Міністерство охорони здоров'я України
Національний фармацевтичний університет
Інститут підвищення кваліфікації спеціалістів фармації
Кафедра клінічної фармакології

АКТУАЛЬНІ ПИТАННЯ КЛІНІЧНОЇ ФАРМАКОЛОГІЇ ТА КЛІНІЧНОЇ ФАРМАЦІЇ (TOPICAL ISSUES OF CLINICAL PHARMACOLOGY AND CLINICAL PHARMACY)

Матеріали науково-практичної
Internet-конференції з міжнародною участю
28 жовтня 2025 року
м. Харків

Харків
НФаУ
2025

PHARMACEUTICAL CARE FOR INDIVIDUALS WITH ALLERGIC CONJUNCTIVITIS WHEN DISPENSING TOPICAL MEDICATIONS IN MOROCCAN PHARMACIES

Otrishko I.A., Vietrova K.V., Pidgaina V.V., Karaz A.
National University of Pharmacy, Kharkiv, Ukraine
Department of pharmacology and clinical pharmacy
innaotrishko@gmail.com

Introduction: Allergic conjunctivitis is a common eye condition caused by an allergic reaction to substances such as pollen, dust mites, mold spores, pet dander, or other environmental allergens. It affects 15-40% of the general population worldwide, depending on region, season and often coexists with other allergic conditions such as allergic rhinitis (in up to 90% of cases). While it is not life-threatening, its high prevalence, growing burden, and impact on quality of life make it a condition of continuing importance in the fields of ophthalmology, allergy, primary care, and pharmacy.

Aim: The objective of this work is to study the peculiarities of pharmaceutical care for individuals with allergic conjunctivitis when dispensing topical medications.

Materials and methods: The methodological basis of the study is the principles of objectivity and consistency. The work uses a complex of general scientific and special methods: theoretical, generalization, data systematization, comparison, methods of studying literary sources, analysis, questionnaire method, statistical methods, etc.

Results and their discussion: Pharmacists play a crucial role in the management and treatment of allergic conjunctivitis. As easily accessible healthcare professionals, they are often the first point of contact for patients experiencing eye allergy symptoms. Their responsibilities span from identifying the condition to guiding treatment and preventing complications. Threatening symptoms in allergic conjunctivitis (red flags) are: visual disturbances (blurred or reduced vision, sudden loss of vision); eye pain (moderate to severe eye pain is not typical in allergic conjunctivitis); photophobia (light sensitivity); unilateral symptoms (allergic conjunctivitis is usually bilateral (affects both eyes); purulent or mucopurulent discharge (thick, yellow-green discharge suggests bacterial conjunctivitis or infection, not allergy); swelling of the eyelids or face (severe periorbital swelling or orbital involvement may indicate orbital cellulitis, a medical emergency); persistent or worsening symptoms despite treatment (if symptoms do not improve with appropriate treatment in 3–5 days, reevaluation is necessary); contact lens wearers (red eye in contact lens users raises concern for corneal ulcers or infections). Pharmaceutical care for allergic conjunctivitis involves a combination of treatments, including avoiding allergens, using lubricating artificial tears, and applying topical medications such as antihistamines, mast cell stabilizers, or a combination of both. For severe cases, stronger prescription options like corticosteroid eye drops (used with caution) or other prescription drops may be necessary. Oral antihistamines can also be effective, particularly for rhinitis, but may cause dry eye symptoms. Topical treatments play a central role in managing allergic

conjunctivitis, especially for relieving itching, redness, and tearing directly at the site of inflammation. These treatments are applied as eye drops and act locally to reduce allergic responses in the conjunctiva. Before starting treatment, it is essential to confirm the diagnosis of allergic conjunctivitis through clinical evaluation. Differentiation from bacterial, viral, or irritant conjunctivitis is crucial to avoid inappropriate medication use. Treatment should be tailored based on the severity of symptoms: mild cases: use of lubricating eye drops (artificial tears) to dilute allergens and soothe the eyes may be sufficient; moderate cases: initiate dual-action antihistamine/mast cell stabilizer eye drops such as olopatadine or ketotifen; severe cases: a short course of topical corticosteroids may be considered under specialist supervision. This stepwise approach ensures that medications are not overused or prescribed unnecessarily. First-line topical therapies include dual-action antihistamine/mast cell stabilizers (these are preferred for their convenience and dual mechanism of rapid relief and long-term control); mast cell stabilizers (alone, used for prevention in chronic or seasonal cases, but have delayed onset); antihistamine eye drops (alone, provide fast relief but may require frequent dosing); Lubricant eye drops (artificial tears, help flush out allergens and reduce irritation). Topical corticosteroids may be required in severe or refractory allergic conjunctivitis, such as vernal keratoconjunctivitis or atopic keratoconjunctivitis. it is necessary to use short courses (5–7 days) under ophthalmologist supervision; monitor intraocular pressure if used longer than a week; avoid unsupervised use due to risks of glaucoma, cataracts, and secondary infections. decongestant eye drops (e.g., naphazoline) are sometimes used for redness relief: do not use longer than 3–5 days due to risk of rebound hyperemia; not recommended for children or patients with hypertension or glaucoma. Promoting rational use of eye drops also involves proper patient education: instruct on correct drop instillation techniques to avoid contamination; advise patients to wash hands before use, not touch the dropper tip to the eye, wait 5–10 minutes between different drops if using more than one medication, remove contact lenses before instillation unless drops are contact lens-compatible, discard eye drops 4 weeks after opening (unless otherwise indicated). Rational use includes follow-up to evaluate efficacy and safety: reassess symptoms after 3–5 days; discontinue unnecessary medications. Also refer to an ophthalmologist if there is no improvement; new symptoms like pain, blurred vision, or photophobia develop; only one eye is involved (consider other diagnoses). The topical management of allergic conjunctivitis remains a cornerstone of treatment, with growing emphasis on targeted therapies, safety, and patient adherence.

Conclusions: The rational use of topical medications in allergic conjunctivitis ensures optimal patient outcomes while minimizing risks, side effects, and unnecessary healthcare costs. pharmacists play a key role in making evidence-based treatment choices; providing patient education; ensuring treatment is tailored to individual needs; avoiding misuse, especially of corticosteroids and vasoconstrictors.