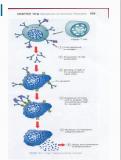






Let's go back.... Way back to 2nd Year Optometry School

- Type I Allergic Reaction
- Immediate, within 15-30 minutes
- Allergen comes in, starts production of IgE, binds to mast cell, Ca2++ increases, mast cell degranulates
- Reaction by the body ranges in severity: hives, wheezing, tightening of throat, hypotension
- Examples: hay fever, asthma, bee stings, allergic conjunctivitis



Memory Lane continued...

- Type II Allergic Rxn
- Immediate reaction, within 15-30 minutes
- Cytotoxic event
- Antibody-antigen complex starts the complement cascade which eventually leads to lysis of affected cells
- Situation of the body attacking itself
- Examples: blood transfusions, myasthenia gravis, early graft rejections

- Type III Allergic Rxn
- Longer reaction, taking several hours usually peaking around 6 hours
- Immune complexes build up in tissue—body fails to get rid of these complexes
- Reaction is mediated by the complement cascade
- Examples: Lupus, rheumatoid arthritis, Wegener granulomatosis

Again, memory lane.... Type IV Allergic Rxn Delayed reaction with the peak being somewhere between 24 hours to 14 days Cell mediated reaction Cytotoxic T cells do most of the work, no antibody is involved The T cells release cytokines which notify the macrophages, these, along with the T cells release inflammatory cells and cause cell damage Examples: contact dermatitis, graft

What's it mean to us?

- Type I and IV are the types we will deal with most of the time....
- We deal with types II and III indirectly....(myasthenia gravis, rheumatoid arthritis)

Systemic Signs/Symptoms of Allergies

- Congestion
- Runny nose
- · Itchy, watery eyes
- Feeling of fluid in the ears

vs. host disease, Alphagan allergy

- Sneezing
- Can cause wheezing/coughing if congestion is bad enough or history of asthma

Symptoms of Ocular Allergy

- ITCHY eyes!!!!
- Watering
- Burning
- Redness
- The "glassy stare"

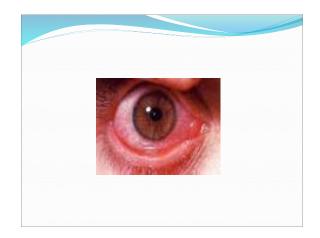
Eye Signs of Allergy

- Usually bilateral
- Chemosis
- Injection of eyelids
- Swelling of eyelids
- Papillae
- No prearicular node

Remember....

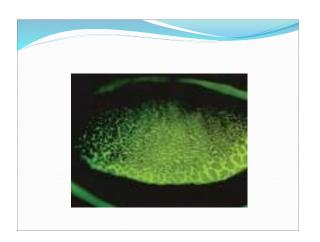
- It is important to keep in mind the roll dry eye can play on an allergy patient.....
- The less tears available to the front surface of the eye the more allergen that is exposed to it
- Also the less tears you have, the less fluid you have to wash away the allergen











Treatment Overview • Palliative measures Ocular medications Cold compresses NSAIDS Artificial tears Vasoconstrictors Oral medications Antihistamines Mast cell stabilizers Decongestants • Mast cell Antihistamines stabilizers/antihistamines Allergy medications Corticosteroids

Palliative measures

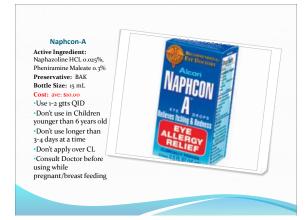
- Cold compresses
 - · Help alleviate itch
 - · Reduce swelling of lid
- Artificial tears
 - Dilute allergen
 - · Refresh the eye briefly
 - · Refrigeration helps cut down on itch
 - Helps keep front surface lubricated (in case of any dry eye situation)
 - Use in mild allergy situations

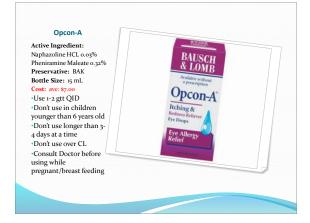
NSAIDS

- First real treatment for seasonal ocular allergies
- 1 gtt QID
- Category C for Pregnancy
- Don't use in children younger than 3 years old
- Important b/c Medicaid (at least in IN) will ask if pt has been on NSAID or MCS.
- Acular, Voltaren, Nevanac

Vasoconstrictors/Antihistamine

- Use in mild allergies
- Mode of action
 - Adrenergic agonist -- acts like epinephrine
- Side effects:
 - · Stinging on insertion
 - Pupillary dilation
 - · Rebound congestion
 - Follicular reaction
 - Contraindicated in cardiovascular diseases and occludable angles

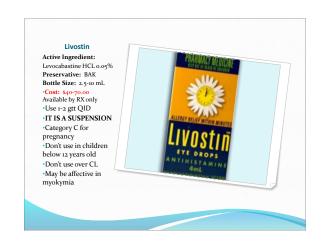




Brief Review of Histamine

- Found in almost all tissues of the body
- There are 3 different kinds H1, H2, H3, we are most concerned with H1 (causes itching)
- New histamine discover: H4
- · What histamine does to the body:
 - · Swelling of the blood vessels
 - · Redness of face, neck
 - · Can cause hives
 - In eye: itch, redness, chemosis, watering and swelling of the eye lid
 - · If severe can cause anaphylactic shock







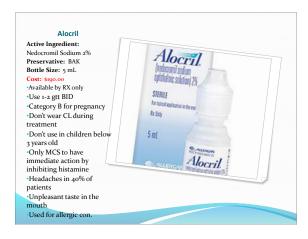
Mast Cell Stabilizers

- Used in moderate forms of allergy
- Better for preventative and maintenance care
- Not good for acute allergy situations
- Must be started about 7-14 days before "allergy season"
- Good choice for perennial allergies (ex: dogs, cats)
- Mode of Action
 - Prevents degranualtion of mast cell
 - Stops the release of allergy causing agents
- Side effects
 - Stinging
 - Burning











· Foreign body sensation

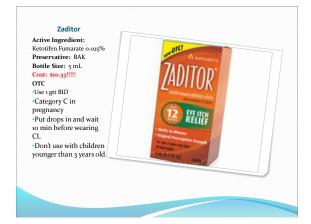


















Corticosteroids

- · Use only in severe reactions
- Mode of action=suppresses ocular inflammation
- Side effects
 - Steroid induced glaucoma
 - · Corneal/scleral thinning
 - Secondary infections (due to supressed immune system)
 - Could cause herpes flare up



Lotemax Active Ingredient: Loteprednol Etabonate 0.5% Preservative: BAK Bottle Size: 2.5, 5, 10, 15 mL Cost: \$ 240.00 for 5 mL SUSPENSION *Use 1-2 gtt QID ·Can use 1 gtt qh x 1 wk •NOT RECOMMENDED FOR CHILDREN ·Category C for pregnancy •Don't wear CL during treatment ·Have patient back in 1 week for IOP check



Oral Allergy Medications

- Allegra and Allegra-D
 - For allergic rhinitis (seasonal) & chronic idiopathic urticaria
 - 6omg BID or 180 mg QD
 - Don't use in children younger than 2 years old
 - 6-11 years old 30 mg BID
 - Category C for pregnancy
 - Allegra-D contraindicated in narrow angle glaucoma
 - Non-drowsy
 - OTC
 - Cost: \$17.99 for 24 hour relief, (180 mg), 30 count package---just one example, several different varieties including children syrup

Oral Allergy Medications

- · Claritin, Claritin-D
 - Loratidine
 - For allergic rhinitis (seasonal)
 - 10 mg QD
 - Not for use in children younger than 2 years old (syrup can be used in 2 and younger with MD permission)
 - 2-5 years old use 5 mg BID
 - · Pregnancy is a precaution, no category given
 - OTC
 - Available in every possibility imaginable
 - Cost: Claritin 24 hr=\$11.99, 30 count—available in a variety of options including children syrup

Oral Allergy Medication

- Zyrtec, Zyrtec-D
 - Citirizine
 - · For allergic rhinitis
 - 10 mg BID
 - · Category B for pregnancy
 - Not for use in children under 2 years old (syrup can be used in 2 and younger with MD permission)
 - · Can cause mild drowsiness
 - OTC
 - Cost: \$18.99 for 30 tabs

Oral Allergy Medication

- Benadryl
 - Diphenhydramine
 - For upper respiratory allergies or rhinorrhea/sneezing from common cold
 - 25-50 mg every 4-6 hours
 - DROWSY!!!
 - · Category B for pregnancy
 - Can be used by children with supervision of pediatrician
 - Cost: \$4.04 for 24 tabs

Intranasal Agents

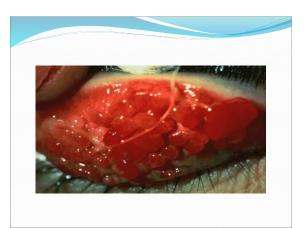
- Used for seasonal and perennial allergic and nonallergic rhinitis
- Most are Category C for pregnancy
- · Ages of use vary from 2 years old to 6 years old
- Cost: ranges from \$90-\$85
- Nasalcrom is OTC, so it is cheaper

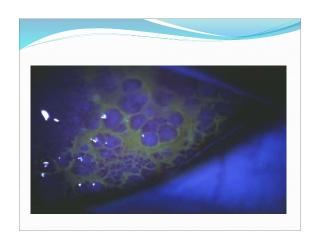
Interesting Points

- In comparison, Patanol was more effective than Alrex at controlling redness and itch in early phase allergy
- Studies have found that some ocular drops can reduce the rhinitis affects of allergy
- It has been found that oral medication does reach therapeutically effective concentrations on the front surface of the eye, but are not as effective at controlling ocular allergy symptoms as ocular therapy
- When comparing ocular therapy to intranasal therapy, intranasal is more effective at treating the nasal symptoms from seasonal allergies, but made no difference in relieving the ocular symptoms.

Other Allergic Issues...

- GPC
 - Symptoms
 - lenses move a lot, itching, itch worsens when lenses are taken out, mucous
 - Signs
 - · large papillae on the superior conjunctiva
 - Treatment
 - take patient out of lenses, depending on severity, consider refitting if necessary, reduce wear time. Start patient on Patanol BID OU to help reduce papillae. If it is severe, consider short course of steroid piggy backed with MCS or Patanol.



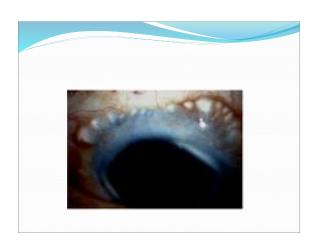


Other Allergy Issues

- Vernal Keratoconjunctivitis
 - Symptoms
 - very seasonal, recurrent, waxes and wanes, itching, very ropy discharge, generally found in young males
 - Signs
 - · large papillae on superior conjunctiva, can be along the limbus
 - If severe can have shield ulcer along the upper cornea or Trantas' dots on the limbus
 - Treatment
 - MCS/Antihistamine, MCS about 2-3 weeks before patients season begins, if first time for patient can pulse with a steroid and piggy back with MCS to get under control
 - If there is an ulcer, treat with antibiotic, topical steroid and a cycloplegic



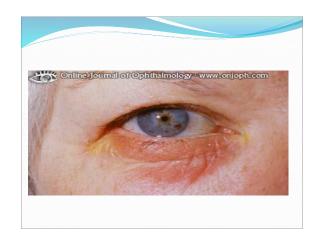






Other Allergic Issues....

- Contact Dermatitis
 - Symptoms
 - sudden rash around eye lid area, scaly looking, dry, watering
 - Signs
 - · swelling around the eye, redness
 - **Important to try to establish an etiology**
 - Treatment
 - stop exposure to the allergen, cold compresses help with swelling and itching, AT, if it is bad around the eye lid you can use a steroid cream/ung, Benadryl/other allergy medication if moderate to severe, if it is very bad you can RX oral steroid







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