The statements presented herein do not preclude alternatives which may be more appropriate, taking into account local situations and all other relevant facts.

Executive Board, AAP
aration. Phenothiazines are the worst topical offenders in the antihistamine group. Not only are they potent allergic contact sensitizers, but they may also evoke a phototoxic allergic contact dermatitis. Photodermatitis, due to allergic contactants, is often characterized by persistence long after removal of the offending substance. Furthermore, since light of 360 nm wavelength and above is responsible, sunscreens and window glass offer no protection. This type of dermatitis can be debilitating for many years and may be activated by both incandescent and fluorescent light. Once topical sensitization to phenothiazines has occurred, systemic administration of any member of this class may elicit a severe dermatitis.

The ethanolamine compounds include diphenhydramine (Benadryl) and doxylamine succinate (Decapryn). While this group of substances has a lower sensitizing potential than the other two, the extensive use of topical diphenhydramine in the form of Caladryl Lotion or Ointment has resulted in frequent sensitization of children. Because the resulting dermatitis usually clears promptly on removal of the drug, cases are rarely reported.

Alkylamines and piperazine compounds capable of inducing a contact dermatitis include pheniramine (Trimetine), phenindamine (Theophorin), and pyrilamine (Neo-Antergan).

**COMMENT**

Recently, the National Academy of Sciences-National Research Council Drug Efficacy Study group evaluated a group of over the counter topical antihistamines. Based on their report, the Food and Drug Administration concluded that these drugs are ineffective for prophylaxis against dermatitis caused by poison ivy and other plants of the rhus genus. It further classified these drugs as “possibly effective” for other labeled indications for dermatologic use, placing the onus on the manufacturer to prove their efficacy. The American Medical Association has also recommended that topical antihistamines not be used because of their sensitizing potential.

The Committee on Drugs, on the basis of the foregoing evidence, urges pediatricians:

1. To discontinue the use of topical antihistamines.
thistamine preparations because their toxicity exceeds their limited benefit.

2. To discourage parents from purchasing over the counter topical antihistamines, especially Benadryl, Caladryl, Ziradryl, and Pyribenzamine for use in treating chickenpox, poison ivy, poison oak, and other types of dermatitis.

3. To keep in mind the frequency of contact dermatitis resulting from such agents in the evaluation of a dermatitis of unknown etiology.

The Committee further urges that a warning about the sensitizing potential of these agents be placed on the label of these preparations.

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REFERENCES

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ANTIHISTAMINES IN TOPICAL PREPARATIONS
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