

Treating allergic conjunctivitis

Allergic conjunctivitis is a common condition that affects as many as 20% of the UK population at some point in their lives.

Together with other symptoms of allergic rhinitis, it can have a serious negative impact on patients' quality of life and performance at work or school if left untreated. However, symptoms of allergic conjunctivitis can usually be controlled through a combination of trigger-avoidance and topical therapy.

Seasonal allergic conjunctivitis is caused by allergy to grass and tree pollens while the perennial form of the condition is caused by allergy to house dust mite or animal dander.

Symptoms include itching, serous discharge, and swelling of the eyelid. These symptoms are usually present in both eyes. When diagnosing allergic conjunctivitis it is important to rule out more serious causes of red eye such as acute glaucoma, keratitis and iritis. Irritant and infective conjunctivitis should also be excluded.

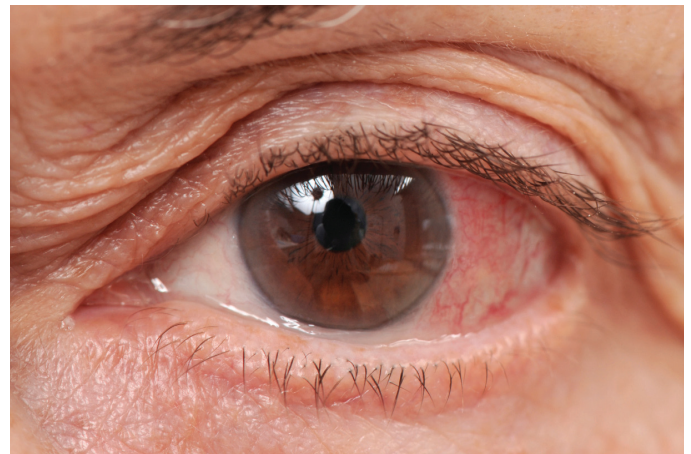
Patients with seasonal or perennial allergic conjunctivitis should be encouraged to prevent symptoms developing by identifying and avoiding allergic triggers wherever possible. They should also be advised to remove contact lenses while symptoms last and to avoid rubbing their eyes.

Patients requiring a rapid relief of symptoms can be prescribed an oral or topical ocular antihistamine, depending on patient preference and history. Long term symptom control can be achieved using an oral antihistamine, topical ocular antihistamine or a topical ocular mast cell stabiliser.

Mast cells are a pivotal part of the allergic reaction as they contain the mediators, including histamine, which when released cause the symptoms typical of allergic conjunctivitis.

The precise mode of action of mast cell stabilisers remains uncertain, however it is understood they act primarily by preventing release of mediators of inflammation from sensitised mast cells through stabilisation of the mast cell membranes. This could be as a result of preventing calcium ions access across the mast cell membrane.

This drug modulation of mast cell activity, as well as reducing the acute symptoms of the active disease, also reduces the cytokine stimulus (signalling molecules in the immunological process) for the development of more chronic allergic inflammation.



Mast cell stabilisers have the capability to be used to effectively control the symptoms of allergic conjunctivitis over a longer period of time, rather than just providing immediate relief. However, to best achieve this mast cell stabilisers should ideally be commenced several weeks before exposure to the allergen as a prophylactic treatment. This could also be termed as the loading period of the drug treatment.

Patients taking a topical ocular mast cell stabiliser in the long term may also require antihistamine treatment for short-term symptom control while the mast cell stabiliser takes effect, or if they suffer breakthrough symptoms. Topical steroids may be needed in very severe cases.



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