

Newer-generation antihistamines and the risk of adverse events in children: a systematic review

Michael Miligkos¹, Maria Dakoutrou¹, Eleni Statha², Nikoletta Theochari², Ilektra Antonia Mavroeidi², oanna Pankozidou², Irene Papaconstadopoulos³, and Nikolaos Papadopoulos⁴

¹Agia Sofia Children's Hospital

²Society of Junior Doctors

³Monmouth University

⁴National & Kapodistrian University of Athens

December 1, 2020

Abstract

Background: H1-antihistamines (AHs) are widely used for the treatment of allergic diseases, being one of the most commonly prescribed classes of medications in Pediatrics. Newer-generation AHs are associated with fewer adverse effects compared to first-generation. However, their relative harms in the pediatric population still need scrutiny. **Methods:** We performed a systematic review of randomized controlled trials (RCTs) which included comparisons of safety parameters between an orally administered newer-generation AH with another AH (first- or second- generation), montelukast or placebo in children aged[?]12 years. We searched MEDLINE and CENTRAL, independently extracted data on study population, interventions, adverse events (AEs) and treatment discontinuations, and assessed the methodological quality of the included RCTs using the Cochrane's risk of bias tool. **Results:** Forty-five RCTs published between 1989 and 2017 met eligibility criteria. The majority of RCTs included school-aged children with allergic rhinitis and had a follow-up period of up to a month. Four RCTs reported serious AEs in patients receiving a newer-generation AH, but only two patients experienced a possibly drug-related serious AE. The occurrence of AEs, drug-related AEs and treatment discontinuations due to AEs varied between RCTs. Most AEs reported were of mild intensity. Indirect evidence indicates that cetirizine is more sedating than the other newer-generation AHs. **Conclusion:** Our findings confirm that newer-generation AHs have a favorable safety and tolerability profile. However, we could not draw firm conclusions regarding the comparative safety profile of the newer-generation AHs due to the paucity of head-to-head RCTs, variation in definitions and reporting of AEs, and short follow-up duration.

Introduction

Allergic conditions affect a large number of children worldwide and have considerable socioeconomic burdens for both the children and their families¹. It is estimated that approximately 40% of children suffer from allergic rhinitis, whereas almost half of the school-age population is sensitized to one or more common allergens, and these numbers are expected to rise following a steady upward trend in the last decades^{1,2}.

H1-antihistamines are widely used for the treatment of allergic diseases, being one of the most commonly prescribed classes of medications in the pediatric population³. They mainly act in the respiratory, gastrointestinal and vascular smooth muscle tissues by preventing their constriction and in the salivary and lacrimal gland tissues by decreasing the histamine induced secretion⁴. More than 45 antihistamines are currently available⁵ and they are generally subdivided into two groups: first- and newer-generation antihistamines. First-generation antihistamines are still widely used in clinical practice worldwide despite the relative paucity of data regarding their use in children. Newer-generation antihistamines are generally associated with fewer adverse effects compared to first-generation antihistamines due to their higher selectivity for the H1-receptor

and their limited blood-brain barrier passage and therefore are the preferred medications for the treatment of allergic diseases^{6,7}. In adults, cetirizine and levocetirizine seem to be more sedating than loratadine, desloratadine and fexofenadine⁸, whereas in a review of inter-drug differences using proportional impairment ratios, minor differences were observed in the likely impairing potential of newer-generation antihistamines⁹. In children, some newer-generation antihistamines are approved from the age of 6 months and most of them from the age of 2 years¹⁰. However, the relative harms of the newer-generation antihistamines have not been established in the pediatric population.

Therefore, we did a systematic review of randomized controlled trials (RCTs) that compared the safety of newer antihistamines with any other antihistamine, montelukast or placebo in children [?] 12 years old.

Methods

Data sources and search

We searched MEDLINE and CENTRAL from inception through September 2020. Our search strategy included terms suggestive of the intervention of interest (newer-generation antihistamines) and the age group of interest (pediatric patients [?] 12 years old). Details of our search strategy can be found in the Appendix.

Study selection

We included peer-reviewed publications of RCTs if they fulfilled all of the following criteria: comparison of a newer-generation antihistamine (bilastine, cetirizine, desloratadine, fexofenadine, levocetirizine, loratadine and rupatadine) with another antihistamine (first- or newer- generation), except for terfenadine/astemizole, montelukast or placebo in children aged [?] 12 years; oral administration of the interventions in any dose and for at least one week (single-dose and provocation challenge studies were excluded in order to better reflect everyday clinical practice); reporting of adverse events; and English-language publication.. The primary outcome of interest was the number of patients with at least one adverse event. Secondary outcomes of interest comprised the type of adverse events, adverse events related to study medication according to the original investigators, serious adverse events and treatment discontinuations due to adverse events. Two investigators (M.D. and E.S.) independently screened the titles and abstracts of the citations for potentially relevant publications using Abstrackr¹¹. The same two investigators retrieved and screened the full-text of potentially relevant articles. Any disagreement was resolved with the assistance of a third investigator (M.M.).

Data extraction

Two investigators (M.D. and E.S.) independently extracted data from the included publications. Any disagreement was resolved by a third investigator (M.M.). We extracted data on study design and methods, patient characteristics, interventions, comparators, concomitant medications, adverse events and treatment discontinuations using a standardized extraction form in an Excel® spreadsheet.

Quality assessment

We assessed the methodological quality of the included publications using the Cochrane's Collaboration risk of bias tool for RCTs¹². We assigned a judgement of 'low', 'high' or 'unclear' to every item included in the tool (sequence generation, allocation concealment, patients' blinding, caregivers' blinding, outcome assessors' blinding, attrition, and selective outcome reporting). Studies that reported sufficient information about the implementation of blinding (such as double-blinding and matching capsules) were considered low risk of bias for this specific item, whereas studies that reported only phrases such as "double-blind" had unclear risk of bias. In double-blind studies, the blinding of the outcome assessors was considered adequate if patients reported the occurrence of adverse events. We compared the proportion of patients who discontinued treatment in each group by the chi-square test and a p-value less than 0.1 was indicative of differential loss-to-follow-up and the study was assigned a judgement of 'high risk of bias' for this specific item. Two of three authors (N.T., I.M. and J.P.) independently completed the assessments. Any disagreements were resolved by the addition of a third author (M.M.).

Results

Literature search

Figure 1 summarizes our search yield. We screened 2358 citations, we excluded 2249 as irrelevant, and 109 articles were retrieved for full-text review. Finally, we included 45 randomized controlled trials¹³⁻⁵⁹. There were two RCTs with data reported in two separate publications each^{43&44,48&49}.

Study characteristics

Table 1 summarizes the characteristics of the included studies that were published between 1989 - 2017.

The majority of studies were conducted in Europe and USA. The RCTs included children 6 months to 15 years old with an overall male predominance. Most studies included school-aged children and seven publications included children [?] 24 months-old^{20,25,27,31,35,43&44}. The most frequent type of condition that required the use of antihistamines was allergic rhinitis^{13,14,15, 17-21,23,24,26,28-30,32-36,39-42,45-52,55-58}, followed by chronic idiopathic urticaria^{15,20,30,35,38,42} and atopic dermatitis^{25,35,37,43,44,54}. The majority of studies did not provide any evidence regarding concomitant medications and ten studies reported inclusion of patients with concomitant asthma^{16,17,28,33,34,40,47,52-54}. Cetirizine was administered in 22 studies^{14,21,26,32,34-36,38,40,45,47-58}, loratadine in 10 studies^{14,18,31,37,39,42,46-47,59}, levocetirizine in 6 studies^{19-21,25,28,29}, fexofenadine in 4 studies^{23,24,33,41}, desloratadine in 4 studies^{13,16,27,30}, rupatadine in 2 studies^{16,17} and bilastine in 1 study¹⁵. In most studies the dose of cetirizine was 0.2 mg/kg twice daily for children less than 2 years old, 2.5 to 5 mg once daily (OD) for children 2-6 years old and 10 mg OD for children 6-12 years old. Loratadine dosing was generally weight-based in the included studies (5 mg OD in children [?] 30kg and 10 mg OD in children > 30kg). Levocetirizine dose was 5 mg OD for children 6-12 years old, 1.25 mg twice daily (BD) for children 1-5 years old, 0.125mg/kg OD for children 1-2 years old and 1.25 mg OD for children 6-11 months old. The dose of fexofenadine ranged from 15 mg to 60 mg OD, based on age. Desloratadine was administered at a dose of 1mg OD in infants, 1.25 mg OD in children 1-5 years old and 2.5 mg OD in children 6-11 years old. Rupatadine dosing was weight-based, i.e., 2.5 mg OD for children 10-25 kg and 5mg OD for children > 25 kg. Bilastine dose was 10 mg OD for children 2-12 years old. The duration of treatment varied among studies (1-72 weeks). The majority of studies lasted less than a month.

Assessment of risk of bias

Table 2 summarizes our risk of bias assessment. Generation of a randomized sequence and allocation concealment were not clearly reported in most RCTs. All but two RCTs reported double-blinding. The other RCTs were open-label¹⁸ and investigator-blinded⁵⁹. One RCT had differential loss to follow-up²⁴. One crossover RCT had a washout period of 7 days³⁴.

Adverse events and tolerability

The proportions of patients with adverse events in each RCT are shown in Table 3. Four RCTs did not provide numerical data regarding adverse events^{13,22,48&49,53}.

Serious adverse events

Thirteen RCTs provided data regarding the occurrence of serious adverse events^{14,15,19,21,25-29,32,33,36,43&44}. Four RCTs reported serious adverse events in patients receiving a newer-generation antihistamine^{15,25,33,43&44}, but only two patients experienced a possibly drug-related serious adverse event. The first patient received fexofenadine (30mg BD) for 14 days and he experienced mild asymptomatic transient neutropenia, which could also be associated with subclinical infections, according to study authors³³. The second patient, a 14-month-old toddler, had slightly elevated baseline transaminases levels and 5 weeks after the initiation of cetirizine, the investigators observed a 10-fold increase (AST and ALT >1000 UI/ml)^{43&44}. The toddler remained asymptomatic throughout the study period and the transaminases levels returned to normal a month after treatment discontinuation.

Newer-generation antihistamines in head-to-head RCTs

Only five RCTs directly compared newer-generation antihistamines^{14,17,22,45,47}. In a large RCT¹⁴, the (drug-related) AEs rates were similar in cetirizine and loratadine groups. However, more patients who received loratadine discontinued treatment due to AEs. Cetirizine and loratadine were also compared in a small RCT⁴⁷; no patient experienced a drug-related AE or discontinued treatment. Patients on rupatadine experienced fewer (drug-related) AEs compared to patients on desloratadine; no data were reported regarding treatment discontinuations¹⁶.

Newer-generation antihistamines *vs.* placebo

Across all placebo-controlled trials, the proportions of patients with AEs varied. Cetirizine was compared with placebo in 16 RCTs^{14,21,26,32,34-36,40,43&44,48&49,50,53,54,56-58}. Overall, the occurrence of adverse events was generally similar in both groups. Half of the RCTs provided information regarding drug-related adverse events^{14,26,35,40,43&44,54,56,57}. Drug-related AEs occurred in similar frequencies in treatment groups and in less than 5% of the included patients in RCTs with a large sample size^{14,43&44}. The tolerability of cetirizine was comparable to placebo and in eight RCTs no patient discontinued treatment due to AEs in both treatment groups. Loratadine was compared with placebo in seven RCTs^{14,22,31,37,39,42,46}. There were no clinically significant differences between groups in the proportion of patients with (drug-related) AEs or treatment discontinuations due to AEs. Levocetirizine and placebo were compared in six RCTs^{19,21,23,25,28,29}. The proportions of patients with (drug-related) AEs or treatment discontinuations were similar between groups. Fexofenadine was compared with placebo in four studies^{23,24,33,41}. None of them reported any clinically significant difference regarding AEs or treatment discontinuations. Three studies compared the use of desloratadine with placebo^{16,27,30} and reported slightly lower rates of adverse events in the placebo group. In the largest RCT²⁷, more patients in the desloratadine group experienced drug-related AEs, but less than 1% of patients discontinued treatment. Rupatadine was compared with placebo in two studies^{16,17}. In both studies, the proportions of patients with AEs were similar, however drug-related AEs occurred less frequently in the rupatadine group in one study¹⁶. No data were available regarding treatment discontinuations. In one RCT, there was no difference between bilastine and placebo in the frequency of AEs, drug-related AEs or discontinuations¹⁵.

Newer-generation antihistamines *vs.* first generation antihistamines

Seven studies compared a newer with a first generation antihistamine, i.e., oxatomide, ketotifen, chlorphenamine, dexchlorphenamine and cyproheptadine^{18,22,36,38,51,52,59}. Across all RCTs, the proportions of patients with AEs were slightly lower in the newer-generation antihistamines group compared to the first generation antihistamines group. Only a few patients discontinued treatment in both groups.

Newer-generation antihistamines *vs.* other drugs

Cetirizine was compared with montelukast in two small RCTs^{26,32}. No clinically meaningful differences regarding the occurrence of AEs were reported. No patient discontinued treatment in both RCTs.

Newer-generation antihistamines in children [?] 2 years old

Seven RCTs^{20,23,25,27,31,35,43&44} included infants ([?]6 months old) or young toddlers. There was no difference in the proportion of patients with AEs between the active treatment and placebo groups (Table 3). However, infants who received levocetirizine were more likely to experience an AE compared to children aged 1-5 years²⁰ and cetirizine-related AEs were generally more frequent in the 6-8 month- than the 9-11 month- age group³⁵.

Commonly reported adverse events

Adverse events reported in the included RCTs are summarized in Table 4. The most frequently reported AEs included minor neurological, gastrointestinal and respiratory symptoms and specifically somnolence, headache, insomnia, abdominal pain, vomiting, diarrhea and upper respiratory tract infections. Of note, somnolence was more frequently reported by patients in the cetirizine compared with patients in the placebo groups, whereas no difference was observed between patients treated with cetirizine and first-generation antihistamines. In contrast, the other newer-generation antihistamines did not appear more sedating than

placebo. In four head-to-head RCTs of cetirizine with loratadine or levocetirizine, the proportions of patients with somnolence were slightly higher in the cetirizine groups, but overall the observed proportions in these RCTs were low^{14,21,45,47}. There were no significant differences regarding EEG parameters between any treatment groups in the included RCTs.

Discussion

In children [?] 12 years old who received newer-generation antihistamines, the occurrence of AEs, drug-related AEs and treatment discontinuations due to AEs varied between RCTs, though in general, no clinically meaningful differences were observed in the majority of RCTs. Importantly, only two patients experienced a possibly drug-related serious AE and most AEs reported in the RCTs were of mild intensity.

Several systematic reviews have examined the state of evidence regarding the use of antihistamines, but most of them included adults and/or antihistamines withdrawn from the market. International guidelines such as those published by the European Academy of Allergy and Clinical Immunology (EAACI), the Allergic Rhinitis and its Impact on Asthma (ARIA) group and the Global Allergy and Asthma European Network (GA²LEN) recommend the use of newer-generation over first generation antihistamines in an attempt to avoid sedation and performance impairment associated with the latter type of antihistamines⁶⁰⁻⁶². Carson and colleagues⁸ assessed the efficacy and harms of newer-generation antihistamines in head-to-head, placebo-controlled or non-interventional trials in adults and children with allergic rhinitis or urticaria. They concluded that newer-generation antihistamines were well tolerated in children, with no clinically relevant differences regarding adverse events. However, the included studies in adults suggested that newer-generation antihistamines resulted in more sedation compared to placebo and both cetirizine and levocetirizine were more sedating than loratadine or desloratadine. In our study, due to the paucity of head-to-head RCTs, there is only indirect evidence that cetirizine is more sedating than the other newer-generation antihistamines; cetirizine-treated patients experienced somnolence more frequently than placebo-treated patients, whereas no such difference was observed between the remaining newer-generation antihistamines and placebo. In addition, although comparable proportions of patients aged [?] 2 years treated with either a newer-generation antihistamine or placebo reported the occurrence of AEs, these AEs were more frequently reported in the younger age group.

Our systematic review has several limitations, which need to be considered when interpreting the results. At the individual trial level, most RCTs were not primarily designed to assess safety parameters and therefore no formal statistical comparisons were undertaken. The majority of RCTs had a short follow-up period and used patient-reported AEs, through either interviews at trial visits or diary cards. A definition of serious adverse events and data on concomitant medications were generally not reported. Of note, the absence of a sufficient number of head-to-head RCTs provides only indirect evidence for the relative safety and tolerability of newer-generation antihistamines. Although the inclusion of RCTs only in the present systematic review provides the highest level of the available evidence, the exclusion of non-interventional studies which may better reflect everyday clinical practice in certain circumstances and have a longer follow-up period, limit our ability to increase the generalizability of our findings (e.g., reports of off-label use, up-dosing schemes or long-term administration). On the other hand, the exclusion of single-dose RCTs, which objectively measure the effect of antihistamines on alertness and psychomotor performance may have restricted our ability to detect differences of clinical interest. Finally, the observed clinical and methodological heterogeneity (e.g., variation in definitions and monitoring of AEs, administration of antihistamines in patients with different diseases, limited use of validated tools) precluded the quantitative synthesis of the data.

This systematic review investigates the use of newer-generation antihistamines in children. Our findings suggest that these medications have a favorable safety and tolerability profile.. However, we could not draw firm conclusions regarding the comparative safety profile of the newer-generation antihistamines due to the paucity of head-to-head RCTs. Of clinical importance in pediatrics, other factors that may not affect adults should be taken into consideration in the selection of the desired antihistamine, such as taste preference, daily number of doses, volume of dose and safety in cases of overdosing. For example, cetirizine, fexofenadine and levocetirizine should be administered twice daily for optimum concentration in plasma, which may affect

adherence compared to once daily dosing (10). Well-designed head-to-head RCTs of sufficient duration and with use of validated instruments to assess safety parameters important to patients may help with counselling parents on appropriate use, frequency, dosing and possible adverse effects of newer-generation antihistamines.

- (1) Pawankar R, Holgate ST, Canonica GW, Lockey RF, Blaiss MS. *WAO White Book on Allergy 2013 Update*. World Allergy Organization (WAO); 2013.
- (2) Yanai K, Rogala B, Chugh K, Paraskakis E, Pampura AN, Boev R. Safety considerations in the management of allergic diseases: focus on antihistamines. *Curr Med Res Opin* 2012;28(4):623-642.
- (3) Del Cuvallo A, Sastre J, Montoro J, Jauregui I, Ferrer M, Davila I, et al. Use of antihistamines in pediatrics. *J Investig Allergol Clin Immunol* 2007;17 Suppl 2:28-40.
- (4) Fitzsimons R, van der Poel LA, Thornhill W, du Toit G, Shah N, Brough HA. Antihistamine use in children. *Arch Dis Child Educ Pract Ed* 2015;100(3):122-131.
- (5) Simons FE, Simons KJ. Histamine and H1-antihistamines: celebrating a century of progress. *J Allergy Clin Immunol* 2011;128(6):1139-1150.e4.
- (6) Church MK, Maurer M, Simons FE, Bindslev-Jensen C, van Cauwenbergh P, Bousquet J, et al. Risk of first-generation H(1)-antihistamines: a GA(2)LEN position paper. *Allergy* 2010;65(4):459-466.
- (7) Shimamura T, Shiroishi M, Weyand S, Tsujimoto H, Winter G, Katritch V, et al. Structure of the human histamine H1 receptor complex with doxepin. *Nature* 2011;475(7354):65-70.
- (8) Carson S, Lee N, Thakurta S. Drug Class Review: Newer Antihistamines: Final Report Update 2 [Internet] 2010.
- (9) McDonald K, Trick L, Boyle J. Sedation and antihistamines: an update. Review of inter-drug differences using proportional impairment ratios. *Hum Psychopharmacol* 2008;23(7):555-570.
- (10) Parisi GF, Leonardi S, Ciprandi G, Corsico A, Licari A, Miraglia Del Giudice M, et al. Antihistamines in children and adolescents: A practical update. *Allergol Immunopathol (Madr)* . 2020;S0301-0546(20)30066-5.
- (11) Wallace BC, Small K, Brodley CE, Lau J, Trikalinos TA. Deploying an interactive machine learning system in an evidence-based practice center: abstrackr. *Proc of the ACM International Health Informatics Symposium (IHI)* 2012:819-824.
- (12) Higgins JPT, Altman DG, Gotzsche PC, Juni P, Moher D, Oxman AD, et al. The Cochrane Collaboration's tool for assessing risk of bias in randomised trials. *BMJ* 2011;343:d5928.
- (13) Wandalsen GF, Miranda C, Ensina LF, Sano F, Amazonas RB, Silva JMD, et al. Association between desloratadine and prednisolone in the treatment of children with acute symptoms of allergic rhinitis: a double-blind, randomized and controlled clinical trial. *Braz J Otorhinolaryngol* 2017;83(6):633-639.
- (14) Nayak AS, Berger WE, LaForce CF, Urdaneta ER, Patel MK, Franklin KB, et al. Randomized, placebo-controlled study of cetirizine and loratadine in children with seasonal allergic rhinitis. *Allergy Asthma Proc* 2017;38(3):222-230.
- (15) Novak Z, Yanez A, Kiss I, Kuna P, Tortajada-Girbes M, Valiente R. Safety and tolerability of bilastine 10 mg administered for 12 weeks in children with allergic diseases. *Pediatr Allergy Immunol* 2016; 27(5):493-498.
- (16) Potter P, Mitha E, Barkai L, Mezei G, Santamaria E, Izquierdo I, et al. Rupatadine is effective in the treatment of chronic spontaneous urticaria in children aged 2-11 years. *Pediatr Allergy Immunol* 2016;27(1):55-61.
- (17) Potter P, Maspero JF, Vermeulen J, Barkai L, Nemeth I, Baillieu RA, et al. Rupatadine oral solution in children with persistent allergic rhinitis: A randomized, double-blind, placebo-controlled study. *Pediatr Allergy Immunol* 2013;24(2):144-150.

- (18) Wu KG, Li TH, Wang TY, Hsu CL, Chen CJ. A comparative study of loratadine syrup and cyproheptadine HCL solution for treating perennial allergic rhinitis in Taiwanese children aged 2-12 years. *Int J Immunopathol Pharmacol* 2012;25(1):231-237.
- (19) Marcucci F, Sensi LG, Abate P, Allocca G, Ugolini E, Di Cara G, et al. Anti-inflammatory activity and clinical efficacy of a 3-month levocetirizine therapy in mite-allergic children. *Inflamm Allergy Drug Targets* 2011;10(1):32-38.
- (20) Hampel F, Ratner P, Haeusler JM. Safety and tolerability of levocetirizine dihydrochloride in infants and children with allergic rhinitis or chronic urticaria. *Allergy Asthma Proc* 2010;31(4):290-295.
- (21) Lee CF, Sun HL, Lu KH, Ku MS, Lue KH. The comparison of cetirizine, levocetirizine and placebo for the treatment of childhood perennial allergic rhinitis. *Pediatr Allergy Immunol* 2009;20(5):493-499.
- (22) Ngamphaiboon J, Wirawarn T, Thongkaew T. Prevention of recurrent wheezing in young children by loratadine compared with ketotifen. *J Med Assoc Thai* 2009;92(3):351-355.
- (23) Hampel FC, Kittner B, van Bavel JH. Safety and tolerability of fexofenadine hydrochloride, 15 and 30 mg, twice daily in children aged 6 months to 2 years with allergic rhinitis. *Ann Allergy Asthma Immunol* 2007;99(6):549-554.
- (24) Milgrom H, Kittner B, Lanier R, Hampel FC. Safety and tolerability of fexofenadine for the treatment of allergic rhinitis in children 2 to 5 years old. *Ann Allergy Asthma Immunol* 2007;99(4):358-363.
- (25) Simons FE, Early Prevention of Asthma in Atopic Children (EPAAC) Study Group. Safety of levocetirizine treatment in young atopic children: An 18-month study. *Pediatr Allergy Immunol* 2007;18(6):535-542.
- (26) Chen ST, Lu KH, Sun HL, Chang WT, Lue KH, Chou MC. Randomized placebo-controlled trial comparing montelukast and cetirizine for treating perennial allergic rhinitis in children aged 2-6 yr. *Pediatr Allergy Immunol* 2006;17(1):49-54.
- (27) Prenner B, Ballona R, Bueso A, Cardona R, Kim K, Larsen L, et al. Safety of Desloratadine Syrup in Children Six Months to Younger Than 2 Years of Age: A Randomized, Double-Blinded, Placebo-Controlled Study. *Pediatric Asthma, Allergy & Immunology* 2006;19(2):91-99.
- (28) de Blic J, Wahn U, Billard E, Alt R, Pujazon MC. Levocetirizine in children: evidenced efficacy and safety in a 6-week randomized seasonal allergic rhinitis trial. *Pediatr Allergy Immunol* 2005;16(3):267-275.
- (29) Potter PC, Paediatric Levocetirizine Study Group. Efficacy and safety of levocetirizine on symptoms and health-related quality of life of children with perennial allergic rhinitis: a double-blind, placebo-controlled randomized clinical trial. *Ann Allergy Asthma Immunol* 2005;95(2):175-180.
- (30) Bloom M, Staudinger H, Herron J. Safety of desloratadine syrup in children. *Curr Med Res Opin* 2004;20(12):1959-1965.
- (31) Grinfeld A, Holgate ST, Canonica GW, Bonini S, Borres MP, Adam D, et al. Prophylactic management of children at risk for recurrent upper respiratory infections: the Preventia I Study. *Clin Exp Allergy* 2004;34(11):1665-1672.
- (32) Hsieh J, Lue K, Lai D, Sun H, Lin Y. A Comparison of Cetirizine and Montelukast for Treating Childhood Perennial Allergic Rhinitis. *Pediatric Asthma, Allergy & Immunology* 2004;17(1):59-69.
- (33) Wahn U, Meltzer EO, Finn AF, Jr, Kowalski ML, Decosta P, Hedlin G, et al. Fexofenadine is efficacious and safe in children (aged 6-11 years) with seasonal allergic rhinitis. *J Allergy Clin Immunol* 2003;111(4):763-769.
- (34) Segal AT, Meltzer EO, Lockey RF, Prenner BM, Mitchell DQ, Tinkelman DG, et al. Once-Daily Cetirizine Is Safe and Effective for Children with Allergic Rhinitis with and without Intermittent Asthma. *Pediatric Asthma, Allergy & Immunology* 2003;16(4):265-274.

- (35) Simons FE, Silas P, Portnoy JM, Catuogno J, Chapman D, Olufade AO, et al. Safety of cetirizine in infants 6 to 11 months of age: a randomized, double-blind, placebo-controlled study. *J Allergy Clin Immunol* 2003;111(6):1244-1248.
- (36) Lai DS, Lue KH, Hsieh JC, Lin KL, Lee HS. The comparison of the efficacy and safety of cetirizine, oxatomide, ketotifen, and a placebo for the treatment of childhood perennial allergic rhinitis. *Ann Allergy Asthma Immunol* 2002;89(6):589-598.
- (37) Chunharas A, Wisuthsarewong W, Wanankul S, Viravan S. Therapeutic efficacy and safety of loratadine syrup in childhood atopic dermatitis treated with mometasone furoate 0.1 per cent cream. *J Med Assoc Thai* 2002;85(4):482-487.
- (38) La Rosa M, Leonardi S, Marchese G, Corrias A, Barberio G, Oggiano N, et al. Double-blind multicenter study on the efficacy and tolerability of cetirizine compared with oxatomide in chronic idiopathic urticaria in preschool children. *Ann Allergy Asthma Immunol* 2001;87(1):48-53.
- (39) Yang YH, Lin YT, Lu MY, Tsai MJ, Chiang BL. A double-blind, placebo-controlled, and randomized study of loratadine (Clarityne) syrup for the treatment of allergic rhinitis in children aged 3 to 12 years. *Asian Pac J Allergy Immunol* 2001;19(3):171-175.
- (40) Ciprandi G, Tosca M, Passalacqua G, Canonica GW. Long-term cetirizine treatment reduces allergic symptoms and drug prescriptions in children with mite allergy. *Ann Allergy Asthma Immunol* 2001;87(3):222-226.
- (41) Graft DF, Bernstein DI, Goldsobel A, Meltzer EO, Portnoy J, Long J. Safety of fexofenadine in children treated for seasonal allergic rhinitis. *Ann Allergy Asthma Immunol* 2001;87(1):22-26.
- (42) Salmun LM, Herron JM, Banfield C, Padhi D, Lorber R, Affrime MB. The pharmacokinetics, electrocardiographic effects, and tolerability of loratadine syrup in children aged 2 to 5 years. *Clin Ther* 2000;22(5):613-621.
- (43) Simons FE. Prospective, long-term safety evaluation of the H1-receptor antagonist cetirizine in very young children with atopic dermatitis. ETAC Study Group. Early Treatment of the Atopic Child. *J Allergy Clin Immunol* 1999;104(2 Pt 1):433-440.
- (44) Allergic factors associated with the development of asthma and the influence of cetirizine in a double-blind, randomised, placebo-controlled trial: first results of ETAC. Early Treatment of the Atopic Child. *Pediatr Allergy Immunol* 1998;9(3):116-124.
- (45) Sienra-Monge JJ, Gazca-Aguilar A, Del Rio-Navarro B. Double-blind comparison of cetirizine and loratadine in children ages 2 to 6 years with perennial allergic rhinitis. *Am J Ther* 1999;6(3):149-155.
- (46) Serra HA, Alves O, Rizzo LF, Devoto FM, Ascierto H. Loratadine-pseudoephedrine in children with allergic rhinitis, a controlled double-blind trial. *Br J Clin Pharmacol* 1998;45(2):147-150.
- (47) Delgado LF, Pferferman A, Sole D, Naspritz CK. Evaluation of the potential cardiotoxicity of the antihistamines terfenadine, astemizole, loratadine, and cetirizine in atopic children. *Ann Allergy Asthma Immunol* 1998;80(4):333-337.
- (48) Pearlman DS, Lumry WR, Winder JA, Noonan MJ. Once-daily cetirizine effective in the treatment of seasonal allergic rhinitis in children aged 6 to 11 years: a randomized, double-blind, placebo-controlled study. *Clin Pediatr (Phila)* 1997;36(4):209-215.
- (49) Winder JA, Noonan MJ, Lumry WR, Pearlman DS. Absence of QTc Prolongation with Cetirizine in Children Aged 6 to 11 Years. *Pediatric Asthma, Allergy & Immunology* 1996;10(4):181-190.
- (50) Ciprandi G, Tosca M, Ricca V, Passalacqua G, Riccio AM, Bagnasco M, et al. Cetirizine treatment of rhinitis in children with pollen allergy: evidence of its antiallergic activity. *Clin Exp Allergy* 1997;27(10):1160-1166.

- (51) de Benedictis FM, Forenza N, Armenio L, Boner AL, Giorgi PL, del Giudice MM, et al. Efficacy and Safety of Cetirizine and Oxatomide in Young Children With Perennial Allergic Rhinitis: A 10-Day, Multicenter, Double-Blinded, Randomized, Parallel-Group Study. *Pediatric Asthma, Allergy & Immunology* 1997;11(2):119-128.
- (52) Tinkelman DG, Kemp J, Mitchell DQ, Galant SP. Treatment of Seasonal Allergic Rhinitis in Children with Cetirizine or Chlorpheniramine: A Multicenter Study. *Pediatric Asthma, Allergy & Immunology* 1996;10(1):9-17.
- (53) Fasce L, Ciprandi G, Pronzato C, Cozzani S, Tosca MA, Grimaldi I, et al. Cetirizine reduces ICAM-I on epithelial cells during nasal minimal persistent inflammation in asymptomatic children with mite-allergic asthma. *Int Arch Allergy Immunol* 1996;109(3):272-276.
- (54) La Rosa M, Ranno C, Musarra I, Guglielmo F, Corrias A, Bellanti JA. Double-blind study of cetirizine in atopic eczema in children. *Ann Allergy* 1994;73(2):117-122.
- (55) Jobst S, van den Wijngaart W, Schubert A, van de Venne H. Assessment of the efficacy and safety of three dose levels of cetirizine given once daily in children with perennial allergic rhinitis. *Allergy* 1994;49(8):598-604.
- (56) Allegra L, Paupe J, Wieseman HG, Baelde Y. Cetirizine for seasonal allergic rhinitis in children aged 2-6 years. A double-blind comparison with placebo. *Pediatr Allergy Immunol* 1993;4(3):157-161.
- (57) Masi M, Candiani R, van de Venne H. A placebo-controlled trial of cetirizine in seasonal allergic rhinoconjunctivitis in children aged 6 to 12 years. *Pediatr Allergy Immunol* 1993;4(4 Suppl):47-52.
- (58) Baelde Y, Dupont P. Cetirizine in Children with Chronic Allergic Rhinitis. A multicentre double-blind study of two doses of cetirizine and placebo. *Drug Invest* 1992; 4(6):466-472.
- (59) Boner AL, Miglioranzi P, Richelli C, Marchesi E, Andreoli A. Efficacy and safety of loratadine suspension in the treatment of children with allergic rhinitis. *Allergy* 1989;44(6):437-441.
- (60) Roberts G, Xatzipsalti M, Borrego LM, Custovic A, Halken S, Hellings PW, et al. Paediatric rhinitis: position paper of the European Academy of Allergy and Clinical Immunology. *Allergy*. 2013;68(9):1102-1116.
- (61) Brožek JL, Bousquet J, Agache I, Agarwal A, Bachert C, Bosnic-Anticevich S, et al. Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines-2016 revision. *J Allergy Clin Immunol*. 2017;140(4):950-958.
- (62) Church MK, Maurer M, Simons FE, Bindslev-Jensen C, van Cauwenberge P, Bousquet J, et al. Risk of first-generation H(1)-antihistamines: a GA(2)LEN position paper. *Allergy*. 2010;65(4):459-466.

Table 1. Trial characteristics

Study, Year (Reference)	Region	Disease type (age range)	Treatment groups	Treatment dose	Treatment dura- tion, weeks	Patients, n	Age, years ⁺⁺	Female, %
Wandalsen et al., 2017 (13)	S. America	PAR (2-12 years)	DLRD DCPN	1.25- 2.5mg po OD 1-2mg po TD	1	105 105	ND	45 46
Nayak et al., 2017 (14)	USA	SAR (6-11 years)	CTZ LRD placebo	10mg po OD 10mg po OD	2	228 220 219	8.6 8.9 8.9	42.5 42.2 46.3

Study, Year (Reference)	Region	Disease type (age range)	Treatment groups	Treatment dose	Treatment duration, weeks	Patients, n	Age, years ⁺⁺	Female, %
Novak et al., 2016 (15)	Europe, S. America	Allergic rhinoconjunctivitis or chronic urticarial (2-12 years)	BLN placebo	10 mg po OD	12	260 249	7.5 7.4	27.3 27.8
Potter et al., 2016 (16)	Europe	Chronic spontaneous urticaria (2-11 years)	RPD [3]DLRD placebo	2.5mg po OD (10-25kg), 5mg po OD (>25kg) standard dose OD	6	66 [3]71 69	5.6 [3]6.1 6.1	56.1 [3]42
Potter et al. 2013 (17)	Europe Africa S. America	PAR (6-11 years)	RPD placebo	2.5mg po OD (<25kg), 5mg po OD ([?]25kg)	6	180 180	8.7 8.8	41.1 38.3
Wu et al., 2012 (18)	Asia	PAR (2-12 years)	LRD CPHD	5-10mg po OD (<30kg,>30kg) 2-4mg po TD (<30kg,>30kg)	2	30 30	5.8 6.6	61.5 34.8
Marcucci et al., 2011 (19)	Europe	PAR (6-12 years)	LCTZ placebo	ND	12	30 30	9.73 (total)	60.0 (total)
Hampel et al., 2010 (20)	USA	AR or Chronic urticaria (6-11 months)	LCTZ placebo	1.25mg po OD	2	45 24	8.87 months 9.03 months	37.8 54.2
		AR or Chronic urticaria (1-5 years)	LCTZ placebo	1.25mg po BD	2	114 59	3.78 3.75	57.0 61.0
Lee et al., 2009 (21)	Europe	PAR (6-12 years)	CTZ LCTZ placebo	10mg po OD 5mg po OD	12	27 26 27	8.19 8.79 8.12	58.0 62.5 54.0

Study, Year (Reference)	Region	Disease type (age range)	Treatment groups	Treatment dose	Treatment duration, weeks	Patients, n	Age, years ⁺⁺	Female, %
Ngamphaiboon et al., 2009 (22)	Asia	Recurrent wheezing (<6 years)	LRD KTF placebo	0.25ml/kg po OD 0.25ml/kg po OD	16	27 25 26	3.2 2.9 2.9	29.6 52.0 34.6
Hampel et al., 2007 (23)	USA	AR (6-12 months)	FXD FXD placebo	15mg po OD 30mg po OD	8	58 5 69	8.8 months 10.4 months ND	43.1 40.0 46.3
		AR (1-2 years)	FXD FXD placebo	15mg po OD 30mg po OD	8	27 103 131	16.1 months 17.9 months ND	48.1 39.8 38.5
Milgrom et al., 2007 (24)	USA	AR (2-5 years)	FXD placebo	30mg po OD	2	222 231	3.6 3.6	44.6 44.9
Simons et al., 2007 (25)	Canada	AD (12-24 months)	LCTZ placebo	0.125mg/kg po OD	72	255 255	19.3 19.4	39.2 35.7
Chen et al., 2006 (26)	Taiwan	PAR (2-6 years)	CTZ MLK placebo	5mg po OD 4mg po OD	12	20 20 20	4.5 4.5 4.4	40.0 45.55.0
Prenner et al., 2006 (27)	USA, S. America, S. Africa	ND (6-24 months)	DLRD placebo	1.0mg po OD (<1 yr) 1.25mg po OD (1-2 yrs)	2	131 129	12.6 months 13.3 months	44.0 53.0
de Blic et al., 2005 (28)	Europe	SAR (6-12 years)	LCTZ placebo	5mg po OD	6	89 88	9.9 9.9	29.2 38.6
Potter et al., 2005 (29)	Africa	PAR (6-12 years)	LCTZ placebo	5mg po OD	4	154 152	9.9 9.9	35.7 42.8
Bloom et al., 2004 (30)	USA	AR or CIU (2-5 years)	DLRD placebo	1.25mg po OD	2	55 56	3.5 3.4	44.0 45.0
		AR or CIU (6-11 years)	DLRD placebo	2.5mg po OD	2	60 60	7.9 8.5	48.0 65.0

Study, Year (Reference)	Region	Disease type (age range)	Treatment groups	Treatment dose	Treatment duration, weeks	Patients, n	Age, years ⁺⁺	Female, %
Grimfeld et al., 2004 (31)	Europe, S. Africa, Asia, C. and S. America	Rhinitis, rhinopharyngitis, acute otitis media, laryngitis or bronchitis (12-30 months)	LRD placebo	2.5mg po OD ([?]2 yrs) 5mg po OD (>2 yrs)	52	204 208	23.9 months 24 months	35.8 42.0
Hsieh et al., 2004 (32)	Taiwan	PAR (6-12 years)	CTZ MLK placebo	10mg po OD 5mg po OD	12	21 21 22	8.1 8.2 8.1 45.0	40.0 35.0 40.0
Wahn et al., 2003 (33)	Europe, Africa, USA, Australia	SAR (6-11 years)	FXD placebo	30mg po BD	2	464 471	8.8 8.8	33.5
Segal et al., 2003 (34)	USA	SAR (6-11 years)	CTZ placebo	5mg po OD (<25kg), 10mg po OD ([?]25kg)	2	86 86	9.2 9.1	35.8 37.3
Simons et al., 2003 (35)	N. America	AR, urticaria, AD or other disorder that required treatment with H ₁ -antihistamines (6-11 months)	CTZ placebo	0.25mg/kg po BD	1	42 43	8.5 months (male), 7.9 months (female) 8.0 months (male), 7.2 months (female)	50.0 53.5
Lai et al., 2002 (36)	Asia	PAR (6-12 years)	CTZ OXD KTF placebo	10mg po OD 1mg po OD 1mg po OD	12 20	20 20 20 20	8.2 8.3 7.4 8.3	58.7 56.6 56.2 56.2

Study, Year (Reference)	Region	Disease type (age range)	Treatment groups	Treatment dose	Treatment duration, weeks	Patients, n	Age, years ⁺⁺	Female, %
Chunharas et al., 2002 (37)	Asia	AD (2-12 years)	LRD placebo	5ml po OD ([?]30kg) 10ml po OD (>30kg)	2	24 24	71.0 months 76.3 months	54.0 50.0
La Rosa et al., 2001 (38)	Europe	Chronic urticaria (2-6 years)	OXD CTZ	25mg po OD 5mg po OD	4	31 31	ND ND	ND ND
Yang et al., 2001 (39)	Asia	AR (3-12 years)	LRD placebo	5mg po OD (<30kg), 10mg po OD ([?]30kg)	3	30 30	6.0 6.6	36.4 50.0
Ciprandi et al., 2001 (40)	Europe	Perennial rhinoconjunctivitis, mild intermittent asthma (3-10 years)	CTZ placebo	5mg po OD	24	10 10	6.2 6.7	30.0 20.0
Graft et al., 2001 (41)	USA, Canada	SAR (6-11 years)	FXD FXD placebo	15mg po BD 30mg po BD 60mg po BD	2	223 208 212 229	9.1 9.1 9.0 9.2	37.0 41.0 47.0 39.0
Salmun et al., 2000 (42)	USA	AR or CIU (2-5 years)	LRD placebo	5mg po OD	2	60 61	3.7 3.5	55.0 55.7
Simons et al., 1999 (43) and Wahn et al., 1998 (44) +	N. America	AD (1-2 years)	CTZ placebo	0.25mg/kg po BD	72	399 396	16.8 months 17.2 months	38.1 37.6
Sienra-Monge et al., 1999 (45)	C. America	AR (2-6 years)	CTZ LRD	0.2mg/kg po OD 0.2mg/kg po OD	4	40 40	4.3 4.4	40.0 35.0

Study, Year (Reference)	Region	Disease type (age range)	Treatment groups	Treatment dose	Treatment duration, weeks	Patients, n	Age, years ⁺⁺	Female, %
Serra et al., 1998 (46)	Argentina	SAR (3-15 years)	LRD-PSD placebo	0.2mg/kg po BD	2	20 20	ND ND	60.0 60.0
Delgado et al., 1998 (47)	Brazil	PAR, Sinusitis (5-12 years)	LRD LRD CTZ CTZ	5mg po OD (<30kg), 10mg po OD ([?]30kg) 10mg po OD	2	10 10 10 10	7.2 9.3	50.0 50.0 50.0 50.0
	USA	AR (6-11 years)	CTZ CTZ placebo	5mg po OD 10mg po OD	4	69 72 68	9.1 8.6 8.8 36.8	33.3 27.1 36.8
Winder et al., 1996 (49) +								
Ciprandi et al. 1997 (50)	Europe	Allergic rhinoconjunctivitis (6-15 years)	CTZ placebo	0.15mg/kg po OD	4	10 10	8.5 (total)	55.0 (total)
deBenedictis et al., 1997 (51)	Europe	PAR (2-6 years)	CTZ OXD	5mg po OD 12mg po BD	10 d	53 52	4.6 4.8	34.0 40.0
Tinkelman et al. 1996 (52)	USA	SAR (6-11 years)	CTZ CTZ CPN	5mg po OD (<25kg), 10mg po OD ([?]25kg) 2.5mg po BD (<25kg), 5mg po BD ([?]25kg) 2mg po TD	2	63 62 63	8.6 9.1 8.7	35.5 29.5 30.2
Fasce et al., 1996 (53)	Europe	Mite allergic asthma (5-14 years)	CTZ placebo	5mg po OD	2	10 10	8.3 (total)	ND ND

Study, Year (Reference)	Region	Disease type (age range)	Treatment groups	Treatment dose	Treatment duration, weeks	Patients, n	Age, years ⁺⁺	Female, %
LaRosa et al., 1994 (54)	Europe	AD (6-12 years)	CTZ placebo	5mg po OD ([?]30kg), 10mg po OD (>30kg)	8	12 11	7.0 (total)	41.6 63.6
Jobst et al., 1994 (55)	Europe	PAR (6-12 years)	CTZ CTZ CTZ placebo	2.5mg po OD 5mg po OD 10mg po OD	2	84 85 76 83	8.6 9.2 9.3 8.9	45.2 29.4 42.1 45.8
Allegra et al., 1993 (56)	Europe	SAR (2-6 years)	CTZ placebo	5mg po OD	2	54 53	4.6 4.3	33.3 28.3
Masi et al., 1993 (57)	Europe	Seasonal allergic rhinoconjunctivitis (6-12 years)	CTZ placebo	5mg po BD	2	63 61	10.1 10.2	39.7 37.7
Baelde et al., 1992 (58)	Europe	PAR (2-14 years)	CTZ CTZ placebo	5mg po BD 2.5mg po BD	2	46 46 46	8.8 8.5 8.6	30.4 30.4 39.1
Boner et al., 1989 (59)	Europe	SAR (4-12 years)	LRD DCPN	5mg po OD ([?]20kg or [?]6 yrs), 2.5mg po OD (<20kg or <6yrs) 1mg po TD ([?]20kg or [?]6 yrs), 0.5mg po TD (<20kg or <6yrs)	2	21 19	7.6 7.8	33.3 36.8

Abbreviations: AD = Atopic dermatitis; AR = Allergic rhinitis; BD = Bis in die (twice daily); BLN = Bilastine; CIU = Chronic idiopathic urticaria; CPHD = Cyproheptadine; CPN = Chlorpheniramine; CTZ = Cetirizine; DCPN = Dexchlorpheniramine; DLRD = Desloratadine; FXD = Fexofenadine; KTF = Ketotifen; LCTZ = Levocetirizine; LRD = Loratadine; MLK = Montelukast; ND = No data; OD = Omne in die (once daily); OXD = Oxotamide; PAR = Perennial allergic rhinitis; PO = Per os ; PSD = Pseudoephedrine; QD = Quater in die (four times daily); RPD = Rupatadine; SAR = Seasonal allergic rhinitis; TD = Ter in die (three times daily). CPHD= cyproheptadine + Two publications of the same RCT. ++ Data are mean years unless otherwise indicated.

Table 2. Risk of bias in included trials

Study, Year (Reference)	Sequence generation	Allocation concealment	Blinding
Wandalsen et al., 2017 (13)	Unclear	Unclear	Low
Nayak et al., 2017 (14)	Unclear	Unclear	Unclear
Novak et al., 2016 (15)	Low	Unclear	Low
Potter et al., 2016 (16)	Unclear	Unclear	Low
Potter et al., 2013 (17)	Unclear	Unclear	Low
Wu et al., 2012 (18)	Unclear	High	High
Marucci et al., 2011 (19)	Unclear	Low	Unclear
Hampel et al., 2010 (20)	Unclear	Unclear	Low
Lee et al., 2009 (21)	Unclear	Unclear	Unclear
Ngamphaiboon et al., 2009 (22)	Unclear	Unclear	Unclear
Hampel et al., 2007 (23)	Unclear	Unclear	Unclear
Milgrom et al., 2007 (24)	Unclear	Unclear	Low
Simons et al., 2007 (25)	Unclear	Unclear	Low
Chen et al., 2006 (26)	Unclear	Unclear	Unclear
Prenner et al., 2006 (27)	Low	Unclear	Low
de Blic et al., 2005 (28)	Unclear	Unclear	Low
Potter et al., 2005 (29)	High	Low	Low
Bloom et al., 2004 (30)	Unclear	Unclear	Low
Grimfeld et al., 2004 (31)	Unclear	Unclear	Unclear
Hsieh et al., 2004 (32)	Low	Unclear	Unclear
Wahn et al., 2003 (33)	Unclear	Unclear	Low
Segal et al., 2003 (34)	Unclear	Unclear	Unclear
Simons et al., 2003 (35)	Unclear	Unclear	Low
Lai et al., 2002 (36)	Low	Unclear	Unclear
Chunharas et al., 2002 (37)	Unclear	Unclear	Unclear
La Rosa et al., 2001 (38)	Low	Low	Low
Yang et al., 2001 (39)	Unclear	Unclear	Unclear
Ciprandi et al., 2001 (40)	Low	Unclear	Low
Graft et al., 2001 (41)	Unclear	Unclear	Unclear
Salmun et al., 2000 (42)	Unclear	Unclear	Unclear
Simons et al., 1999 (43) and Wahn et al., 1998 (44)	Low	Low	Low
Sierra-Monge et al., 1999 (45)	Unclear	Unclear	Unclear
Serra et al., 1998 (46)	Unclear	Unclear	Unclear
Delgado et al., 1998 (47)	Unclear	Unclear	Unclear
Pearlman et al., 1997 (48) and Winder et al., 1996 (49)	Unclear	Unclear	Low
Ciprandi et al., 1997 (50)	Unclear	Unclear	Unclear
deBenedictis et al., 1997 (51)	Unclear	Unclear	Low
Tinkelman et al., 1996 (52)	Unclear	Low	High
Fasce et al., 1996 (53)	Unclear	Unclear	Unclear
La Rosa et al., 1994 (54)	Unclear	Unclear	Low

Study, Year (Reference)	Sequence generation	Allocation concealment	Blinding
Jobst et al., 1994 (55)	Low	Unclear	Low
Allegra et al., 1993 (56)	Low	Unclear	Low
Masi et al., 1993 (57)	Unclear	Unclear	Low
Baelde et al., 1992 (58)	Low	Unclear	Low
Boner et al. 1989 (59)	Unclear	Unclear	High

Table 3. Adverse events and treatment discontinuations

Study, Year (Reference)	Treatment groups (n)	Patients, n	Patients with serious AEs, %	Patients with [?]1 AE, %	Patients with AEs related to study drug, % ^a	Treatment discontinuations due to AEs, %	Comments in original trials
Wandalsen et al., 2017 (13)	DLRD DCPN	105 105	ND ND	ND ND	ND ND	0.9 1.9	Six patients in the DLRD group and 11 in the DCPN group presented ECG changes at the end of the study
Nayak et al., 2017 (14)	CTZ LRD placebo	228 220 219	0 0 0	19.7 21.8 22.7	4.8 4.5 2.6	2.6 5.6 3.9	
Novak et al., 2016 (15)	BLN placebo	260 249	0.7 3.6	68.5 67.5	5.8 8.0	1.1 0.8	No clinically and/or statistically relevant differences between bilastine and placebo for vital signs, clinical laboratory values, ECG parameters or physical examination
Potter et al., 2016 (16)	RPD DLRD placebo	66 71 69	ND ND	61.0 65.0 54.0	1.5 5.6 7.2	ND ND	
Potter et al., 2013 (17)	RPD placebo	180 180	ND ND	37.2 30.0	6.1 5.5	ND ND	

Wu et al., 2012 (18)	LRD CPHD	30 30	ND ND	0 13.0	0 13.0	0 0	
Marucci et al., 2011 (19)	LCTZ placebo	30 30	0 0	14.3 10.5	ND ND	ND ND	
Hampel et al., 2010 (20)	LCTZ placebo [6-11 months]	45 24	ND ND	64.4 70.8	11.1 4.2	6.7 0	No clinically relevant changes or trends in vital signs, laboratory tests, or ECG parameters were noted
Lee et al., 2009 (21)	LCTZ placebo [1-5 years]	114 59	ND ND	35.1 35.6	7.0 11.9	0 0	
Ngamphaiboon et al., 2009 (22)	LRD KTF placebo	27 25 26	ND ND ND	ND ND ND	ND ND ND	ND ND ND	A few patients had mild AEs in all groups.
Hampel et al., 2007 (23)	FXD FXD placebo [6-11 months]	58 5 69	ND ND ND	39.7 40 40.6	8.8 (in total for FXD in both studies) 9.5 (in total for placebo in both studies)	3.2 4.3	No clinical differences were observed between the fexofenadine treatment groups and placebo for any vital sign or any ECG variable.
Milgrom et al., 2007 (24)	FXD FXD placebo [1-2 years]	27 103 131	ND ND ND	40.7 35.0 52.3		3.1 5.3	
	FXD placebo	222 231	ND ND	50.0 50.2	9.5 8.2	ND ND	No clinically relevant ECG changes.

Simons et al., 2007 (25)	LCTZ placebo	255 255	12.2 14.5	96.9 95.7	5.1 6.3	2.0 1.2	There were no significant differences between levocetirizine- and placebo-treated children with respect to laboratory test results.
Chen et al., 2006 (26)	CTZ MLK placebo	20 20 20	0 0 0	10.0 0 0	10.0 0 0	0 0 0	
Prenner et al., 2006 (27)	DLRD placebo	131 129	0 0.8	67.2 58.9	26 21.8	0.8 1.6	No statistically significant or clinically relevant differences in ECG parameters.
de Blic et al., 2005 (28)	LCTZ placebo	89 88	0 0	33.7 30.7	5.6 5.6	0 1.0	
Potter et al., 2005 (29)	LCTZ placebo	154 152	0 0	55.2 52.6	7.8 5.9	1.3 1.3	

Bloom et al., 2004 (30)	DLRD placebo	55 56	ND ND	12.7 10.7	3.6 0	0 0	No clinically relevant changes were noted in median clinical laboratory test values or mean vital signs. Increase in heart rate was observed in the study of subjects aged 2 years–5 years, but the incidence was similar in the desloratadine and placebo groups.
Grimfeld et al., 2004 (31)	DLRD placebo	60 60	ND ND	1.7 10.0	0 0	0 0	There was no difference between groups regarding ECG or laboratory parameters.
	LRD placebo	204 208	ND ND	80.9 85.0	ND ND	0 0.5	
Hsieh et al., 2004 (32)	CTZ MLK placebo	21 21 22	0 0 0	5.0 5.0 10.0	ND ND ND	0 0 0	

Wahn et al., 2003 (33)	FXD placebo	464 471	0.2 ND	18.3 18.7	2.3 3.0	0.6 0	There were no significant differences in changes in clinical laboratory and vital signs results between the fexofenadine- and placebo-treated groups.
Segal et al., 2003 (34)	CTZ placebo	86 86	ND ND	32.1 20.9	ND ND	0 0	
Simons et al., 2003 (35)	CTZ placebo	42 43	ND ND	73.8 88.4	45.2 62.8	7.1 6.9	All cause and treatment related AEs were generally more frequent in the 6- to 8-month age group than in the 9 to 11-month age group.
Lai et al. 2002 (36)	CTZ OXD KTF placebo	20 20 20 20	0 0 0 0	15.8 16.7 12.5 12.5	ND ND ND ND	ND ND ND ND	
Chunharas et al., 2002 (37)	LRD placebo	24 24	ND ND	12.5 8.0	ND ND	4.2 0	

La Rosa et al., 2001 (38)	CTZ OXT	31 31	ND ND	0 3.2	0 3.2	0 3.2	The hematologic, hematochemical, and urinary tests were within the normal limits in all patients before and at the end of the treatment.
Yang et al., 2001 (39)	LRD placebo	30 30	ND ND	0 0	0 0	ND ND	
Ciprandi et al., 2001 (40)	CTZ placebo	10 10	ND ND	0 0	0 0	0 0	
Graft et al., 2001 (41)	FXD FXD FXD placebo	223 208 212 229	ND ND	35.3 36.8 34.7 36.2	ND ND	0.40 1.40 0.50 2.20	Lab - ECG changes unremarkable, vital signs consistent among groups.

Salmun et al., 2000 (42)	LRD placebo	60 61	ND ND	32.0 41.0	ND ND	0 0	There were no significant differences between groups in any ECG variable.
Simons et al., 1999 (43) and Wahn et al., 1998 (44)	CTZ placebo	399 396	9.3 13.6	98.5 98.7	0.5 1.8	2.8 3.8	There were no clinically relevant changes in laboratory values, physical findings, or vital signs in either group.
Sienra-Monge et al., 1999 (45)	CTZ LRD	40 40	ND ND	5.0 0	ND ND	5.0 ND	
Serra et al., 1998 (46)	LRD-PSD placebo	20 20	ND ND	5.0 0	ND 0	0 0	No changes in vital signs or lab tests.

Delgado et al., 1998 (47)	LRD CTZ LRD CTZ	10 10 10 10	ND ND ND ND	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	The ECG parameters remained within normal limits following treatment, and all children presented with sinusal rhythm at the follow-up evaluation.
Pearlman et al., 1997 (48) and Winder et al., 1996 (49)	CTZ CTZ placebo	69 72 68	ND ND ND ND ND ND	ND ND ND ND ND ND	ND ND ND ND ND ND	No pronounced differences in the incidence of AEs between cetirizine groups, no statistically significant difference with placebo.
Ciprandi et al., 1997 (50) Benedictis et al., 1997 (51)	CTZ placebo	10 10	ND	10.0 20.0	ND	0 0
Tinkelman et al., 1996 (52)	CTZ CTZ CPN	63 62 63	ND ND ND	33.6 38.1	ND ND ND	0 0 0

Fasce et al., 1996 (53)	CTZ placebo	10 10	ND ND	ND ND	ND ND	0 0	No important adverse reactions reported.
La Rosa et al., 1994 (54)	CTZ placebo	12 11	ND ND	0 ND	0 ND	ND ND	
Jobst et al., 1994 (55)	CTZ CTZ placebo	84 85 76 83	ND ND	25.0 14.0 22.4 18.4	ND ND	ND ND	4.8 2.9 1.3 1.2
Allegra et al., 1993 (56)	CTZ placebo	54 53	ND ND	24.1 20.7	5.6 0	1.8 3.8	Minor changes in clinical laboratory tests were carefully reviewed and considered not to be clinically relevant.
Masi et al., 1993 (57)	CTZ placebo	63 61	ND ND	22.2 22.9	ND ND	3.2 1.6	Minor changes in clinical laboratory tests were considered not to be clinically relevant.

Baelde et al., 1992 (58)	CTZ CTZ Placebo	46 46 46	ND ND ND	6.5 17.3 13.0	ND ND ND	0 0 0	Leucocytosis that occurred in some patients in the three groups was not considered clinically relevant, a slight and clinically unimportant increase in AST levels with no effect on the liver's function occurred in some patients in the three groups, no clinically significant changes in blood urea or creatinine levels.
Boner et al., 1989 (59)	LRD DCPN	21 19	ND	19.0 31.5	ND	4.7 0	Hematological counts and biochemical analysis showed that loratadine and dexchlorpheniramine at the dosages used were devoid of toxic effects.

Abbreviations: AE = Adverse event; BLN = Bilastine; CPHD = Cyproheptadine; CPN = Chlorpheniramine;

CTZ = Cetirizine; DCPN = Dexchlorpheniramine; DLRD = Desloratadine; FXD = Fexofenadine; KTF = Ketotifen; LCTZ = Levocetirizine; LRD = Loratadine; MLK = Montelukast; ND = No data; OXD = Oxotamide; PSD = Pseudoephedrine; RPD = Rupatadine; + Relation to study drug was assessed by the authors of each trial.

Table 4. Adverse events reported in included RCTs

Somno-	8.6	8.6	8.6	Somno-	17.1	17.1	17.1
Cough	6.6	6.6	6.6	ECG	ECG	11.3	11.3
ECG	6.1	6.1	6.1	change	changes	4.8	4.8
change	2.9	2.9	2.9	In-	In-	4.8	4.8
Epis-	2.9	2.9	2.9	creased	creased	3.8	3.8
taxis	2.9	2.9	2.9	ap-	ap-	2.9	2.9
In-	1.9	1.9	1.9	petite	petite	2.9	2.9
som-	1.9	1.9	1.9	Cough	Cough	2.9	2.9
nia	1.9	1.9	1.9	Fever	Fever	1.9	1.9
Vomit	1.9	1.9	1.9	Headache	Headache	1.9	1.9
In-	1.9	1.9	1.9	Di-	Di-	1.9	1.9
creased	0.9	0.9	0.9	ar-	ar-	1.9	1.9
ap-	0.9	0.9	0.9	rhea	rhea	1.9	1.9
petite	0.9	0.9	0.9	Ab-	Ab-	1.9	1.9
Heart	0	0	0	dom-	dom-	1.9	1.9
burn	0	0	0	i-	i-	0.9	0.9
Di-	0	0	0	nal	nal	0	0
ar-	0	0	0	pain	pain	0	0
rhea				Ex-	Ex-		
Pain				cite-	cite-		
Ab-				ment	ment		
dom-				Breath	Breath-		
i-				less-	less-		
nal				ness	ness		
pain				In-	In-		
Ex-				som-	som-		
cite-				nia	nia		
ment				Ir-	Ir-		
Ir-				ri-	ri-		
ri-				tabil-	tabil-		
tabil-				ity	ity		
ity				Nau-	Nau-		
Dizzi-				sea	sea		
ness				Dizzi-	Dizzi-		
Headache				ness	ness		
Breath-				Vomit	Vomit		
less-				Heart	Heart		
ness				burn	burn		
Fever				Epis-	Epis-		
Nausea				taxis	taxis		
				Pain	Pain		
Nayak	CTZ	CTZ	CTZ	CTZ	CTZ	LRD	LRD
et						LRD	LRD
al.,						LRD	LRD
2017						Placeb	Placeb
(14)						Placeb	Placeb

Treatment	Treatment	Treatment	3.5	3.5	Treatment	Treatment	Treatment	3.6	Treatment	Treatment	Treatment	3.1
related	related	related	3.5	3.5	related	related	related	2.7	related	related	related	3.5
Headache	Headache	Headache	1.8	1.8	Headache	Headache	Headache	2.7	Headache	Headache	Headache	1.7
Pharyn	Pharyn	Pharyn	1.3	1.3	Pharyn	Pharyn	Pharyn	1.8	Pharyn	Pharyn	Pharyn	1.3
gi-	gi-	gi-	1.3	1.3	gi-	gi-	gi-	1.8	gi-	gi-	gi-	1.3
tis	tis	tis	1.3	1.3	tis	tis	tis	1.8	tis	tis	tis	0.9
Fever	Fever	Fever	0.4	0.4	Vom-	Vom-	Vom-	1.4	Si-	Si-	Si-	0.9
Vom-	Vom-	Vom-	0.4	0.4	it-	it-	it-	0.9	nusi-	nusi-	nusi-	0.9
it-	it-	it-			ing	ing	ing	0.5	0.5	0.5	0.9	0.9
ing	ing	ing			Si-	Si-	Si-		Asthma	Asthma	Asthma	
Si-	Si-	Si-			nusi-	nusi-	nusi-		Bron-	Bron-	Bron-	
nusi-	nusi-	nusi-			tis	tis	tis		chi-	chi-	chi-	
tis	tis	tis			Lym-	Lym-	Lym-		tis	tis	tis	
Som-	Som-	Som-			phaden	phaden	phaden		Fever	Fever	Fever	
no-	no-	no-			thy	thy	thy		Vom-	Vom-	Vom-	
lence	lence	lence			Nau-	Nau-	Nau-		it-	it-	it-	
Lym-	Lym-	Lym-			sea	sea	sea		ing	ing	ing	
phaden	phaden	phaden			Epis-	Epis-	Epis-		Nau-	Nau-	Nau-	
thy	thy	thy			taxis	taxis	taxis		sea	sea	sea	
Asthma	Asthma	Asthma			Fever	Fever	Fever		Epistax	Epistax	Epistaxis	
Placebo	Placebo	Placebo			Asthma	Asthma	Asthma					
Novak et al., 2016 (15)	BLN	BLN	BLN		Placebo	Placebo	Placebo					

Potter et al., 2013 (17)	RPD RPD RPD RPD RPD Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo
	Headache						
	2.8	12.8	12.8	12.8	5.6	5.6	5.6
	Cough, Cough, Cough, <4.0	<4.0	<4.0	<4.0	Cough, Cough, <4.0	<4.0	<4.0
	Abdominal pain, pain, pain,						
	Epileptic seizures, seizures, seizures,						
	Influenza, influenza, influenza						
	Somnolence, somnolence, somnolence						
Wu et al., 2012 (18)	LRD LRD LRD LRD LRD LRD CPHD	CPHD	CPHD	CPHD	CPHD	CPHD	CPHD
	No AEs	No AEs	No AEs	No AEs	Increased ap-	Increased ap-	Increased ap-
					petite	petite	petite
					In-	In-	In-
					creased	creased	creased
					drowsiness	drowsiness	drowsiness
Marucal et al., 2011 (19)	LCTZ LCTZ LCTZ LCTZ LCTZ LCTZ Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo
	Headache						
	14.3	14.3	14.3	14.3	10.5	10.5	10.5
	Abdominal pain, pain, pain,	5.3	5.3	5.3			
	i-	i-	i-	i-			
	na	na	na	na			
	pain	pain	pain	pain			
Hampe et al., 2010 (20)	LCTZ LCTZ LCTZ LCTZ LCTZ LCTZ Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo
	(1.25 mg OD)						

Diarrhe	Diarrhe	Diarrhe	Diarrhe	13.3	13.3	Diarrhe	Diarrhe	Diarrhe	4.2	4.2	4.2
Teethin	Teethin	Teethin	Teethin	7	6.7	Con-	Con-	Con-	4.2	4.2	4.2
Con-	Con-	Con-	Con-	6.7	6.7	sti-	sti-	sti-	16.7	16.7	16.7
sti-	sti-	sti-	sti-	15.6	15.6	pa-	pa-	pa-	12.5	12.5	12.5
pa-	pa-	pa-	pa-	2.2	2.2	tion	tion	tion	8.3	8.3	8.3
tion	tion	tion	tion	4.4	4.4	Pyrexia	Pyrexia	Pyrexia	4.2	4.2	4.2
Pyrexia	Pyrexia	Pyrexia	Pyrexia	2.2	2.2	Ir-	Ir-	Ir-	8.3	8.3	8.3
Ir-	Ir-	Ir-	Ir-	4.4	4.4	ri-	ri-	ri-	29.2	29.2	29.2
ri-	ri-	ri-	ri-	2.2	2.2	tabil-	tabil-	tabil-			
tabil-	tabil-	tabil-	tabil-	4.4	4.4	ity	ity	ity			
ity	ity	ity	ity	2.2	2.2	Oti-	Oti-	Oti-			
URTI	URTI	URTI	URTI	13.3	13.3	tis	tis	tis			
Si-	Si-	Si-	Si-			me-	me-	me-			
nusi-	nusi-	nusi-	nusi-			dia	dia	dia			
tis	tis	tis	tis			Som-	Som-	Som-			
Oti-	Oti-	Oti-	Oti-			no-	no-	no-			
tis	tis	tis	tis			lence	lence	lence			
me-	me-	me-	me-			Cough	Cough	Cough			
dia	dia	dia	dia			Skin	Skin	Skin			
Vi-	Vi-	Vi-	Vi-			and	and	and			
ral	ral	ral	ral			sub-	sub-	sub-			
URTI	URTI	URTI	URTI			cu-	cu-	cu-			
Som-	Som-	Som-	Som-			ta-	ta-	ta-			
no-	no-	no-	no-			neous	neous	neous			
lence	lence	lence	lence			tis-	tis-	tis-			
Cough	Cough	Cough	Cough			sue	sue	sue			
Skin	Skin	Skin	Skin			disorder	disorder	disorders			
and	and	and	and								
sub-	sub-	sub-	sub-								
cu-	cu-	cu-	cu-								
ta-	ta-	ta-	ta-								
neous	neous	neous	neous								
tis-	tis-	tis-	tis-								
sue	sue	sue	sue								
disorder	disorder	disorder	disorders								
Hampe	LCTZ	LCTZ	LCTZ	LCTZ	LCTZ	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo
et	(1.25)	(1.25)	(1.25)	(1.25)	(1.25)	(1.25)	(1.25)	(1.25)	(1.25)	(1.25)	(1.25)
al.,	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg
2010	BD)	BD)	BD)	BD)	BD)	BD)	BD)	BD)	BD)	BD)	BD)
(20)											

<i>Digestive</i>																				
<i>sys-</i>	<i>sys-</i>	<i>sys-</i>	<i>sys-</i>	<i>sys-</i>	<i>tem</i>	<i>tem</i>	<i>tem</i>	<i>tem</i>	<i>tem</i>	<i>Vom-</i>										
15.5	15.5	15.5	5.2	5.2	3.4	3.4	12.2	12.2	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	
25.9	25.9	25.9	5.2	5.2	3.4	3.4	12.2	12.2	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	
<i>Res-</i>	<i>Res-</i>	<i>Res-</i>	<i>Res-</i>	<i>Res-</i>																
<i>pi-</i>	<i>pi-</i>	<i>pi-</i>	<i>pi-</i>	<i>pi-</i>																
<i>ra-</i>	<i>ra-</i>	<i>ra-</i>	<i>ra-</i>	<i>ra-</i>																
<i>tory</i>	<i>tory</i>	<i>tory</i>	<i>tory</i>	<i>tory</i>																
<i>sys-</i>	<i>sys-</i>	<i>sys-</i>	<i>sys-</i>	<i>sys-</i>																
<i>tem</i>	<i>tem</i>	<i>tem</i>	<i>tem</i>	<i>tem</i>																
Cough	Cough	Cough	Cough	Cough																
in-	in-	in-	in-	in-																
increased	increased	increased	increased	increased																
URTI	URTI	URTI	URTI	URTI																
Rhini-	Rhini-	Rhini-	Rhini-	Rhini-																
tis	tis	tis	tis	tis																
Fever	Fever	Fever	Fever	Fever																
In-	In-	In-	In-	In-																
fec-	fec-	fec-	fec-	fec-																
tion	tion	tion	tion	tion																
Oti-	Oti-	Oti-	Oti-	Oti-																
tis	tis	tis	tis	tis																
me-	me-	me-	me-	me-																
dia	dia	dia	dia	dia																
<i>Skin</i>	<i>Skin</i>	<i>Skin</i>	<i>Skin</i>	<i>Skin</i>																
<i>and</i>	<i>and</i>	<i>and</i>	<i>and</i>	<i>and</i>																
<i>ap-</i>	<i>ap-</i>	<i>ap-</i>	<i>ap-</i>	<i>ap-</i>																
<i>pendag</i>	<i>pendag</i>	<i>pendag</i>	<i>pendag</i>	<i>pendag</i>																
Hampe	FXD	Placeb	Placeb	Placeb																
et	HCL	Placeb	Placeb	Placeb																
al, 2007	(15	(15	(15	(15	(15	(30	(30	(30	(30	(30	(30	(30	(30	(30	(30	(30	Placeb	Placeb	Placeb	Placeb
(23)	mg	Placeb	Placeb	Placeb																
	BD)	Placeb	Placeb	Placeb																

<i>Digestive</i>	<i>Digestive</i>	<i>Digestive</i>	<i>Digestive</i>	<i>18.5</i>	<i>18.5</i>	<i>Digestive</i>	<i>Digestive</i>	<i>Digestive</i>	<i>15.5</i>	<i>15.5</i>	<i>15.5</i>	<i>Digestive</i>	<i>20.8</i>	<i>20.8</i>
<i>sys-</i>	<i>sys-</i>	<i>sys-</i>	<i>sys-</i>	<i>11.1</i>	<i>11.1</i>	<i>sys-</i>	<i>sys-</i>	<i>sys-</i>	<i>4.9</i>	<i>4.9</i>	<i>4.9</i>	<i>sys-</i>	<i>13.1</i>	<i>13.1</i>
<i>tem</i>	<i>tem</i>	<i>tem</i>	<i>tem</i>	<i>3.7</i>	<i>3.7</i>	<i>tem</i>	<i>tem</i>	<i>tem</i>	<i>5.8</i>	<i>5.8</i>	<i>5.8</i>	<i>tem</i>	<i>2.3</i>	<i>2.3</i>
<i>Vom-</i>	<i>Vom-</i>	<i>Vom-</i>	<i>Vom-</i>	<i>3.7</i>	<i>3.7</i>	<i>Vom-</i>	<i>Vom-</i>	<i>Vom-</i>	<i>1.0</i>	<i>1.0</i>	<i>1.0</i>	<i>Vom-</i>	<i>1.5</i>	<i>1.5</i>
<i>it-</i>	<i>it-</i>	<i>it-</i>	<i>it-</i>	<i>7.4</i>	<i>7.4</i>	<i>it-</i>	<i>it-</i>	<i>it-</i>	<i>1.0</i>	<i>1.0</i>	<i>1.0</i>	<i>it-</i>	<i>3.1</i>	<i>3.1</i>
<i>ing</i>	<i>ing</i>	<i>ing</i>	<i>ing</i>	<i>3.7</i>	<i>3.7</i>	<i>ing</i>	<i>ing</i>	<i>ing</i>	<i>11.7</i>	<i>11.7</i>	<i>11.7</i>	<i>ing</i>	<i>18.5</i>	<i>18.5</i>
<i>Di-</i>	<i>Di-</i>	<i>Di-</i>	<i>Di-</i>	<i>3.7</i>	<i>3.7</i>	<i>Di-</i>	<i>Di-</i>	<i>Di-</i>	<i>3.9</i>	<i>3.9</i>	<i>3.9</i>	<i>Di-</i>	<i>6.2</i>	<i>6.2</i>
<i>ar-</i>	<i>ar-</i>	<i>ar-</i>	<i>ar-</i>	<i>3.7</i>	<i>3.7</i>	<i>ar-</i>	<i>ar-</i>	<i>ar-</i>	<i>3.9</i>	<i>3.9</i>	<i>3.9</i>	<i>ar-</i>	<i>6.2</i>	<i>6.2</i>
<i>rhea</i>	<i>rhea</i>	<i>rhea</i>	<i>rhea</i>	<i>3.7</i>	<i>3.7</i>	<i>rhea</i>	<i>rhea</i>	<i>rhea</i>	<i>2.9</i>	<i>2.9</i>	<i>2.9</i>	<i>rhea</i>	<i>6</i>	<i>6</i>
<i>Gas-</i>	<i>Gas-</i>	<i>Gas-</i>	<i>Gas-</i>	<i>7.4</i>	<i>7.4</i>	<i>Gas-</i>	<i>Gas-</i>	<i>Gas-</i>	<i>4.9</i>	<i>4.9</i>	<i>4.9</i>	<i>Gas-</i>	<i>10.8</i>	<i>10.8</i>
<i>troen-</i>	<i>troen-</i>	<i>troen-</i>	<i>troen-</i>	<i>3.7</i>	<i>3.7</i>	<i>troen-</i>	<i>troen-</i>	<i>troen-</i>	<i>1.0</i>	<i>1.0</i>	<i>1.0</i>	<i>troen-</i>	<i>6.2</i>	<i>6.2</i>
<i>teri-</i>	<i>teri-</i>	<i>teri-</i>	<i>teri-</i>	<i>3.7</i>	<i>3.7</i>	<i>teri-</i>	<i>teri-</i>	<i>teri-</i>	<i>1.9</i>	<i>1.9</i>	<i>1.9</i>	<i>teri-</i>	<i>4.6</i>	<i>4.6</i>
<i>tis</i>	<i>tis</i>	<i>tis</i>	<i>tis</i>	<i>3.7</i>	<i>3.7</i>	<i>tis</i>	<i>tis</i>	<i>tis</i>	<i>6.8</i>	<i>6.8</i>	<i>6.8</i>	<i>tis</i>	<i>2.3</i>	<i>2.3</i>
<i>Res-</i>	<i>Res-</i>	<i>Res-</i>	<i>Res-</i>			<i>Flat-</i>	<i>Flat-</i>	<i>Flat-</i>	<i>3.9</i>	<i>3.9</i>	<i>3.9</i>	<i>Flat-</i>	<i>5.4</i>	<i>5.4</i>
<i>pi-</i>	<i>pi-</i>	<i>pi-</i>	<i>pi-</i>			<i>u-</i>	<i>u-</i>	<i>u-</i>				<i>u-</i>		
<i>ra-</i>	<i>ra-</i>	<i>ra-</i>	<i>ra-</i>			<i>lence</i>	<i>lence</i>	<i>lence</i>				<i>lence</i>		
<i>tory</i>	<i>tory</i>	<i>tory</i>	<i>tory</i>			<i>Res-</i>	<i>Res-</i>	<i>Res-</i>				<i>Res-</i>		
<i>sys-</i>	<i>sys-</i>	<i>sys-</i>	<i>sys-</i>			<i>pi-</i>	<i>pi-</i>	<i>pi-</i>				<i>pi-</i>		
<i>tem</i>	<i>tem</i>	<i>tem</i>	<i>tem</i>			<i>ra-</i>	<i>ra-</i>	<i>ra-</i>				<i>ra-</i>		
Cough	Cough	Cough	Cough			<i>tory</i>	<i>tory</i>	<i>tory</i>				<i>tory</i>		
in-	in-	in-	in-			<i>sys-</i>	<i>sys-</i>	<i>sys-</i>				<i>sys-</i>		
increased	increased	increased	increased			<i>tem</i>	<i>tem</i>	<i>tem</i>				<i>tem</i>		
URTI	URTI	URTI	URTI			Cough	Cough	Cough				Cough		
Fever	Fever	Fever	Fever			in-	in-	in-				in-		
Un-	Un-	Un-	Un-			creased	creased	creased				creased		
in-	in-	in-	in-			URTI	URTI	URTI				URTI		
ten-	ten-	ten-	ten-			Rhini-	Rhini-	Rhini-				Rhini-		
tional	tional	tional	tional			tis	tis	tis				tis		
in-	in-	in-	in-			Fever	Fever	Fever				Fever		
jury	jury	jury	jury			Un-	Un-	Un-				In-		
Oti-	Oti-	Oti-	Oti-			in-	in-	in-				fec-		
tis	tis	tis	tis			ten-	ten-	ten-				tion		
me-	me-	me-	me-			tional	tional	tional				Oti-		
dia	dia	dia	dia			in-	in-	in-				tis		
Oph-	Oph-	Oph-	Oph-			jury	jury	jury				me-		
thalmi-	thalmi-	thalmi-	thalmi-			In-	In-	In-				dia		
tis	tis	tis	tis			fec-	fec-	fec-				Ear		
Ear	Ear	Ear	Ear			tion	tion	tion				dis-		
dis-	dis-	dis-	dis-			Oti-	Oti-	Oti-				or-		
or-	or-	or-	or-			tis	tis	tis				der		
der	der	der	der			me-	me-	me-				Skin		
Skin	Skin	Skin	Skin			dia	dia	dia				and		
and	and	and	and			Skin	Skin	Skin				appendages		
append-	append-	append-	append-			and	and	and						
						append-	append-	append-						

Serious	Serious	Serious	Serious	4.7	4.7	Serious	Serious	Serious	7.5	7.5	7.5
AEs:	AEs:	AEs:	AEs:	1.2	1.2	AEs:	AEs:	AEs:	2.4	2.4	2.4
Wheez-	Wheez-	Wheez-	Wheez-	0.8	0.8	Wheez-	Wheez-	Wheez-	2.0	2.0	2.0
ing	ing	ing	ing	1.6	1.6	ing	ing	ing	0.8	0.8	0.8
Der-	Der-	Der-	Der-	1.6	1.6	Der-	Der-	Der-	0.4	0.4	0.4
mati-	mati-	mati-	mati-	1.6	1.6	mati-	mati-	mati-	1.2	1.2	1.2
tis	tis	tis	tis	0.4	0.4	tis	tis	tis	1.2	1.2	1.2
atopic	atopic	atopic	atopic	0.8	0.8	atopic	atopic	atopic	1.2	1.2	1.2
Gas-	Gas-	Gas-	Gas-	0.4	0.4	Gas-	Gas-	Gas-	0.4	0.4	0.4
troen-	troen-	troen-	troen-	1.6	1.6	troen-	troen-	troen-	0.4	0.4	0.4
teri-	teri-	teri-	teri-	0.4	0.4	teri-	teri-	teri-	0.4	0.4	0.4
tis	tis	tis	tis	0.4	0.4	tis	tis	tis	0.4	0.4	0.4
Cough	Cough	Cough	Cough	2.0	2.0	Cough	Cough	Cough	1.6	1.6	1.6
Bron-	Bron-	Bron-	Bron-	0.4	0.4	Bron-	Bron-	Bron-	0.8	0.8	0.8
chop-	chop-	chop-	chop-	1.2	1.2	chop-	chop-	chop-	1.6	1.6	1.6
neu-	neu-	neu-	neu-	0.4	0.4	neu-	neu-	neu-	0.4	0.4	0.4
mo-	mo-	mo-	mo-	0.4	0.4	mo-	mo-	mo-	0.4	0.4	0.4
nia	nia	nia	nia			nia	nia	nia	0.4	0.4	0.4
Febrile	Febrile	Febrile	Febrile			Ur-	Ur-	Ur-	0.4	0.4	0.4
con-	con-	con-	con-			ticaria	ticaria	ticaria			
vul-	vul-	vul-	vul-			Bron-	Bron-	Bron-			
sion	sion	sion	sion			chi-	chi-	chi-			
Ur-	Ur-	Ur-	Ur-			tis	tis	tis			
ticaria	ticaria	ticaria	ticaria			chronic	chronic	chronic			
Neu-	Neu-	Neu-	Neu-			Neu-	Neu-	Neu-			
ro-	ro-	ro-	ro-			ro-	ro-	ro-			
logic/bldgic/obligic/obligic/obli-	logic/bldgic/obligic/obligic/obli-	logic/bldgic/obligic/obligic/obli-	logic/bldgic/obligic/obligic/obli-			logic/bldgic/obligic/obligic/obli-	logic/bldgic/obligic/obligic/obli-	logic/bldgic/obligic/obligic/obli-			
events: events: events:	events: events: events:	events: events: events:	events: events: events:			events: events:	events: events:	events: events:			
Ab-	Ab-	Ab-	Ab-			Ab-	Ab-	Ab-			
nor-	nor-	nor-	nor-			nor-	nor-	nor-			
mal	mal	mal	mal			mal	mal	mal			
be-	be-	be-	be-			be-	be-	be-			
hav-	hav-	hav-	hav-			hav-	hav-	hav-			
ior	ior	ior	ior			ior	ior	ior			
Ag-	Ag-	Ag-	Ag-			Ag-	Ag-	Ag-			
i-	i-	i-	i-			gres-	gres-	gres-			
ta-	ta-	ta-	ta-			sion	sion	sion			
tion	tion	tion	tion			Anx-	Anx-	Anx-			
Bron-	Bron-	Bron-	Bron-			i-	i-	i-			
chop-	chop-	chop-	chop-			ety	ety	ety			
neu-	neu-	neu-	neu-			Burn-	Burn-	Burn-			
mo-	mo-	mo-	mo-			ing	ing	ing			
nia	nia	nia	nia			sen-	sen-	sen-			
Con-	Con-	Con-	Con-			sa-	sa-	sa-			
vul-	vul-	vul-	vul-			tion	tion	tion			
sions	sions	sions	sions			Febrile	Febrile	Febrile			
Epileps	Epileps	Epileps	Epilepsy			con-	con-	con-			
Febrile	Febrile	Febrile	Febrile			vul-	vul-	vul-			
con-	con-	con-	con-			sions	sions	sions			
vul-	vul-	vul-	vul-			Headache	Headache	Headache			
sions	sions	sions	sions			In-	In-	In-			
Headac	Headac	Headac	Headache			som-	som-	som-			
In-	In-	In-	In-			nia	nia	nia			
som-	som-	som-	som-			Ir-	Ir-	Ir-			
nia	nia	nia	nia			ri-	ri-	ri-			
Ner-	Ner-	Ner-	Ner-			tabil-	tabil-	tabil-			
vous-	vous-	vous-	vous-			ity	ity	ity			
ness	ness	ness	ness			Night-	Night-	Night-			
Sleep	Sleep	Sleep	Sleep			mare	mare	mare			
disord	disord	disord	disorder			Sleep	Sleep	Sleep			

Chen et al., 2006 (26)	CTZ CTZ CTZ CTZ CTZ CTZ MLK MLK MLK MLK Placebo	Placebo Placebo Placebo Placebo
Mild med- i- ca- in- induced sedation		No AEs
Mild med- i- ca- in- induced sedation		No AEs
Mild med- i- ca- in- induced sedation		No AEs
Mild med- i- ca- in- induced sedation		No AEs
Prenne et al., 2006 (27)	DLRD DLRD DLRD DLRD DLRD Placebo	Placebo Placebo Placebo Placebo Placebo

	Treatment-related Anorexia	Treatment-related Anorexia	Treatment-related Anorexia	Treatment-related Anorexia	3.1	Treatment-related Anorexia	Treatment-related Anorexia	Treatment-related Anorexia	1.6	1.6	1.6
	Increased	increased	increased	increased	2.3	Increased	increased	increased	2.4	2.4	2.4
	apetite	petite	petite	petite	2.3	apetite	petite	petite	5.6	5.6	5.6
	Fever	Fever	Fever	Fever	0.8	Fever	Fever	Fever	1.6	1.6	1.6
	Somnolence	Somnolence	Somnolence	Somnolence	1.5	Somnolence	Somnolence	Somnolence	0.8	0.8	0.8
	Diarrhea	Diarrhea	Diarrhea	Diarrhea	0.8	Diarrhea	Diarrhea	Diarrhea	no-	no-	no-
	Incontinence	Incontinence	Incontinence	Incontinence	0.8	Incontinence	Incontinence	Incontinence	lence	lence	lence
	Irregularity	Irregularity	Irregularity	Irregularity	0.8	Irregularity	Irregularity	Irregularity	Di-	Di-	Di-
	Bronchitis	Bronchitis	Bronchitis	Bronchitis	0.8	Bronchitis	Bronchitis	Bronchitis	ar-	ar-	ar-
	Coughing	Coughing	Coughing	Coughing	0.8	Coughing	Coughing	Coughing	rhea	rhea	rhea
	Episodic	Episodic	Episodic	Episodic	0.8	Episodic	Episodic	Episodic	In-	In-	In-
	Mild-to-moderate	Mild-to-moderate	Mild-to-moderate	Mild-to-moderate	0.8	Mild-to-moderate	Mild-to-moderate	Mild-to-moderate	som-	som-	som-
	infection	infection	infection	infection	0.8	infection	infection	infection	nia	nia	nia
	(unrelated)	(related)	(related)	(related)	0.8	(unrelated)	(related)	(related)	Ir-	Ir-	Ir-
de Blic et al., 2005 (28)	LCTZ	LCTZ	LCTZ	LCTZ	LCTZ	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo
	Headache	Headache	Headache	Headache	4.5	Headache	Headache	Headache	9.1	9.1	9.1
	Episodic	Episodic	Episodic	Episodic	5.6	Epistaxis	Epistaxis	Epistaxis	1.1	1.1	1.1
	Somnolence	Somnolence	Somnolence	Somnolence	1.1						

Potter et al., 2005 (29)	LCTZ LCTZ LCTZ LCTZ Placebo	
	Placebo Placebo Placebo Placebo Placebo	
	Headache Headache Headache Headache 2.3	
	URTI URTI URTI URTI 8.4	
	Influenza influenza influenza influenza 2	
Bloom et al., 2004 (30)	DLRD DLRD DLRD DLRD DLRD DLRD Placebo	
	Placebo Placebo Placebo Placebo Placebo	
	Fever Fever Fever Fever 5.5	
	Headache Headache Headache Headache 8	
	Viral viral viral viral 1.8	
	infection infection infection infection 3.6	
	Varicella varicella varicella varicella 3.6	
	Rash Rash Rash Rash	
	Urinary urinary urinary urinary tract tract tract tract infection infection infection infection	
Bloom et al., 2004 (30)	DLRD DLRD DLRD DLRD DLRD DLRD Placebo	
	Placebo Placebo Placebo Placebo Placebo	
	Headache Headache Headache Headache 7	
	Gas troenteritis Gas troenteritis Gas troenteritis 6.7	
Grimfeld et al., 2004 (31)	LRD LRD LRD LRD LRD LRD Placebo	
	Placebo Placebo Placebo Placebo Placebo Placebo	
	Vomiting Vomiting Vomiting	

	Headache	Headache	Headache	Headache	Headache	8.3		Headache	Headache	Headache	Headache	9.3	9.3	9.3
Som-	Som-	Som-	Som-	Som-	Som-	9.1	9.1	Som-	Som-	Som-	Som-	1.2	1.2	1.2
no-	no-	no-	no-	no-	no-	3.6	3.6	no-	no-	no-	no-	1.2	1.2	1.2
lence	lence	lence	lence	lence	lence	3.6	3.6	lence	lence	lence	lence	2.3	2.3	2.3
Rash	Rash	Rash	Rash	Rash	Rash	2.4	2.4	Nausea	Nausea	Nausea	Nausea			
Nausea	Nausea	Nausea	Nausea	Nausea	Nausea	2.4	2.4	sea	sea	sea	sea			
sea	sea	sea	sea	sea	sea			Nervousness	Nervousness	Nervousness	Nervousness			
Nervousness	Nervousness	Nervousness	Nervousness	Nervousness	Nervousness									
vous-	vous-	vous-	vous-	vous-	vous-									
ness	ness	ness	ness	ness	ness									
Ab-	Ab-	Ab-	Ab-	Ab-	Ab-									
dom-	dom-	dom-	dom-	dom-	dom-									
i-	i-	i-	i-	i-	i-									
nal	nal	nal	nal	nal	nal									
pain	pain	pain	pain	pain	pain									
Simons et al., 2003 (35)	CTZ	CTZ	CTZ	CTZ	CTZ	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo
In-	In-	In-	In-	In-	In-	23.8	23.8	In-	In-	In-	In-	44.2	44.2	44.2
som-	som-	som-	som-	som-	som-	21.4	21.4	som-	som-	som-	som-	30.2	30.2	30.2
nia	nia	nia	nia	nia	nia	9.5	9.5	nia	nia	nia	nia	9.3	9.3	9.3
Som-	Som-	Som-	Som-	Som-	Som-	7.1	7.1	Som-	Som-	Som-	Som-	9.3	9.3	9.3
no-	no-	no-	no-	no-	no-	7.1	7.1	no-	no-	no-	no-	4.7	4.7	4.7
lence	lence	lence	lence	lence	lence	7.1	7.1	lence	lence	lence	lence	2.3	2.3	2.3
Toothache	Toothache	Toothache	Toothache	Toothache	Toothache	4.8	4.8	Toothache	Toothache	Toothache	Toothache	16.3	16.3	16.3
Di-	Di-	Di-	Di-	Di-	Di-	4.8	4.8	Di-	Di-	Di-	Di-	4.7	4.7	4.7
ar-	ar-	ar-	ar-	ar-	ar-	4.8	4.8	rhea	rhea	rhea	rhea	4.7	4.7	4.7
rhea	rhea	rhea	rhea	rhea	rhea	4.8	4.8	Oti-	Oti-	Oti-	Oti-	4.7	4.7	4.7
Oti-	Oti-	Oti-	Oti-	Oti-	Oti-	4.8	4.8	tis	tis	tis	tis	4.7	4.7	4.7
tis	tis	tis	tis	tis	tis	2.4	2.4	me-	me-	me-	me-			
me-	me-	me-	me-	me-	me-			dia	dia	dia	dia			
dia	dia	dia	dia	dia	dia			URTI	URTI	URTI	URTI			
URTI	URTI	URTI	URTI	URTI	URTI			Ag-	Ag-	Ag-	Ag-			
Ag-	Ag-	Ag-	Ag-	Ag-	Ag-			i-	i-	i-	i-			
i-	i-	i-	i-	i-	i-			ta-	ta-	ta-	ta-			
ta-	ta-	ta-	ta-	ta-	ta-			tion	tion	tion	tion			
tion	tion	tion	tion	tion	tion			Tremor	Tremor	Tremor	Tremor			
Fever	Fever	Fever	Fever	Fever	Fever			Fever	Fever	Fever	Fever			
Pharyngitis	Pharyngitis	Pharyngitis	Pharyngitis	Pharyngitis	Pharyngitis			Cough	Cough	Cough	Cough			
Rhinitis	Rhinitis	Rhinitis	Rhinitis	Rhinitis	Rhinitis			Rhinitis	Rhinitis	Rhinitis	Rhinitis			
Rash	Rash	Rash	Rash	Rash	Rash			Rash	Rash	Rash	Rash			

	URTI	URTI	URTI	URTI	URTI	4.9	4.9	URTI	URTI	URTI	URTI	4.3	4.3	4.3	4.3	URTI	1.4	1.4	1.4
	Pharyn	Pharyn	Pharyn	Pharyn	Pharyn	4.0	4.0	Pharyn	Pharyn	Pharyn	Pharyn	2.9	2.9	2.9	2.9	Pharyn	2.8	2.8	2.8
	gi-	gi-	gi-	gi-	gi-	1.3	1.3	gi-	gi-	gi-	gi-	3.8	3.8	3.8	3.8	gi-	2.3	2.3	2.3
	tis	tis	tis	tis	tis	1.8	1.8	tis	tis	tis	tis	2.9	2.9	2.9	2.9	tis	4.2	4.2	4.2
	Cough	Cough	Cough	Cough	Cough	2.7	2.7	Cough	Cough	Cough	Cough	1.9	1.9	1.9	1.9	Cough	2.3	2.3	2.3
	ing	ing	ing	ing	ing	1.8	1.8	ing	ing	ing	ing	2.4	2.4	2.4	2.4	ing	1.9	1.9	1.9
	In-	In-	In-	In-	In-	8.0	8.0	In-	In-	In-	In-	7.2	7.2	7.2	7.2	In-	9.4	9.4	9.4
	jury	jury	jury	jury	jury			jury	jury	jury	jury	0.5	0.5	0.5	0.5	jury			
	ac-	ac-	ac-	ac-	ac-			ac-	ac-	ac-	ac-					ac-			
	ci-	ci-	ci-	ci-	ci-			ci-	ci-	ci-	ci-					ci-			
	dent	dent	dent	dent	dent			dent	dent	dent	dent					dent			
	Ab-	Ab-	Ab-	Ab-	Ab-			Ab-	Ab-	Ab-	Ab-					Ab-			
	dom-	dom-	dom-	dom-	dom-			dom-	dom-	dom-	dom-					dom-			
	i-	i-	i-	i-	i-			i-	i-	i-	i-					i-			
	nal	nal	nal	nal	nal			nal	nal	nal	nal					nal			
	pain	pain	pain	pain	pain			pain	pain	pain	pain					pain			
	Fever	Fever	Fever	Fever	Fever			Fever	Fever	Fever	Fever					Fever			
	Headache	Headache	Headache	Headache	Headache			Headache	Headache	Headache	Headache					Headache			
	Salmun	LRD	LRD	LRD	LRD	LRD	LRD	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo
et al., 2000 (42)																			
	Cough	Cough	Cough	Cough	Cough	3.0	3.0	Cough	Cough	Cough	Cough	5.0	5.0	5.0	5.0				
	Drowsi	Drowsi	Drowsi	Drowsi	Drowsi	7.0	7.0	Drowsi	Drowsi	Drowsi	Drowsi	7.0	7.0	7.0	7.0				
	ness	ness	ness	ness	ness	2.0	2.0	ness	ness	ness	ness	7.0	7.0	7.0	7.0				
	Dys-	Dys-	Dys-	Dys-	Dys-	7.0	7.0	Dys-	Dys-	Dys-	Dys-	8.0	8.0	8.0	8.0				
	pep-	pep-	pep-	pep-	pep-	5.0	5.0	pep-	pep-	pep-	pep-	7.0	7.0	7.0	7.0				
	sia	sia	sia	sia	sia			sia	sia	sia	sia	5.0	5.0	5.0	5.0				
	Fever	Fever	Fever	Fever	Fever			Fever	Fever	Fever	Fever								
	Vomiting	Vomiting	Vomiting	Vomiting	Vomiting			Vomiting	Vomiting	Vomiting	Vomiting								
Simons et al., 1999 (43)	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo

Rhinitis	Rhinitis	Rhinitis	Rhinitis	\$9.0	79.0	Rhinitis	Rhinitis	Rhinitis	\$7.0	77.0	77.0	77.0
URTI	URTI	URTI	URTI	58.0	58.0	URTI	URTI	URTI	62.0	62.0	62.0	62.0
Fever	Fever	Fever	Fever	38.0	38.0	Fever	Fever	Fever	42.0	42.0	42.0	42.0
Di-	Di-	Di-	Di-	29.0	29.0	Di-	Di-	Di-	28.0	28.0	28.0	28.0
ar-	ar-	ar-	ar-	28.0	28.0	ar-	ar-	ar-	27.0	27.0	27.0	27.0
rhea	rhea	rhea	rhea	21.0	21.0	rhea	rhea	rhea	22.0	22.0	22.0	22.0
Gas-	Gas-	Gas-	Gas-	24.0	24.0	Gas-	Gas-	Gas-	28.0	28.0	28.0	28.0
troen-	troen-	troen-	troen-	23.0	23.0	troen-	troen-	troen-	22.0	22.0	22.0	22.0
teri-	teri-	teri-	teri-	6.0	6.0	teri-	teri-	teri-	16.0	16.0	16.0	16.0
tis	tis	tis	tis	9.0	9.0	tis	tis	tis	14.0	14.0	14.0	14.0
Vom-	Vom-	Vom-	Vom-	8.0	8.0	Vom-	Vom-	Vom-	9.0	9.0	9.0	9.0
it-	it-	it-	it-	6.0	6.0	it-	it-	it-	7.0	7.0	7.0	7.0
ing	ing	ing	ing	7.0	7.0	ing	ing	ing	6.0	6.0	6.0	6.0
Pharyn-	Pharyn-	Pharyn-	Pharyn-	0.7	0.7	Pharyn-	Pharyn-	Pharyn-	0.7	0.7	0.7	0.7
gi-	gi-	gi-	gi-	0.2	0.2	gi-	gi-	gi-	0.2	0.2	0.2	0.2
tis	tis	tis	tis	0.5	0.5	tis	tis	tis	0.2	0.2	0.2	0.2
Vari-	Vari-	Vari-	Vari-	0.5	0.5	Vari-	Vari-	Vari-	0.2	0.2	0.2	0.2
cella	cella	cella	cella	3.2	3.2	cella	cella	cella	0.5	0.5	0.5	0.5
Ur-	Ur-	Ur-	Ur-	1.2	1.2	Ur-	Ur-	Ur-	1.0	1.0	1.0	1.0
ticaria	ticaria	ticaria	ticaria	1.2	1.2	ticaria	ticaria	ticaria	1.3	1.3	1.3	1.3
Al-	Al-	Al-	Al-	8.8	8.8	Al-	Al-	Al-	1.5	1.5	1.5	1.5
ler-	ler-	ler-	ler-	1.2	1.2	ler-	ler-	ler-	2.3	2.3	2.3	2.3
gic	gic	gic	gic	2.2	2.2	gic	gic	gic	5.3	5.3	5.3	5.3
re-	re-	re-	re-			re-	re-	re-	1.8	1.8	1.8	1.8
ac-	ac-	ac-	ac-			ac-	ac-	ac-	2.0	2.0	2.0	2.0
tion	tion	tion	tion			tion	tion	tion				
Toothache	Toothache	Toothache	Toothache			Toothache	Toothache	Toothache				
In-	In-	In-	In-			In-	In-	In-				
fluenza	fluenza	fluenza	fluenza			fluenza	fluenza	fluenza				
like	like	like	like			like	like	like				
symp-	symp-	symp-	symp-			symp-	symp-	symp-				
toms	toms	toms	toms			toms	toms	toms				
Other	Other	Other	Other			Other	Other	Other				
vi-	vi-	vi-	vi-			vi-	vi-	vi-				
ral	ral	ral	ral			ral	ral	ral				
in-	in-	in-	in-			in-	in-	in-				
fec-	fec-	fec-	fec-			fec-	fec-	fec-				
tion	tion	tion	tion			tion	tion	tion				
Im-	Im-	Im-	Im-			Im-	Im-	Im-				
mu-	mu-	mu-	mu-			mu-	mu-	mu-				
niza-	niza-	niza-	niza-			niza-	niza-	niza-				
tion	tion	tion	tion			tion	tion	tion				
com-	com-	com-	com-			com-	com-	com-				
pli-	pli-	pli-	pli-			pli-	pli-	pli-				
ca-	ca-	ca-	ca-			ca-	ca-	ca-				
tion	tion	tion	tion			tion	tion	tion				
Heart	Heart	Heart	Heart			Mur-	Mur-	Mur-				
mur-	mur-	mur-	mur-			mur	mur	mur				
mur	mur	mur	mur			Tachy-	Tachy-	Tachy-				
Syn-	Syn-	Syn-	Syn-			car-	car-	car-				
cope	cope	cope	cope			dia	dia	dia				
af-	af-	af-	af-			Other	Other	Other				
ter	ter	ter	ter			ar-	ar-	ar-				
in-	in-	in-	in-			rhyth-	rhyth-	rhyth-				
jury	jury	jury	jury			46 mia	mia	mia				
Ataxia	Ataxia	Ataxia	Ataxia			Ex-	Ex-	Ex-				
Febrile	Febrile	Febrile	Febrile			trasys-	trasys-	trasys-				
con-	con-	con-	con-			tole	tole	tole				
vul-	vul-	vul-	vul-			Ataxia	Ataxia	Ataxia				
sions	sions	sions	sions			Febrile	Febrile	Febrile				

Wahn CTZ CTZ CTZ CTZ CTZ Placebo Placebo Placebo Placebo Placebo
et
al.,
1998
(44)

Abdominal	Abdominal	Abdominal	Abdominal	Abdominal	Abdominal	Abdominal	Abdominal	Abdominal	Abdominal	Abdominal	Abdominal	Abdominal
pain	pain	pain	pain	0.3	0.3	pain	pain	pain	0.5	0.5	0.5	0.5
Ag-	Ag-	Ag-	Ag-	9.1	9.1	Ag-	Ag-	Ag-	13.4	13.4	13.4	13.4
i-	i-	i-	i-	3.3	3.3	i-	i-	i-	4.0	4.0	4.0	4.0
ta-	ta-	ta-	ta-	0.5	0.5	ta-	ta-	ta-	0.3	0.3	0.3	0.3
tion	tion	tion	tion	3.3	3.3	tion	tion	tion	0.3	0.3	0.3	0.3
Al-	Al-	Al-	Al-	1.3	1.3	Al-	Al-	Al-	1.3	1.3	1.3	1.3
ler-	ler-	ler-	ler-	1.3	1.3	ler-	ler-	ler-	1.8	1.8	1.8	1.8
gic	gic	gic	gic	8.8	8.8	gic	gic	gic	2.5	2.5	2.5	2.5
re-	re-	re-	re-	7.3	7.3	re-	re-	re-	5.3	5.3	5.3	5.3
ac-	ac-	ac-	ac-	2.3	2.3	ac-	ac-	ac-	9.3	9.3	9.3	9.3
tion	tion	tion	tion	5.8	5.8	tion	tion	tion	2.0	2.0	2.0	2.0
Anorex	Anorex	Anorex	Anorex	3.3	3.3	Anorex	Anorex	Anorex	16.1	16.1	16.1	16.1
Ap-	Ap-	Ap-	Ap-			Ap-	Ap-	Ap-	5.5	5.5	5.5	5.5
petite	petite	petite	petite			petite	petite	petite				
in-	in-	in-	in-			in-	in-	in-				
creased	creased	creased	creased			creased	creased	creased				
Fa-	Fa-	Fa-	Fa-			ECG	ECG	ECG				
tigue	tigue	tigue	tigue			ab-	ab-	ab-				
Hep-	Hep-	Hep-	Hep-			nor-	nor-	nor-				
atic	atic	atic	atic			mal-	mal-	mal-				
en-	en-	en-	en-			i-	i-	i-				
zymes	zymes	zymes	zymes			ties	ties	ties				
in-	in-	in-	in-			Fa-	Fa-	Fa-				
creased	creased	creased	creased			tigue	tigue	tigue				
Hy-	Hy-	Hy-	Hy-			Hep-	Hep-	Hep-				
per-	per-	per-	per-			atic	atic	atic				
ki-	ki-	ki-	ki-			en-	en-	en-				
ne-	ne-	ne-	ne-			zymes	zymes	zymes				
sia	sia	sia	sia			in-	in-	in-				
In-	In-	In-	In-			creased	creased	creased				
som-	som-	som-	som-			Hy-	Hy-	Hy-				
nia	nia	nia	nia			per-	per-	per-				
Laryn-	Laryn-	Laryn-	Laryn-			ki-	ki-	ki-				
gi-	gi-	gi-	gi-			ne-	ne-	ne-				
tis	tis	tis	tis			sia	sia	sia				
Som-	Som-	Som-	Som-			In-	In-	In-				
no-	no-	no-	no-			som-	som-	som-				
lence	lence	lence	lence			nia	nia	nia				
Ur-	Ur-	Ur-	Ur-			Laryn-	Laryn-	Laryn-				
ticaria	ticaria	ticaria	ticaria			gi-	gi-	gi-				
Vac-	Vac-	Vac-	Vac-			tis	tis	tis				
ci-	ci-	ci-	ci-			Som-	Som-	Som-				
na-	na-	na-	na-			no-	no-	no-				
tion	tion	tion	tion			lence	lence	lence				
complication	complication	complication	complication			Ur-	Ur-	Ur-				
						ticaria	ticaria	ticaria				
						Vac-	Vac-	Vac-				
						ci-	ci-	ci-				
						na-	na-	na-				
						tion	tion	tion				
						complication	complication	complication				

Sienra-CTZ CTZ CTZ CTZ CTZ CTZ LRD LRD LRD LRD LRD LRD LRD
Monge
et
al.,
1999
(45)

Somno	Somno	Somno	Somno	2.5c	2.5	No	No	No
and	and	and	and	2.5	2.5	AEs	AEs	AEs
mild	mild	mild	mild					
ir-	ir-	ir-	ir-					
ri-	ri-	ri-	ri-					
tabil-	tabil-	tabil-	tabil-					
ity	ity	ity	ity					
Gen-	Gen-	Gen-	Gen-					
er-	er-	er-	er-					
al-	al-	al-	al-					
ized	ized	ized	ized					
rash	rash	rash	rash					

Serra et al. LRD-PSD. LRD-PSD. LRD-PSD. LRD-PSD. Placebo

al.,
1998
(46)

Slight Slight Slight Slight 5.0 5.0 No No No
 tran- tran- tran- tran- AEs AEs AEs
 sient sient sient sient
 insomni~~a~~somni~~a~~somni~~a~~somni~~a~~

Delgado et al., 1998	LRD	LRD	LRD	LRD	LRD	LRD	CTZ	LRD	LRD	LRD	LRD	LRD						
(47)	10	10	10	10	10	10								10	10	10	10	10
	mg OD)	mg OD)	mg OD)	mg OD)	mg OD)	mg OD)								mg OD)	mg OD)	mg OD)	mg OD)	mg OD)
	No AEs	No AEs	No AEs	No AEs			No AEs	No AEs	No AEs					No AEs				
Pearlman et al., 1997	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	Placebo	Placebo	Placebo	Placebo	Placebo
(48)	(10) OD)	(10) OD)	(10) OD)	(10) OD)	(10) OD)	(5) OD)												
	mg OD)	mg OD)	mg OD)	mg OD)	mg OD)	mg OD)	mg OD)	mg OD)	mg OD)	mg OD)	mg OD)	mg OD)	mg OD)					

and
Winder
et
al., 1996
(49)

	Somno	Somno	Somno	Somno	9.5	9.5	Somno	Somno	Somno	3.3	3.3	3.3
	Headach	Headach	Headach	Headach	3.2	3.2	Headach	Headach	Headach	1.6	1.6	1.6
Ver-	Ver-	Ver-	Ver-	Ver-	1.6	1.6	Nau-	Nau-	Nau-	4.9	4.9	4.9
tigo	tigo	tigo	tigo	tigo	3.2	3.2	sea	sea	sea	1.6	1.6	1.6
Rash	Rash	Rash	Rash	Rash	1.6	1.6	-	-	-	1.6	1.6	1.6
In-	In-	In-	In-	In-	1.6	1.6	vom-	vom-	vom-	4.9	4.9	4.9
creased	creased	creased	creased	creased	1.6	1.6	it-	it-	it-	4.9	4.9	4.9
ap-	ap-	ap-	ap-	ap-	1.6	1.6	ing	ing	ing			
petite	petite	petite	petite	petite	1.6	1.6	Anorex	Anorex	Anorexia			
Dry	Dry	Dry	Dry	Dry			Ab-	Ab-	Ab-			
mouth	mouth	mouth	mouth	mouth			dom-	dom-	dom-			
Ab-	Ab-	Ab-	Ab-	Ab-			i-	i-	i-			
dom-	dom-	dom-	dom-	dom-			nal	nal	nal			
i-	i-	i-	i-	i-			pain	pain	pain			
nal	nal	nal	nal	nal			In-	In-	In-			
pain	pain	pain	pain	pain			creased	creased	creased			
In-	In-	In-	In-	In-			cough	cough	cough			
creased	creased	creased	creased	creased			Pharyng	Pharyng	Pharyng			
cough	cough	cough	cough	cough			itis	itis	itis			
Pharyng	Pharyng	Pharyng	Pharyng	Pharyng								
Baelde et al., 1992 (58)	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	CTZ	Placebo
	(10mg OD)	(10mg OD)	(10mg OD)	(10mg OD)	(10mg OD)	(5mg OD)	(5mg OD)	(5mg OD)	(5mg OD)	(5mg OD)	(5mg OD)	Placebo
Tiredness	Tiredness	Tiredness	Tiredness	Tiredness	2.2	2.2	Tiredness	Tiredness	Tiredness	2.2	2.2	Tiredness
Mood change	Mood change	Mood change	Mood change	Mood change	2.2	2.2	Sleepiness/difficult	Sleepiness/difficult	Sleepiness/difficult	[2]6.5	[2]6.5	Sleepiness/difficult
Ap- petite in-	Ap- petite in-	Ap- petite in-	Ap- petite in-	Ap- petite in-	2.2	2.2	waking	waking	waking	2.2	2.2	waking
crease	crease	crease	crease	crease			ing	ing	ing	[2]2.2	[2]2.2	[2]2.2
Ab- dom- i-	Ab- dom- i-	Ab- dom- i-	Ab- dom- i-	Ab- dom- i-			Mood	Mood	Mood	2.2	2.2	2.2
nal	nal	nal	nal	nal			change	change	change			
pain/diarrhea	pain/diarrhea	pain/diarrhea	pain/diarrhea	pain/diarrhea			Ap-	Ap-	Ap-			
Boner et al., 1989 (59)	LRD	LRD	LRD	LRD	LRD	LRD	DCPN	DCPN	DCPN	DCPN	DCPN	DCPN

Moderate	Moderate	Moderate	Moderate	14.2	14.2	Somnolence	Somnolence	Somnolence	21.0	21.0	21.0
epis-	epis-	epis-	epis-	4.7	4.7	Mild	Mild	Mild	10.5	10.5	10.5
taxis	taxis	taxis	taxis			epistaxis	epistaxis	epistaxis			
Nau-	Nau-	Nau-	Nau-								
sea,	sea,	sea,	sea,								
vom-	vom-	vom-	vom-								
it-	it-	it-	it-								
ing	ing	ing	ing								
and	and	and	and								
Lipotherapy	Lipotherapy	Lipotherapy	Lipotherapy								

Abbreviations: AE = Adverse events; BD = bis in die (twice daily); BLN = Bilastine; CTZ = Cetirizine; CPN = Clorpheniramine; CPHD = Cyproheptadine; DLRD = Desloratadine; DCPN = Dexchlorpheniramine; FXD = Fexofenadine; KTF = Ketotifen HCL; LRD = Loratadine; LCTZ = Levocetirizine; MLK = Montelukast; ND = No data; OD = omne in die (once daily); OXD = Oxitamide; PSD = Pseudoephedrine; RPD = Rupatadine; URTI = Upper respiratory tract infection.

Figure Legends

Figure 1. Summary of evidence search and selection

* In total, 47 citations were included; there were two RCTs with data reported in two separate publications each.

Appendix

Ovid MEDLINE and CENTRAL search strategy

(Histamine H1 Antagonists.sh OR antihistamin*.af OR Cetirizine.af OR Loratadine.af OR Fexofenadine.af OR Levocetirizine.af OR Desloratadine.af OR Rupatadine.af OR Bilastine.af) AND (child*.tw OR infant*.tw OR toddler*.tw OR newborn*.tw OR neonate*.tw OR pediatric*.tw OR paediatric*.tw)

