i.m.) injection of corticosteroid

Dear Editor,

‘Help, not harm’

We would like to respond to Barnes and Kuitert’s comments [1] concerning our systematic review of i.m. corticosteroid treatment for hay fever [2]. We welcome this further discussion.

Like Bousquet [3], Barnes and Kuitert mention subjective negative experiences with i.m. steroid treatment for hay fever [1], but in our experience, patients suffering from severe hay fever respond with gratitude when given this treatment, especially during seasons with high pollen load.

While personal experience is important, scientific evidence is clearly needed. In our review [2] and in our response to Bousquet’s editorial [4] we showed that no serious side effects have been reported in scientific trials, nor in the only published register study on 330,000 injections of i.m. steroid [5].

Barnes and Kuitert state that i.m. steroid treatment in hay fever is “obviously redundant” [1]. This may be true, but it is not convincing, since i.m. steroid treatment for severe hay fever is often prescribed [2]. We referred to White’s UK survey of adult hay fever patients in which a subgroup of 526 patients (11.4%) received i.m. steroid treatment [6]. Furthermore, i.m. steroids are important treatments in other areas, such as rheumatology, and are used in asthma exacerbations [7].

Barnes and Kuitert mention “the possible use of immunotherapy” before using i.m. steroids. However, it is imperative to note that very serious side effects - for example, anaphylactic shock - have been reported following subcutaneous immunotherapy [8,9].

Barnes and Kuitert complain that the main outcome measure in our review is a global satisfaction scale. However, in five of the nine double-blind randomised controlled trials (RCTs)

the main outcome measures are specific local symptoms. These outcome measures are used in several newly published papers on hay fever. We agree that the validated rhinoconjunctivitis quality of life questionnaires (QOLQ) developed in the early 1990’s [10,11] represent a big step forward and should be *sine qua non* in modern research on this issue. These QOLQ encompass specific symptoms as well as global health impairment.

In summary, some patients with severe hay fever do not obtain control with combinations of first line medications for hay fever. In White’s survey, 56.7% reported only partial control after receiving combined nasal steroids and antihistamines [6]. I.m. steroid treatment is requested by patients who have personal experience of its superiority compared to other regimes. The nine existing RCTs demonstrate efficacy and superiority to nasal steroids, and no important side effects have been reported [2]. Furthermore i.m. steroids are a very cost effective treatment.

We regret that i.m. steroid treatment is discouraged in international guidelines [12] without scientific evidence. In contrast to Barnes and Kuitert, we think that the reason for the lack of studies on i.m. steroid treatment for hay fever after 1988 remains unclear.

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