By Peter M. G. Deane, MD

When we think of hay-fever-type symptoms, sneezing and runny nose come to mind. But eyes are often affected too. Watery, itchy, runny—even red or pink—you really can get allergic pinkeye (technically known as allergic conjunctivitis). They can be seasonal, year round, or both. For some people, the eye symptoms are worse than the nasal ones.

Any airborne allergen, and irritants such as smoke, can cause problems. They land on the eye surface and trigger the resident allergy cells to release multiple chemicals. These include histamine and many others, which cause inflammation. Histamine is produced in the greatest amount, which is why antihistamines usually help.

Avoiding allergens and irritants as much as possible is always the first step.

- If you handle an animal to which you are allergic, wash your hands right away so that you don’t spread the allergens to your face.
- Staying out of the wind during pollen seasons is usually helpful.
- In particular, don’t drive with the windows open, and keep your auto cabin air filter clean.
- Smoke of every kind is an irritant and should be avoided.

A simple “home remedy” is to lay a cold, wet, folded washcloth on your closed eyes for three minutes. This is quite soothing. Some will keep a wet washcloth in a plastic bag in their refrigerators to keep handy. Pollens and other allergens can be washed off with a shower, and this can help also.

Antihistamine pills, such as fexofenadine (Allegra and others), loratidine (Claritin and others) and cetirizine (Zyrtec and others) are nonprescription and taken only once daily. Compared with Benadryl (diphenhydramine) and other older antihistamines, they are much longer lasting (a full day) and usually won’t make you sleepy when you take them.

Be careful of the “get the red out” type of eye drops. Eyes can get addicted to these drops because they contain the same type of ingredient that decongestant nasal sprays contain. Don’t use them for more than three days straight.

Saline (moistening) drops are soothing and can wash the allergens and irritants out of your eyes. This can work nicely, but the effect can fade away rapidly. They can be used anytime and as often as desired, since they are not medicated.

Antihistamine eye drops are intended to be safe to use on an ongoing basis. One that is nonprescription is ketotifen

There are many treatments and self-help strategies that can help provide relief to eye allergies.

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(Zaditor and others). Several others are available by prescription, so there are alternatives, many of them available as generics.

For those who wear contact lenses, drops can usually be used twenty minutes or more before the lenses are put in.

Anti-inflammatory nasal sprays such as Flonase (fluticasone) and Nasacort (triamcinolone) are now becoming nonprescription. They often help eye symptoms too. They work better if used regularly, once a day. They turn off the allergy cells themselves, so they can be more effective sometimes. Often, a good plan is to use one daily in season. They are cortisone-type steroids, which is why they work so well. Don’t let the word “steroid” be scary—they have been in continuous use for multiple decades with excellent safety records. You absorb little if any of them, so they lack significant systemic side effects.

Prescription remedies available include antihistamine drops and also cromolyn drops. Cromolyn is a mild anti-allergy anti-inflammatory. It needs to be used frequently, which makes it harder to use effectively.

Available as a once daily, generic prescription pill, montelukast (Singulair) blocks the inflammatory chemicals called leukotrienes. It also can treat nasal allergies and asthma as well, since it works systemically. It is often used along with other treatments since it works differently than the others. It works best taken at night.

For persistent eye allergies, allergy shots (desensitization) can be a very helpful long-term treatment. These are ordered by, and used under the supervision of, an allergist. The goal is that the person get well, off medication, and then off shots. Shots do require a significant time commitment, however, and not everyone can pursue them. There are now a few proven, FDA-approved sublingual (under the tongue) treatments for desensitization for a few allergens. They are almost always used at home and might be something to ask your allergist about.

So, there are quite a few proven ways to treat eye allergies, at home or with physician help, if needed. They are not something with which you just need to live.

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