What is allergic conjunctivitis?
One in five people have a tendency to develop allergies, such as asthma, eczema or hayfever; this is called atopy. It often runs in the family. If the eyes are affected it is called allergic conjunctivitis. It is very itchy and is made much worse by eye rubbing. Most people have a mild eye problem only (hayfever), which they look after themselves with advice from their GP.

What causes allergic conjunctivitis?
It is caused by a reaction to specific things in the air around us. There are two common causes. The “seasonal” kind is caused by pollens in spring and summer. The “perennial” kind affects people all year, and is caused by house dust mites that are present in the beds and carpets of all modern homes. There are less common causes such as certain pets.

How is Hayfever treated?
Hayfever is managed by the family, with occasional advice from the GP. The medicines are safe and so can be obtained from the chemist without a prescription. These include antihistamines which can be eye drops (e.g. olopatadine), tablets or syrup (e.g. chlorpheniramine, Piriton). They are most effective when not used regularly, and kept for flare-ups. Sodium cromoglycate or lodoxamide are eye drops that can be used every day to try to prevent the hayfever.

Eye rubbing causes a release of powerful natural chemicals into the skin and eyes that makes the hayfever much worse, and the condition will not get better with treatment whilst this continues. A cold wet cloth, a wash with very cold water around the eyes and an antihistamine can relieve the itch and it is useful to encourage children to do these things rather than rub.

Tolerance therapy may be helpful for some children, and this can be discussed with your GP. A series of small injections are given below the skin in the hope this will cause the body to lose the tendency to a specific allergy.

When do you need to be seen in the hospital?
Occasionally a person may develop a more unusual and serious allergic eye condition that requires care by the hospital, called vernal conjunctivitis and atopic keratoconjunctivitis.

How is more serious allergic conjunctivitis treated?
The hospital looks after unusual and serious kinds of allergic conjunctivitis that are a danger to sight. Powerful treatments are required, managed by the hospital. There are two types:

- Steroid eye drops (e.g. betamethasone), which work well, but can cause complications if used too often or too long.

- Tacrolimus, which is a powerful anti-inflammatory medicine that is also used in severe eczema. Tacrolimus does not cause complications in the eye, is being used increasingly by specialists in several countries but remains controversial.

Patients using steroids and/or tacrolimus are monitored by the hospital long term.
There are other less proven ways of trying to help the eyes, such as reducing the amount of the substance in the air that is causing the allergy.
As in hayfever, it is vital to avoid eye rubbing, as this will make the condition much worse, prevent the treatment from working, and can cause vision damage.

How do I put the drops in?
See our other more detailed leaflets “how to use eye drops: A guide for older children”

How can I make sure I remember the drops?
Write yourself lists or tables, make sticker charts, set alarm clocks, mobile phone alarms. Medicine use is a team effort by the family, and when needed through the day the school will usually help out. We have charts we can give you to help keep track of how often you use your drops.
What happens if the treatment does not work?

The severe allergic conjunctivitis that is cared for by the hospital will get better with the appropriate treatment, but it may take weeks of regular treatment for the benefit to be obvious. One of the main reasons treatments do not work is because they are not being used regularly. Most children and teenagers are not good at remembering or taking their treatments and so it is important that you see them using the medicine every day. Another reason is that eye rubbing is continuing.

Treatment is needed long term, as it does not get rid of the underlying allergy, which comes back when treatment is stopped.

What is going to happen to my child with time?

Most allergic conjunctivitis will improve over several years, especially vernal conjunctivitis. Some children with atopic keratoconjunctivitis will continue to have the problem as they grow up, but careful treatment should allow it to stay under reasonable control, if it is used regularly.

Is there someone I can speak to if I'm having problems, or I have questions?

Of course. Staff are happy to discuss any concerns and answer questions, simply phone us on 0121 333 9462.

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Further Information

We hope this leaflet will help you to understand the treatment offered to your child. If you feel you need more information or have any concerns please contact the Eye Department on 0121 333 9462. Information and internet access is available in the Child and Family Information Centre. This is on the Ground Floor of the hospital near the main Reception Desk.