

## Allergic conjunctivitis

Non-pharmacological therapy:

- Allergen avoidance
- Cold compresses
- Preservative-free tears

### Intermittent (mainly seasonal) allergic conjunctivitis: pharmacotherapy

Topical antihistamine and/or topical cromones  
or  
Combined topical antihistamine and mast cell stabilizer  
or  
Topical antihistamines with vasoconstrictor  
or  
Topical NSAID's

*If inadequate control*

Oral antihistamines

### Persistent (mainly perennial) allergic conjunctivitis: pharmacotherapy

Topical mast cell stabilizers (cromones)  
with or without  
topical/oral antihistamines

*If inadequate control*

Allergen immunotherapy  
or  
Topical corticosteroids  
(only under the supervision of an ophthalmologist)

## Allergic rhinitis and conjunctivitis



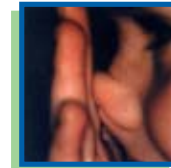
Allergic shiners\*



Intermittent (mainly seasonal) allergic conjunctivitis\*\*



Persistent (mainly perennial) allergic conjunctivitis\*\*



Allergic salute\*

Photos: \*Dr. P. Fireman, \*\*Prof. R. Buckley

- 40%-50% of patients with allergic rhinitis experience symptoms of allergic conjunctivitis
- 40%-50% of patients with allergic rhinitis have asthma
- 75% of patients with asthma have rhinitis

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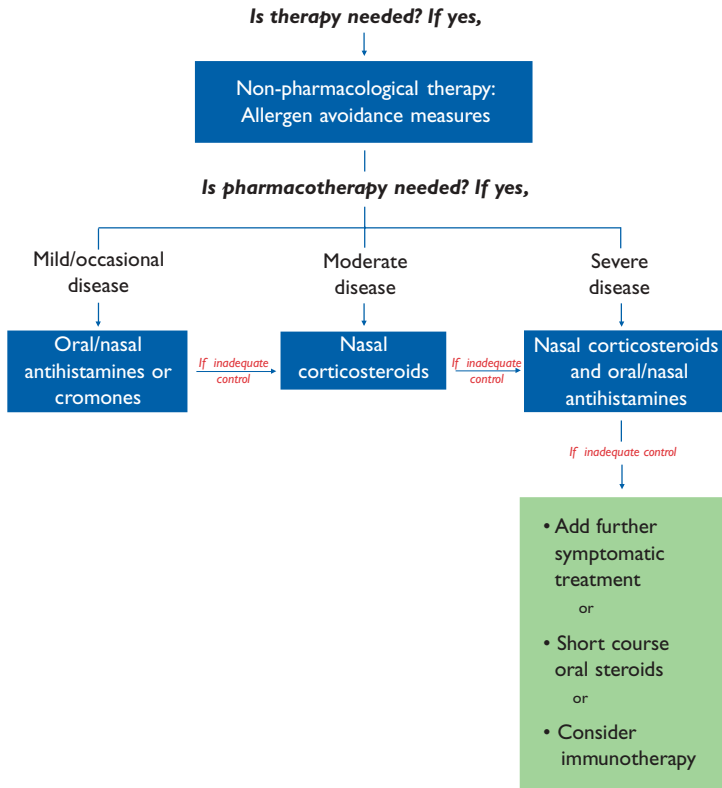
Practical treatment guidelines  
for the management of

ALLERGIC RHINITIS  
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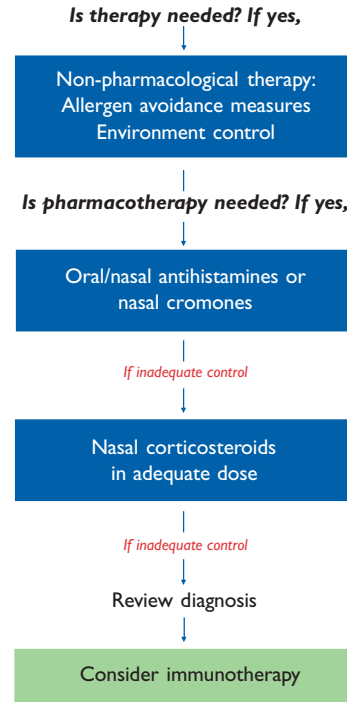
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## Intermittent (mainly seasonal) allergic rhinitis in adults and children



The recommendations presented in this pocket chart provide a good-practice framework; they are flexible and should be modified according to local needs, availability of therapy and patient and physician preference.  
Resources: EAACI, Allergy, 2000. ACAAI, 1998.

## Persistent (mainly perennial) allergic rhinitis in children



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For expanded information visit

[www.worldallergy.org](http://www.worldallergy.org)

## Persistent (mainly perennial) allergic rhinitis in adults

