may be quite useful.

When motor restlessness or akathisia is prominent, propranolol 10 to 20 mg three times daily is helpful.

Use of antiepileptics. Finally, if the neuroleptic or atypical neuroleptic agents are ineffective or are accompanied by intolerable side effects, antiepileptics such as carbamazepine or valproic acid may be very useful for agitation and psychosis. Carbamazepine is started at small doses of 100 mg twice daily and is gradually titrated to 200 mg three times daily, while valproic acid is begun at doses of 125 mg twice daily and is gradually titrated to 500 mg three times daily as tolerated, or higher if necessary.

Sleep disturbances in Alzheimer disease are exceedingly common and may contribute to the other behavioral disorders. Traditional sedating medications such as benzodiazepines may increase confusion and daytime drowsiness. A better alternative would be trazodone 25 to 100 mg at bedtime or thioridazine 25 to 75 mg at night.

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CORRECTION

New therapies for allergic rhinitis

In the article "New therapies for allergic rhinitis" by David F. Graft, MD in the March 2000 issue (*Cleve Clin J Med* 2000; 67:165–168), the first paragraph in the section on newer second-generation antihistamines (page 166) did not list all of the available agents, and also indicated that all of the newer agents have no sedating effect. The corrected paragraph should read as follows:

Newer second-generation antihistamines have fewer side effects and are safe. Acrivastine (the antihistamine ingredient in Semprex-D), azelastine, (Astelin), cetirizine (Zyrtec), fexofenadine (Allegra), and loratadine (Claritin) are as effective as older antihistamines. Acrivastine, azelastine and cetirizine have some potential for causing sedation, but much less than with older agents, and fexofenadine and loratadine do not appear to cause sedation at all. All of the newer agents have very little anticholinergic activity, and thus have very low rates of the other side effects.