



icanseeclearly.com

Issue 12
April 2003

The Best Vision Newsletter

It's Spring ! Itch, Scratch, Sneeze....

What does April bring? Not just "May flowers" but with it, the aggravation of associated allergic conjunctivitis. It is estimated that about twenty percent of the population of the United States suffers from some form of allergic conjunctivitis. This explains the seasonal increase of patient complaints associated with red itchy eyes, tearing and stringy discharge.

The mechanism of the allergic response is the overreaction of the body's immune system. In the eye, this initial response is usually due to exposure to environmental irritants or allergens. Some examples of allergens are pollen, grass, molds, smog, dust, or cigarette smoke. The mast cell is the key component of the immune response. The allergen causes the mast cell to release several key mediators that are responsible for the symptoms seen in an allergy. These mediators are histamine, neutral proteases, and arachidonic acid.

How then is the best way to treat this overreaction of the mast cells and their mediators? The first choice would be to simply remove the irritating allergen, but realistically this is rarely an option. Cold compresses and artificial tears can be helpful in diluting the potency of the allergen but rarely solve the problem completely. Systemic allergy desensitization, systemic antihistamines and topical drug therapy are effective.

There are many different options to select from when choosing possible topical drugs to relieve allergic reaction in the eye. The first is the over the counter antihistamine and ocular decongestants such as Naphazoline and Pheniramine. These drugs are good in the short term but can also cause some problems such as rebound hyperemia and in some cases becoming an allergen themselves. A potent histamine receptor antagonist, Levocabastine (**Livostin**) is effective. Next are the topical NSAIDs such as Ketorolac (**Acular**) and Diclofenac (**Voltaren**), which may offer relief in moderate cases to the symptoms but not get to the cause of the irritation. The newer mast cell stabilizers such as pemirolast (**Alamast**) and nedocromil (**Alocril**) work well in preventing the release of histamine but can take longer to work. To solve this problem dual action drugs such as olopatadine (**Patanol**), ketotifen (**Zaditor**), and azelastine (**Optivar**) were created. These dual action drugs act both as a mast cell stabilizer and an antihistamine, thereby giving both long-term and immediate relief of symptoms. Coricosteroids were traditionally reserved for the most severe forms of allergy – vernal and atopic conjunctivitis, but Loteprednol (**Alex**), may require we reconsider this approach.

In conclusion it is not a matter of whether you will have a patent with allergic conjunctivitis, but how many you have. Fortunately there are many treatment options that can provide fast, effective and safe relief of allergic conjunctivitis.

Erdey Eye Group
5965 East Broad Street
Suite 490
Columbus OH 43213
Voice: 614.863.3937
Fax: 614.863.5010

Richard A Erdey MD
Medical Director

Gregory D Searcy MD
Ophthalmologist

Patrick A Janson OD
Clinical Director

Stacie L Errington OD
Director of Education

Kasey J Eppley OD
Refractive Team Director

Matthew U Neal OD
Staff Optometrist

Douglas Bosner OD
Optometric Resident

Pamela J Andrews
Administrator

We dedicate ourselves to enhancing the quality of life for every individual whose life we touch, by helping each to see his or her best, and by preserving our patients' vision and eye health throughout life.

Upcoming Continuing Education Seminar:

NEW APPROACHES TO THE TREATMENT OF DRY EYE

May 28, 2003 2 CE Credits

If You Are Interested,
Please Contact Patrick Janson OD pjanson@erdeyeyegroup.com

Thank You for Your Support !

Email Address: bestvision@erdeyeyegroup.com