ELSEVIER

LETTER TO THE EDITOR

Treatment of hay fever with a single intramuscular (i.m.) injection of corticosteroid*Dear Editor,*

We read with interest the systematic review of intramuscular corticosteroid for the treatment of hayfever [1] and the accompanying editorial by Professor Bousquet [2] in the June issue of the journal (Vol. 14, no. 3). We would like to support strongly Professor Bousquet's editorial. When we first began to train in respiratory medicine there were still patients who were being treated with intramuscular triamcinolone for asthma and hayfever and the severe side-effects of this treatment were only too evident.

Titration of treatment against disease severity is impossible when a depot preparation is used. The authors express surprise that no studies were done after 1988. The reason for this is clear; medical treatments move on and researchers felt that there was little value in examining further a treatment that was obviously redundant. In the authors' response to Professor Bousquet's editorial, they state that they have performed "a systemic review of i.m. corticosteroid injection for the treatment of severe hayfever". However, examination of the clinical trials included would indicate that the majority of patients included did not have severe hayfever.

Another problem with the systematic review is that the main outcome measure is a global satisfaction scale. For a treatment which will not just affect rhinitis but asthma as well, and have potential psychological effects, this is

inappropriate, and has now been superseded by well validated rhinitis-specific symptom scores. If one is to build a case for the use of intramuscular depot steroid injections, it could only possibly be in patients who had failed to respond to intranasal steroids, antihistamines, avoidance measures and possibly immunotherapy. The trials would have to be of sufficient power and using appropriate and well-validated outcome measures. As these criteria are met by none of the included studies, the authors cannot possibly use this systematic review as evidence of the benefit of systemic steroids in severe hayfever, and their defence of the conclusions is invalid.

References

- [1] Østergaard MS, Zstrem A, Söderström M. Hay fever and a single intramuscular injection of corticosteroids: a systematic review. *Prim Care Resp J* 2005;14(3):124–30.
- [2] Bousquet J. Primum non nocere. *Prim Care Resp J* 2005;14(3):122–3.

Neil Barnes (*Consultant in Respiratory Medicine*)*
Lieske Kuitert (*Consultant Respiratory Physician*)
The London Chest Hospital, Bonner Road,
London E2 9JX, UK

* Corresponding author. Tel.: +44 (0) 8983 2406;
fax: +44 (0) 8983 2279.

E-mail address:
neil.barnes@bartsandthelondon.nhs.uk
(N. Barnes)

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