The OTC Allergy Equation: Timing, Treatment, and Tailored Care

1 hour

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Course Description:
Allergic conjunctivitis isn't just an eye issue—it's a systemic response that demands a whole body treatment approach. This course invites you to look beyond the ocular surface to the full spectrum of OTC treatments. One treatment does not fit all. Knowing the right approach is everything. We will explore the pros, cons, and the critical "when" and "why" behind each option. This course arms you with actionable strategies to improve outcomes. Not all antihistamines are created equal. Choose wisely.

Learning Objectives:
Master the art of selecting ocular allergy treatments for effective patient care
Dive into OTC options for managing allergic conjunctivitis—what works and when
Identify the benefits and challenges of past and current treatment methods

A. Why allergies?

1. Because the immune system is broken.
2. Allergic conjunctivitis is an overreaction.
3. The immune response is meant to be quick and effective, but with allergies, it turns chronic and dysfunctional.

B. Allergic Conjunctivitis: A Whole-Body Challenge

1. *It's not just the eye—it's the body. Treat the whole patient.*
2. One airway philosophy
    a. The upper and lower airways are a single organ that work together. *(Grossman J. One airway, one disease. Chest. 1997 Feb;111(2 Suppl):11S-16S. doi: 10.1378/chest.111.2_supplement.11s. PMID: 9042022)*
3. Ocular symptoms often indicate a systemic issue that requires a full-body approach.
4. "The more you understand, the better you can treat."

C. Antihistamines: The First Line of Defense

1. *Not all antihistamines are created equal. Choose wisely.*
2. Comparing top OTC antihistamines: Cetirizine, loratadine, fexofenadine, and more. What works best for each allergen—ragweed, grass, mold, and more.

3. Loratadine (Claritin) weak against ragweed and mold
4. *Rotate off in Fall and Winter to different antihistamine*
   (Day, James H. et al. Cetirizine, loratadine, or placebo in subjects with seasonal allergic rhinitis: Effects after controlled ragweed pollen challenge in an environmental exposure unit Journal of Allergy and Clinical Immunology, Volume 101, Issue 5, 638 – 645) (McGill A. The Best Antihistamines for Mold Allergies: Allegra vs Zyrtec vs Claritin vs Xyzal vs Benadryl)
5. Drowsiness ranking: The trade-off between efficacy and sedation
6. Top 6 Sedating Antihistamines Most to Least drowsiness:
    a. Diphenhydramine (Benadryl) Most drowsiness
    b. Chlorpheniramine (Chlor-Trimeton)
    c. Levocetirizine (Xyzal) – related to cetirizine
    d. Cetirizine (Zyrtec)
    e. Loratadine (Claritin)
    f. Fexofenadine (Allegra) Least amount of drowsiness
7. What determines effectiveness of antihistamines?
    a. Blood brain barrier
    b. Speed

D. Nasal Sprays: "Don't neglect the airway"

1. The importance of nasal antihistamines and steroid sprays in comprehensive allergy management
2. *Steroid sprays:*
    a. fluticasone (Flonase)
    b. triamcinolone (Nasacort)
    c. budesonide (Rhinocort discontinued, available as generic)
    d. Overall
        i. Pros: Very effective for rhinitis, better for severe than antihistamines
        ii. Cons: IOP increase risk, age 12 years and older
3. *Antihistamine sprays:*
    a. Azelastine (Astepro)
        i. Pros: Effective for rhinitis by drying effect on nasal passages, can be used for kids 2 years and older, fewer risks than steroids
        ii. Cons: Not as effective as steroids
4. *Mast cell stabilizer sprays:*
    a. Cromolyn (NasalCrom)
        i. Pros: Very high safety margin, great for maintenance
        ii. Cons: Sometimes hard to find, effect increases up to 2 weeks

E. Management tips:

1. Use both steroid and antihistamine in combination, synergistic effect

2. Spray opposite hand to opposite nostril-most effective technique to hit the turbinate
3. Use after nasal rinse for best effectiveness

F. Nasal Rinses

1. Neti pots and nasal rinses-Use salt water
    a. Pros: Highly effective, inexpensive
    b. Cons: Uncomfortable for some
        i. Use with caution
        ii. no longer than 2 weeks to avoid sinus infections
        iii. Use distilled water (Naegleria fowleri)
2. Nasal rinse devices

G. Practical Application: When and How to Use OTC Treatments

1. *One treatment does not fit all. Knowing the right approach is everything.*
2. How to combine oral antihistamines with topical treatments for a multi-faceted approach
3. When to use mucus gel (MUC)
    a. For inflammation, not just regular mucus production
    b. support goblet cells for better healing
4. Asthma and ocular allergy
    a. why patients with asthma often experience more severe ocular allergy symptoms
    b. how to treat them together

H. Advanced Considerations

1. "Ocular allergy isn't just about itch—it's about overall relief."
2. Anti-muscarinic effects of antihistamines: When sedatives are a problem
3. Allergies don't always itch—learn how to diagnose and treat even when the classic symptoms are absent.
4. Treating the whole body, not just the eye: The interrelationship between asthma, allergies, and the eyes

I. Conclusion / Questions

1. "To treat allergic conjunctivitis effectively, you need to treat the patient, not just the symptoms."
2. Armed with knowledge of OTC options, drowsiness considerations, and advanced techniques, you'll be ready to make an impact where it matters most: in the care of your patients.

Key Studies and Resources:

1. Day, James H. et al. Study: "Cetirizine vs. Loratadine—comparing efficacy in a controlled ragweed pollen challenge"
2. McGill A. "Best antihistamines for mold allergies—Allegra vs. Zyrtec vs. Claritin"
3. Wade Bielory Study: Anti-muscarinic effects of antihistamines and their role in patient care