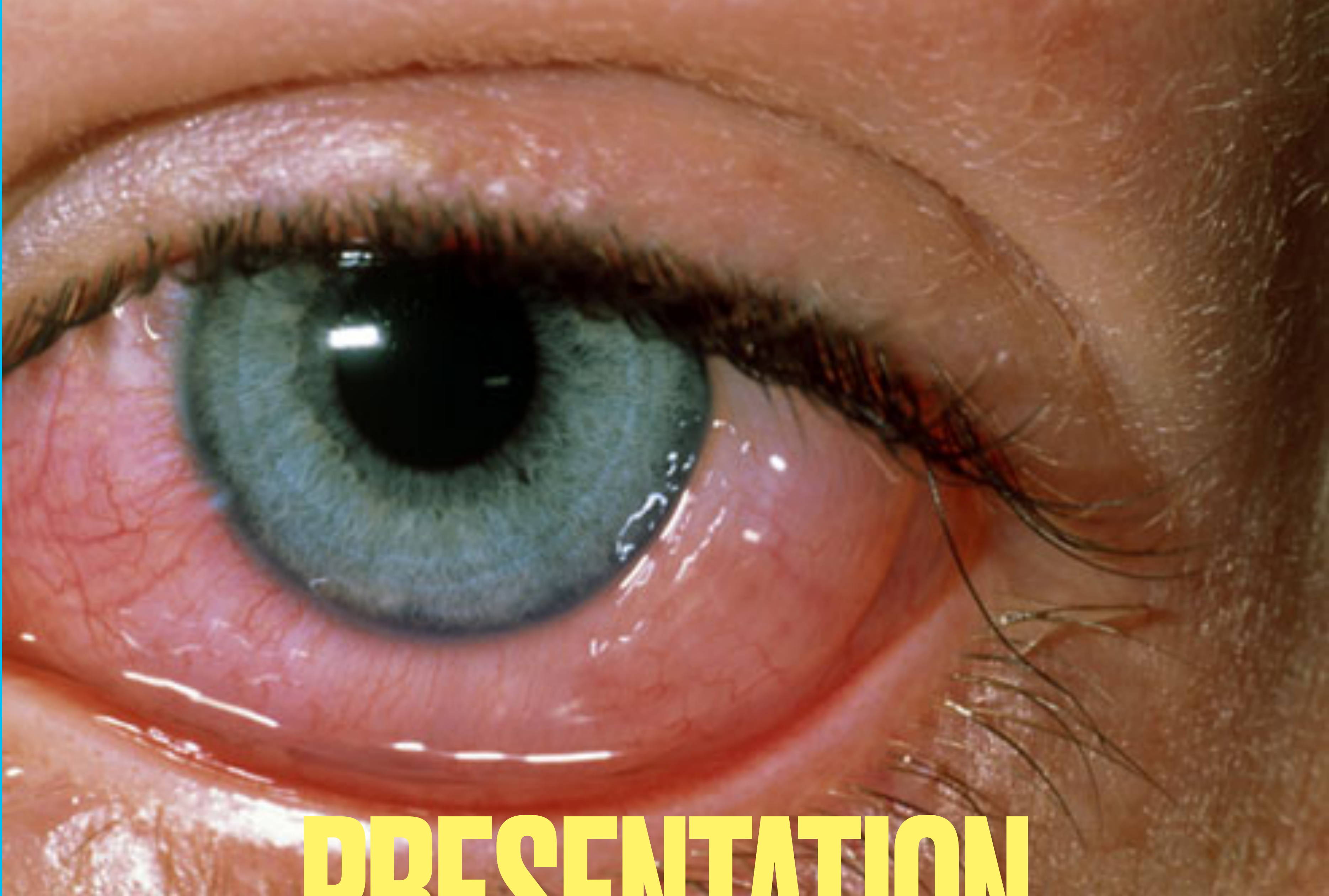


**MARCH 2021**

# **ALLERGIC CONJUNCTIVITIS**

**A guide to the treatment of Allergic conjunctivitis**



**PRESENTATION**



# HOW ALLERGIC CONJUNCTIVITIS CAN PRESENT

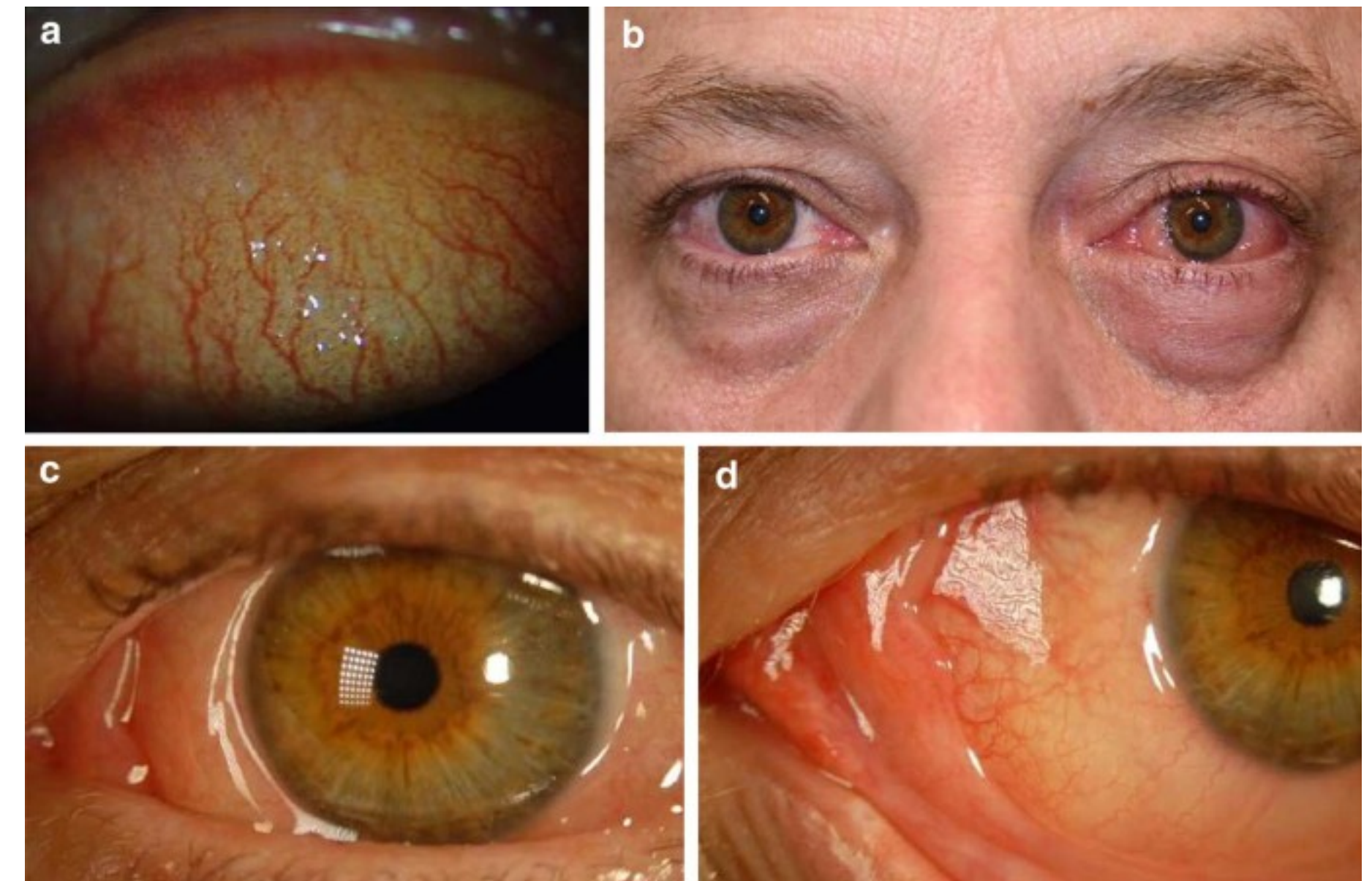
Patient presentation will usually coincide with the hay fever season.

## Signs

- Classic presentation bilaterally and acute
- Pink / Red appearance to the conjunctiva with or without chemosis
- Swelling of one or both lids may be present
- Watery discharge and nasal involvement
- Onset Seasonal or Perennial

## Symptoms

- Itchy
- Irritation
- Pain and photophobia shouldn't be present
- Vision may be affected due to watery discharge





# TREATMENT OPTIONS



# GENERAL ADVICE

- Identify allergen(s)
- Advise avoidance of allergen(s)
- Cold Compresses for symptomatic relief
- Advise against eye rubbing ( Causes mechanical mast cell degranulation)

# SODIUM CROMOGLYCATE - OPTICROM - 1ST LINE

- Available to all medical professionals without prescription
- Acts as a mast cell stabiliser
- Has a more delayed effect on resolving symptoms
- Ideal use for this medication is to start 1 month before the symptoms usually present
- Use 4x / day in both adults and children
- Contains BAK (which can cause irritation)
- Suitable for all ages

# **OLOPATADINE - OPATANOL - (PREFERRED OPTION)**

- Prescription only either via IP Pharmacist, IP Optometrist or GP
- Acts as a selective antagonist of the histamine H<sub>1</sub> - Blocking receptor
- Stabilising mast cells and inhibits histamine release
- More immediate effect for the patient, within 30-60 minutes
- Dosage 2 x / day for 4 months maximum period, treatment can be stopped and restarted
- Not suitable for children under 3yrs old
- Contains BAK

# IN ASSOCIATION WITH ANTIALLERGY EYEDROPS

- Consider artificial tears up to 6x / day.
- Acts as a barrier and dilute the allergen.
- Keeping refrigerated will also help.

## IF NO RESOLUTION IN 5 DAYS

- Continue with the olopatadine and include an oral antihistamine
  - Cetirizine / Loratadine - These are both available within the Pharmacy First prescribing options
  - Another option is Fexofenadine - Small pack can be purchased however is quite expensive.
  - If you are wanting this to be supplied - IP Pharmacist / Optometrist or GP will need to be contacted



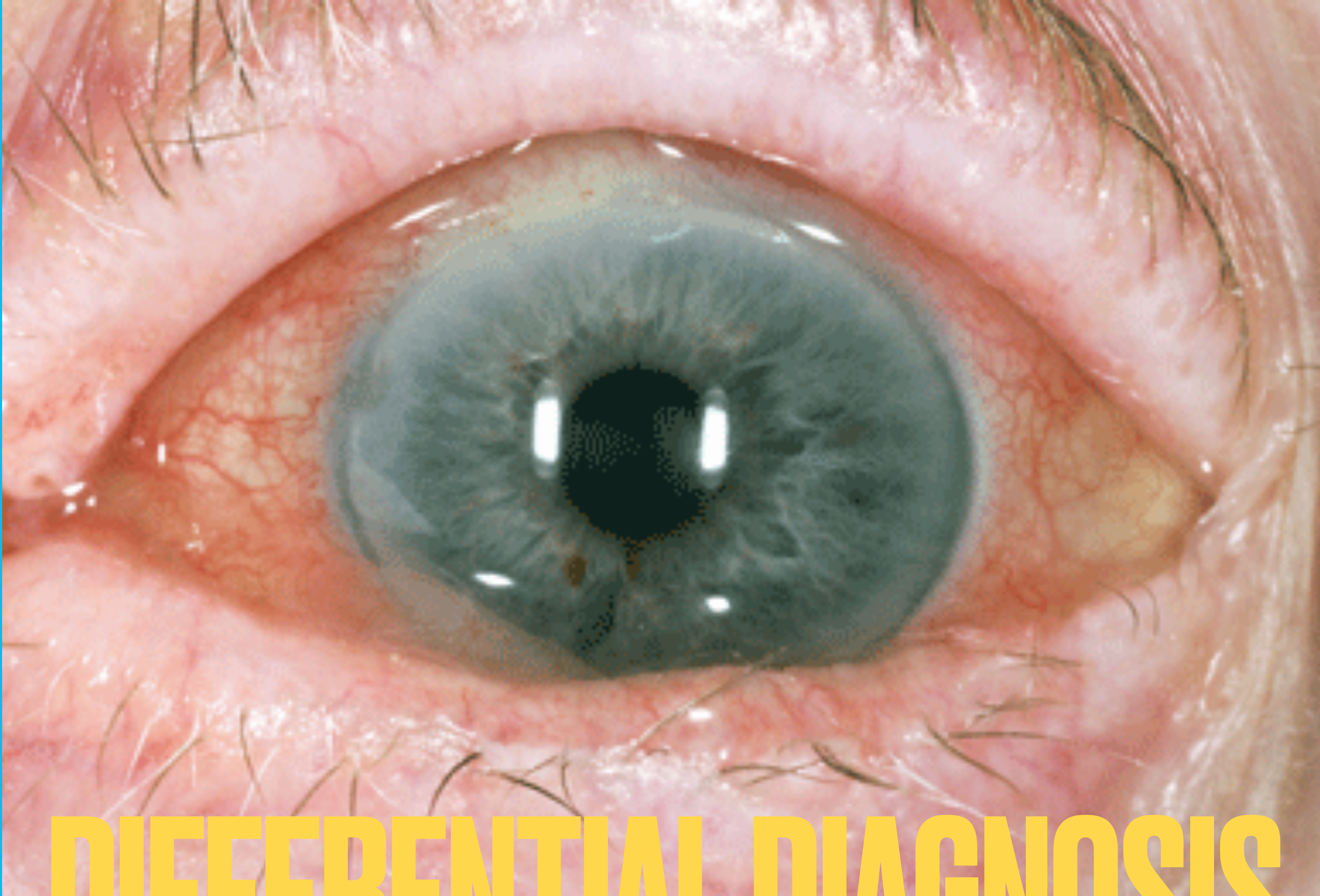


# OTHER TOPICAL PREPARATIONS



# **XYLOMETAZOLINE + ANTAZOLINE - OTRIVINE - ANTISTIN**

- **Less commonly used**
- **Adrenergic (alpha <sub>1</sub> and <sub>2</sub>) and histamine H<sub>1</sub> blocking properties**
- **Used 2 - 3 x / day**
- **Not recommended for children under 12 yrs old**
- **Contraindications include**
  - **Presence of narrow angle glaucoma**
  - **Patients receiving monoamine oxidase inhibitors**



# DIFFERENTIAL DIAGNOSIS



# DIFFERENTIAL DIAGNOSIS

## Viral Conjunctivitis

- One eye affected with more severe signs and symptoms, second eye will eventually become involved but less severe.
- Watery discharge / mild swelling / mild photophobia
- Is the patient recovering from a cold / flu?



## Bacterial Conjunctivitis

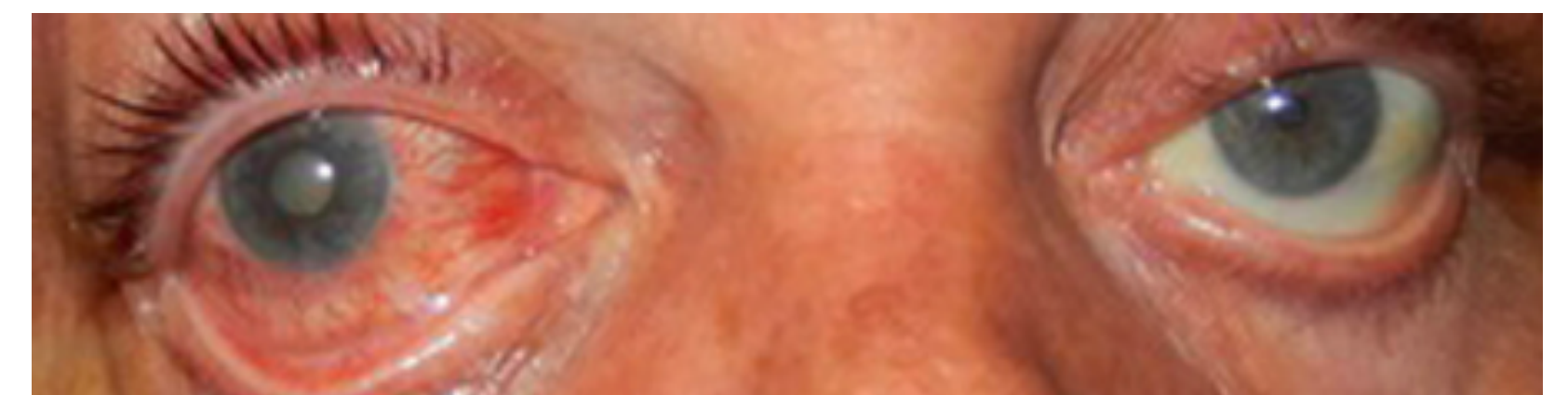
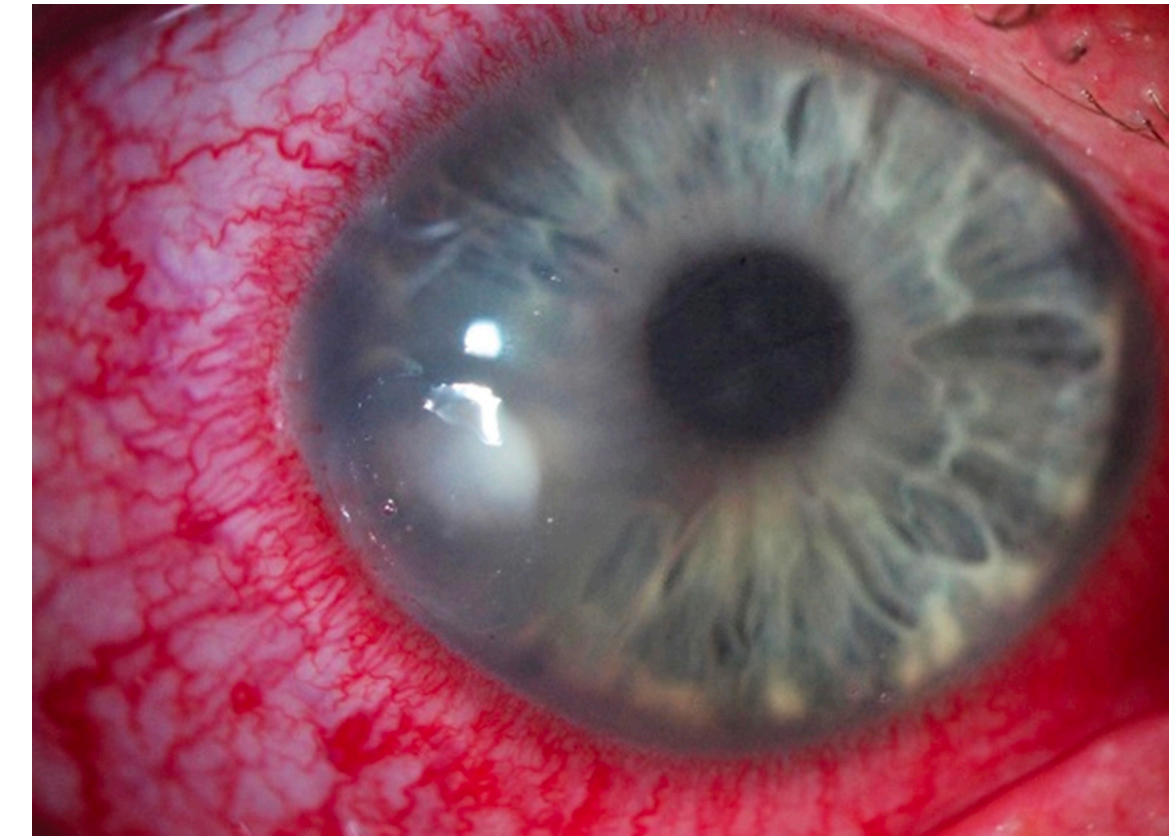
- White / yellow / green discharge - one or very quickly both eyes affected



# DIFFERENTIAL DIAGNOSIS

## More serious eye conditions

- Photophobia / Pain / Vision affected
- Patients mentioning these symptoms suggest corneal involvement or serious inflammation and warrant referral to an optometrist.
- Examples include
  - Corneal Ulcers - Bacterial / Viral
  - Anterior Uveitis
  - Closed angle glaucoma attack



# DIFFERENTIAL DIAGNOSIS

## Preseptal / Orbital Cellulitis

- Unilateral swelling to the lid either superior, inferior or both.
- Swelling might extend to the cheek
- Onset - gradual but worsening
- Redness and tenderness to the lid
- Patient might also feel a pressure to the front of the head when bending over
- General unwell feeling and or fever may develop

