

Allergic Conjunctivitis

Information and advice for patients

Orthoptics

What is the condition?

Allergic conjunctivitis is a type of conjunctivitis that is caused by an allergen, usually house dust mites or pollen. Unlike viral conjunctivitis it is not contagious. Allergic conjunctivitis is common in children, particularly if they also suffer from eczema or asthma.

What causes it?

Allergic Conjunctivitis can occur all year round (Perennial Allergic Conjunctivitis), during the summer months (Seasonal Allergic Conjunctivitis, commonly called 'Hayfever'), or all year round but worsen during the summer months (Perennial Allergic Conjunctivitis with seasonal exacerbations).

What are the symptoms?

Patients will complain of itchy, red, watery eyes. They may have some discharge but the eyelids do not typically become crusted over.

How is it diagnosed?

Allergic conjunctivitis is diagnosed based on the results of the clinical examination. This is painfree and involves the healthcare practitioner examining the patient with a light. Eyedrops may be used for part of the examination.

How is it treated?

Allergic conjunctivitis is a chronic condition which means that once it develops it can cause repeated episodes. Therefore long-term treatment may be required to control the symptoms. It is important that there is good compliance with treatment to try and prevent more serious corneal involvement developing.

Mild Allergic Conjunctivitis

It is not usually necessary for children with mild Allergic Conjunctivitis to be seen in the Birmingham and Midland Eye Centre's (BMEC) eye department. Mild Allergic Conjunctivitis or Hayfever is often managed by the Community Pharmacy or GP. Oral antihistamines (syrup or tablets) such as Ceterizine or Chlorphenamine (Piriton) can be beneficial. Antihistamine

eyedrops such as Opatadine can be used during the summer months to control ocular symptoms.

Moderate / Severe Allergic Conjunctivitis

In more severe cases of Allergic Conjunctivitis, children can develop changes to their cornea. The cornea is the front window to the eye and if a child develops a corneal ulcer they may subsequently develop a corneal scar. Both of these corneal problems can affect the child's level of vision. If there is corneal involvement additional eye drops will be prescribed. These can include:

Steroid eyedrops

Steroid eyedrops have been clinically proven to work well in cases of Allergic Conjunctivitis. However, they are usually only prescribed for short periods of time as they can have side effects if used long term.

Ciclosporin

Ciclosporin 0.1% is a steroid sparing eyedrop (meaning it does not contain steroids) which has been proven to be effective in cases of Vernal Keratoconjunctivitis (VKC). It has been licensed for use in children with VKC. Typically it is prescribed for 1 drop 3-4 times per day.

Tacrolimus

This is a powerful steroid sparing (meaning it does not contain steroids) anti-inflammatory ointment. It has been licensed for use in moderate and severe cases of eczema. Many studies have reported that it also has a beneficial effect at controlling allergic conjunctivitis. However at present it is only licensed for treatment of atopic eczema and not for use in the eyes. There are an increasing number of reports in the literature regarding the use of tacrolimus 0.03 per cent on the eyelid margin for allergic conjunctivitis.

It takes two weeks for tacrolimus to have its full effect. Therefore your child may be prescribed a two week course of steroids to use in addition to the tacrolimus to help control the symptoms.

If prescribed steroids or tacrolimus, your child will need regular reviews at BMEC's eye service. It is important that all eyedrops are used as prescribed.

Self-help

Although children may complain of itchy eyes, they should be discouraged from rubbing their eyes as this can make the problem worse. Some children may find it soothing to rest a cool, clean flannel over their eyes to help relieve the itching.

Can the condition be prevented?

It is not always known what the specific allergen for allergic conjunctivitis is, but common allergens include pollen or house dust mites. Reducing exposure to these allergens may reduce the severity of the condition, however due to the nature of these allergens it is impossible to eliminate these allergens completely. In some cases an oral antihistamine may be recommended by your health care practitioner in addition to any eyedrops.

If the allergen is pollens, sunglasses may act as a barrier to reduce the amount of pollen reaching the eyes.

If the allergen is house dust mites, ensure their pillow cases and bedding is regularly laundered to reduce the exposure to house dust mites.

Symptoms to report

If your child suffers a flare up of allergic conjunctivitis then you should ring us for a sooner appointment on 0121 507 6829, or attend eye casualty if it is urgent. Symptoms to report include red eyes, sticky eyes, increase in rubbing the eyes/itchy eyes, painful eyes, photophobia.

Contact details

Opening times:

Monday - Friday 8:30am - 4:30pm

BMEC Orthoptic Department – for appointments 0121 507 6829.

BMEC Eye Casualty – 0121 507 6780.

City Health Campus – 0121 507 6856

Further information

Further information can be obtained from
www.nhs.uk/conditions/conjunctivitis.

(Website accessed 25 April 2025)

For more information about our hospitals and services please see our website
www.swbh.nhs.uk, follow us on X @SWBHnhs and like us on Facebook
www.facebook.com/SWBHnhs.

Sources

- National Health Service (2024). *Conjunctivitis*. [Online] Available at: <https://www.nhs.uk/conditions/conjunctivitis/> [Accessed 07 April 2025]
- Vichyanond, P., & Kosirukvongs, P. (2013). Use of cyclosporine A and tacrolimus in treatment of vernal keratoconjunctivitis. *Current allergy and asthma reports*, 13, 308-314.
- Kymionis, G. D., Goldman, D., Ide, T., & Yoo, S. H. (2008). Tacrolimus ointment 0.03% in the eye for treatment of giant papillary conjunctivitis. *Cornea*, 27(2), 228-229.

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Incorporating the Midland Metropolitan University Hospital, City Health Campus, Sandwell Health Campus and Rowley Regis Hospital.

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M5853

Issue Date: June 2025

Review Date: June 2028