

Corticosteroids not effective for treating acute sinusitis

August 7 2012

Corticosteroids, frequently prescribed to alleviate acute sinusitis, show no clinical benefit in treating the condition, according to a randomized controlled trial published in *CMAJ* (*Canadian Medical Association Journal*).

The common cold is the main cause of acute sinusitis, which is characterized by inflammation of the [nasal cavities](#), blocked nasal passages and sometimes headaches and facial pain. Allergies and bacteria can also cause the condition, which is uncomfortable and difficult to treat. Antibiotics are a common treatment, despite the fact that the cause is often viral and will not respond to antibiotics. Corticosteroids are increasingly being used to alleviate symptoms, although the evidence for efficacy is inconclusive.

To determine the effectiveness of [oral corticosteroids](#) on acute rhinosinusitis (sinusitis), researchers from the Netherlands conducted a randomized, double-blind controlled trial involving 174 adults with clinically diagnosed acute rhinosinusitis. Eighty-eight patients were randomized to a group that received 30 mg/d of prednisolone for a week and the remaining 86 received placebo. In the prednisolone group, 55 of 88 patients (62.5%) reported that their facial pain or pressure had resolved by day 7, versus 48 of 86 (55.8%) in the [placebo group](#). Although there was a slight reduction of facial pain in the prednisolone group, the results were neither statistically nor clinically significant. Moreover, other patient-relevant outcomes revealed similar results.

"We found no clinically relevant effect of systemic corticosteroid monotherapy among patients with clinically diagnosed, uncomplicated acute rhinosinusitis," writes Dr. Roderick Venekamp, University Medical Centre Utrecht, Utrecht, the Netherlands, with coauthors.

"There is no rationale for the use of corticosteroids in the broad population of patients with clinically diagnosed acute rhinosinusitis," write the authors. "Future studies should focus on identifying subgroups of patients who may benefit from intranasal or systemic corticosteroid treatment."

More information: www.cmaj.ca/lookup/doi/10.1503/cmaj.120430

Provided by Canadian Medical Association Journal

Citation: Corticosteroids not effective for treating acute sinusitis (2012, August 7) retrieved 9 April 2024 from

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