

**TITLE 1:** “Ask the Doctor”

**TITLE 2:**

**DATE:** May 2003

**AUTHOR/S:** Bruce Ehrenberg, MD

**KEYWORDS:**

- Pharmaceutical treatment
- Symptoms

**ABSTRACT OVERVIEW:** A question from a reader wanting to find an allergy/cold medicine that did not exacerbate his/her RLS symptoms.

**COPY OF ARTICLE:**

**Q.** *I recently read that taking any allergy or cold medicine increases the symptoms of RLS. Is there any antihistamine that someone with RLS can take for allergies?*

**A.** Histamine carries its message to a large number of cells by attaching to a special receptor on



the cells’ surfaces. There are two kinds of histamine receptors, H1 and H2. The H1 and H2 receptors both receive histamine as a messenger, but the meaning taken by the different receptors is different. H1 receptors tend to activate allergic reactions. H2 receptors tend to act as negative feedback receptors and turn the allergic reaction off. The “older” antihistamines — such as diphenhydramine (Benadryl), an H1-blocker — all cross the blood-brain barrier (you can tell because they make you sleepy), and these are the ones to avoid. The newer H1-blockers, such as loratidine (Claritin), which do not cause sleepiness (and generally don’t get across the blood-brain barrier) are probably fairly safe. Likewise, the H2-blockers, such as cimetidin (usually used to reduce stomach acid secretion) do not seem to be much of a problem, although occasional problems have been reported.

*Bruce Ehrenberg, MD*