

## CASE RECORD : Symptomatic Seasonal Allergic Conjunctivitis

You are presenting this case on behalf of a colleague. Chatham House rules apply but the patient and practitioners are not present. You must facilitate a discussion about the case.

Try and encourage the group to explore:

1. Type of allergic conjunctivitis
  1. SAC
  2. PAC
  3. VKC
  4. AKC
  5. GPC?
  6. Drug/Chemical Allergy
2. When would expect a follicular versus papillary response and why
3. Types of Gell Coombs reactions
  - a. Type I, Type II, Type III, Type IV
4. What is in the patient's best interest
5. Conservative Treatments
  - a. Cold Compresses, Mast Cell Stabilisers, Anti-histamines, Combo – Olopatadine,
6. Steroids
  - a. Is it ever legitimate to use.
    - i. Choice (FML)
  - b. What considerations may influence their use
    - i. Severity, Duration, Risks of vision compromise (AKC, VKC), Confirmation no infective agent present
  - c. Can non-IP optometrists, CLPs prescribe POM (Olopatadine, FML) and how.
7. The importance of increasing our armoury of confidence, skills and therapeutic agents
8. The need to take a comprehensive case history to identify triggers/patterns and medical predisposition (Atopy, general allergy, medication)
  - a. The importance of patient education for ongoing prophylaxis

The goal is to consider our evolving roles and responsibilities. Clinical responsibilities to patients and practice structures and procedures to remain safe.

### GOC Competency Units and Learning Objectives

#### Competency 1: Communication

- 1.1.1 Obtains relevant history and information relating to general health, medication, family history, work, lifestyle and personal requirements.
- 1.1.2 Elicits the detail and relevance of any significant symptoms.
- 1.2.3 Discusses with the patient the importance of systemic disease and its ocular impact, its treatment and the possible ocular side effects of medication.

- 1.2.4 Explains to the patient the implications of their pathology or physiological eye condition.

#### Competency 2: Professional Conduct

- 2.2.2 Is able to work within a multi-disciplinary team
- 2.2.6. Makes an appropriate judgement regarding referral and understands referral pathways.

#### Competency 3: Ocular Examination

- 3.1.2 Uses a slit lamp to examine the external eye and related structures
- 3.1.7 Assesses the tear film

#### Competency 6: Ocular Disease

- 6.1.1. Understands the risk factors for common ocular conditions.
- 6.1.2. Interprets and investigates the presenting symptoms of the patient.
- 6.1.3. Develops a management plan for the investigation of the patient.
- 6.1.4. Identifies external pathology and offers appropriate advice to patients not requiring referral.
- 6.1.5. Recognises common ocular abnormalities and refers when appropriate.
- 6.1.7. Manages patients presenting with red eye/s.
- 6.1.11. Understands the treatment of a range of common ocular conditions.

### **Record Card**

#### **Day 1**

36 year old non spectacle wearer

General Health Excellent

- Oral Contraceptive,
- Hayfever – Systemic Antihistamines prn (OTC).
- General Health good.
  - No Asthma, No inhalers
- Non-Smoker, Social Drinker

## Symptoms and history

Unscheduled appointment, aware of charge

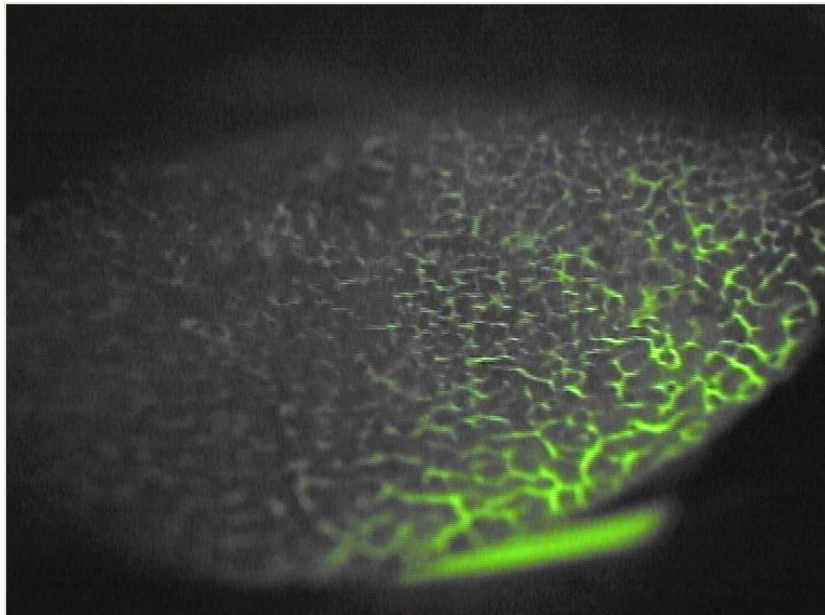
Bilateral red itchy eyes for some weeks. Getting worse. Pattern identified as seasonal (April to September) but much worse this year.

Identified by an optometrist as SAC. Opticrom (OTC) Rxd. GP also prescribed Olopatadine more recently (4/7) but no improvement and very uncomfortable.

## Clinical examination

VA 6/6 R&L, Pupils normal, Tensions R 15, L 16 icare

- Slit lamp
  - Bulbar conjunctiva clear, Evert lids – Pan-tarsal Papillary conjunctivitis CCLRU 3.5



- No Corneal staining
- AC clear

## Diagnosis and Management

Severe, symptomatic SAC

Differential?

## Clinical Management Plan

### General Advice

FML qid Rxd by Pre-Reg Optometrists under supervision.

## **BNF June 2013**

## **FLUOROMETHOLONE**

Indications local treatment of inflammation (short-term)

Review in 2 days with IP optometrist supervision

Advised to return earlier if symptoms worsen

### **Review 2 Days later**

#### Symptoms and history

Scheduled Review

Ocular comfort significantly better.

#### Clinical examination

Papillary reaction still present – CCLRU Grade 2.2.

Recommended stopping FML Px did not wish to as symptomatic relief was so great. Taper over 1/52 and re-commence olopatadine for duration of season.

## **BNF June 2013**

## **OLOPATADINE**

Indications seasonal allergic conjunctivitis

Side-effects local irritation; less commonly keratitis, dry eye, local oedema, photophobia; headache, asthenia, dizziness; dry nose also reported

Dose adult and child over 3 years, apply twice daily; max. **duration of treatment 4 months**