

Physician Impressions on Real World Use of Topical Corticosteroids for the Treatment of Allergic Conjunctivitis: Need for a Safer Steroid

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FINANCIAL DISCLOSURES

Nijm LM, Stephenson PDG, Manning MH, Rhee MK, and Greenwood MD participated in the qualitative survey

Gibson EM, Gibson AA, Montieth AM, Vantipalli S, Metzinger JL, Goldstein MH are employees of Ocular Therapeutix, Inc.

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Background and Introduction

Allergic Conjunctivitis

- IgE-mediated inflammatory reaction¹
- Affects up to 40% of the U.S. population²
- May have severe impact on patients' quality of life³

Existing Treatment Strategies

- Topical treatments include: artificial tears, dual-activity agents, corticosteroids, antihistamines, vasoconstrictors, mast cell stabilizers and NSAIDs⁴
- There are no universally accepted treatment guidelines
- However, it has been reported that topical corticosteroids are the most effective agents for subsiding signs and symptoms of allergic conjunctivitis⁵



Methods: Study Design

Purpose

- To capture physician's perspective on the use of topical steroids for the management of allergic conjunctivitis

Population

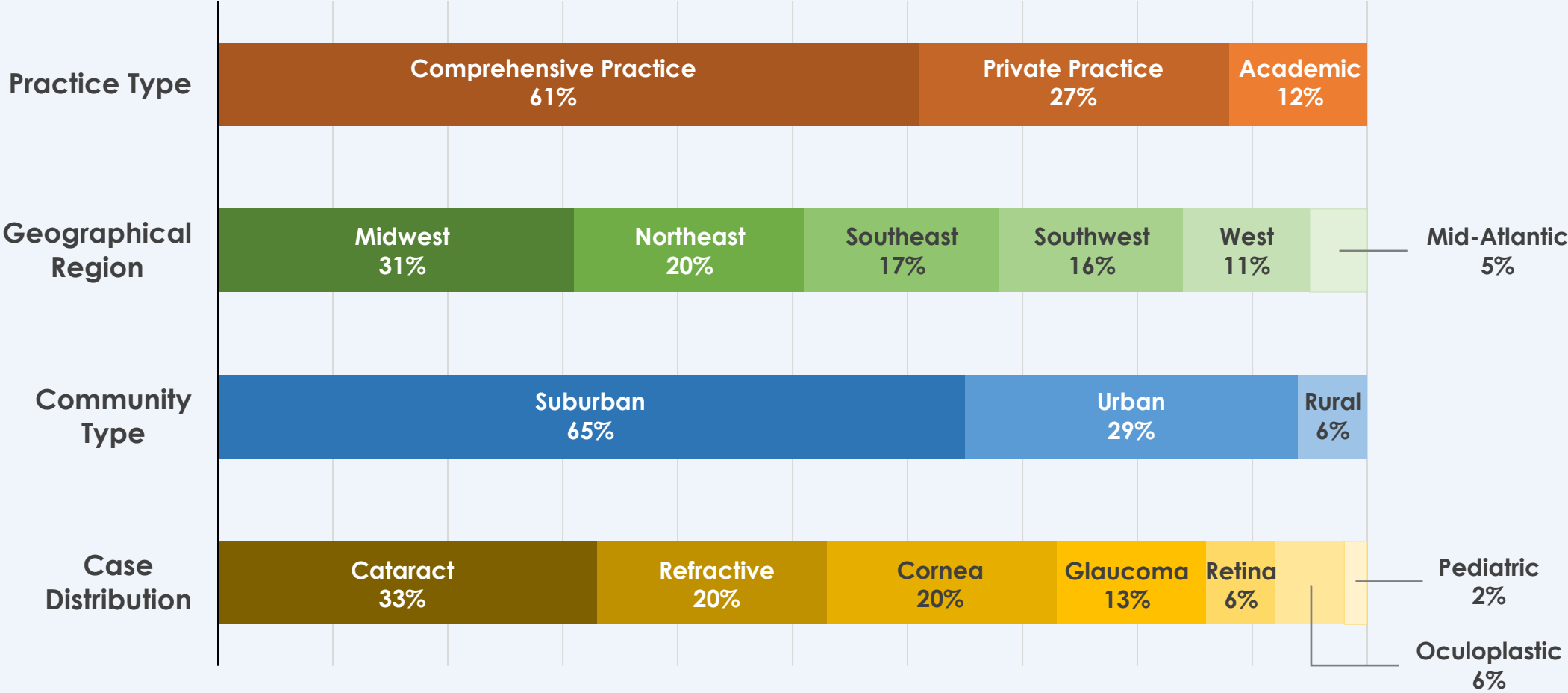
- Approximately 170 ophthalmic clinicians were invited to participate
- Geographically distributed across the US
- Different practice types (comprehensive, academic, private)
- Various community settings (urban, suburban, and rural)

Data Collection

- A qualitative survey evaluated:
 - Physicians' first line therapeutic choice for the treatment of seasonal/perennial AC
 - Efficacy of topical steroids in treating AC
 - Frequency of topical steroid use in AC
 - Reasons for avoiding the use of topical steroids in managing AC

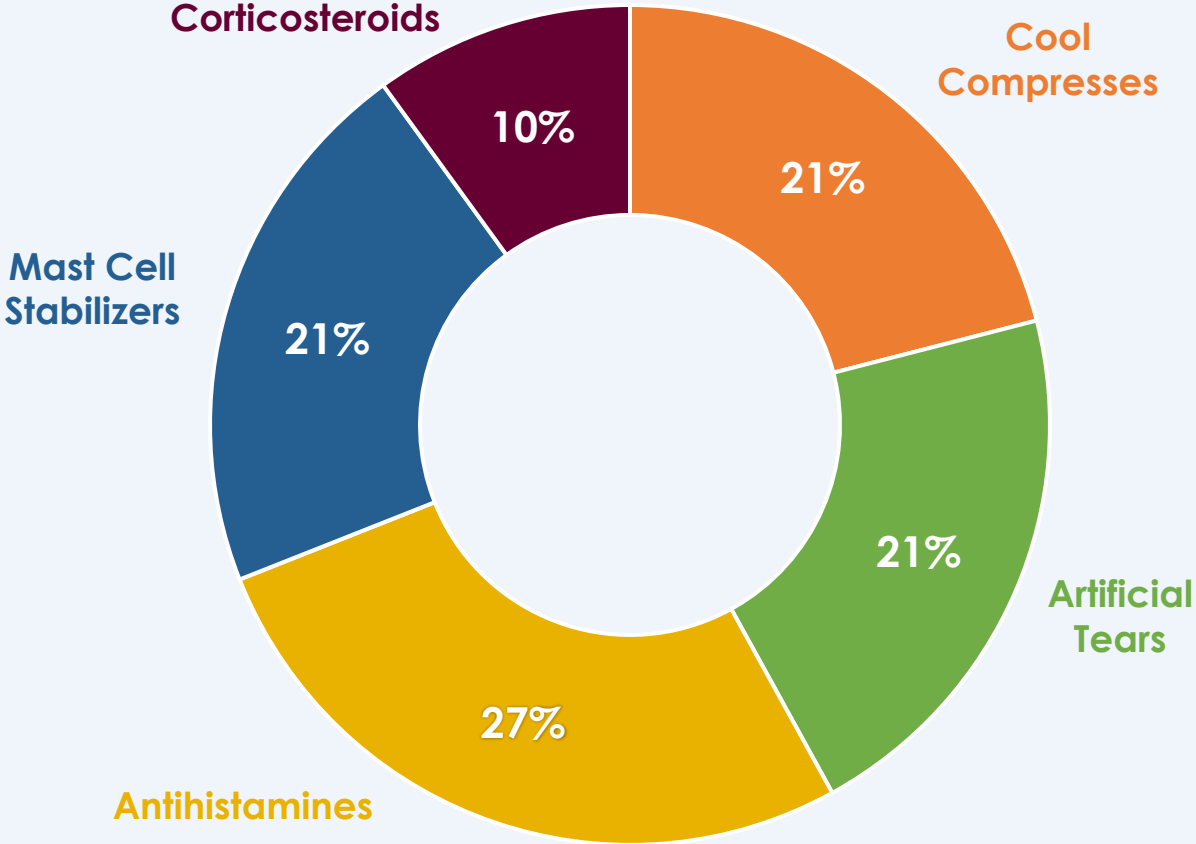
Majority of Respondents were from Comprehensive Practices in a Suburban Setting Across Various Subspecialties

Characteristics of Survey Participants (N=64)

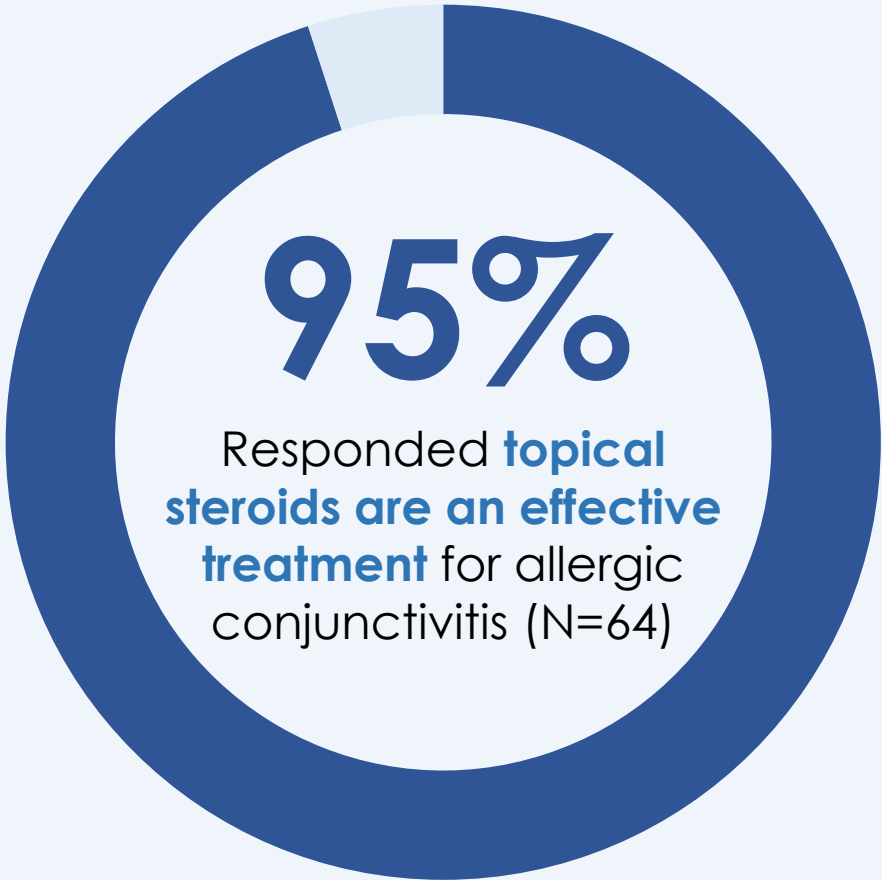


Few Physicians (10%) Use Corticosteroids as First Line Therapy for the Treatment of Allergic Conjunctivitis

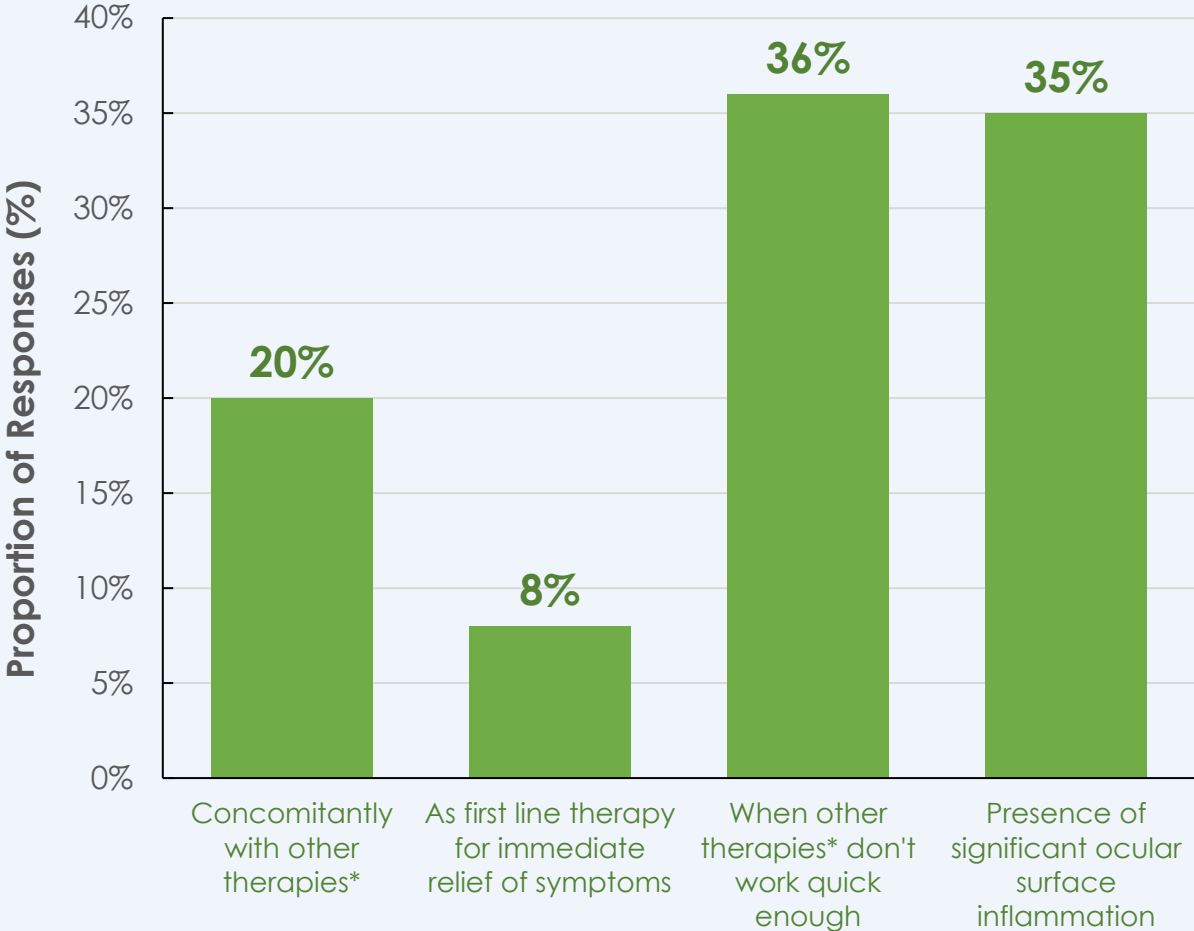
First Line Therapy for Seasonal or Perennial Allergic Conjunctivitis (N=64)



A Majority of Physicians Reported Steroids are Effective, but Reserved Them for Cases Requiring Fast Relief or with Significant Inflammation



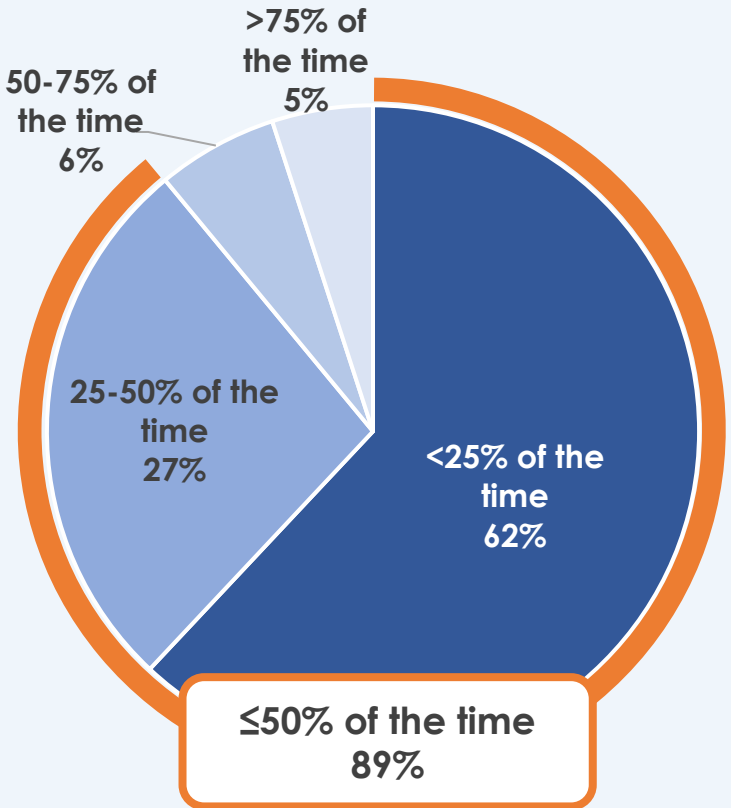
How Topical Steroids are Used to Manage Allergic Conjunctivitis (N=64)



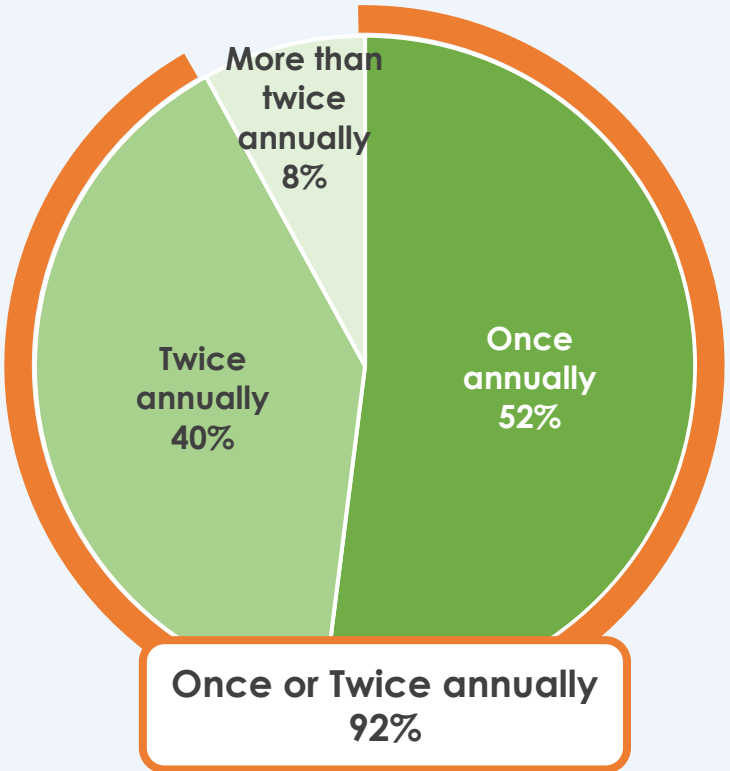
*Other therapies correspond to cool compresses, artificial tears, antihistamines, and mast cell stabilizers

Steroid Drops are Used Infrequently to Treat Allergic Conjunctivitis Despite Being an Effective Therapy

How Often Ophthalmic Clinicians Use Topical Steroids to Manage AC (N=64)

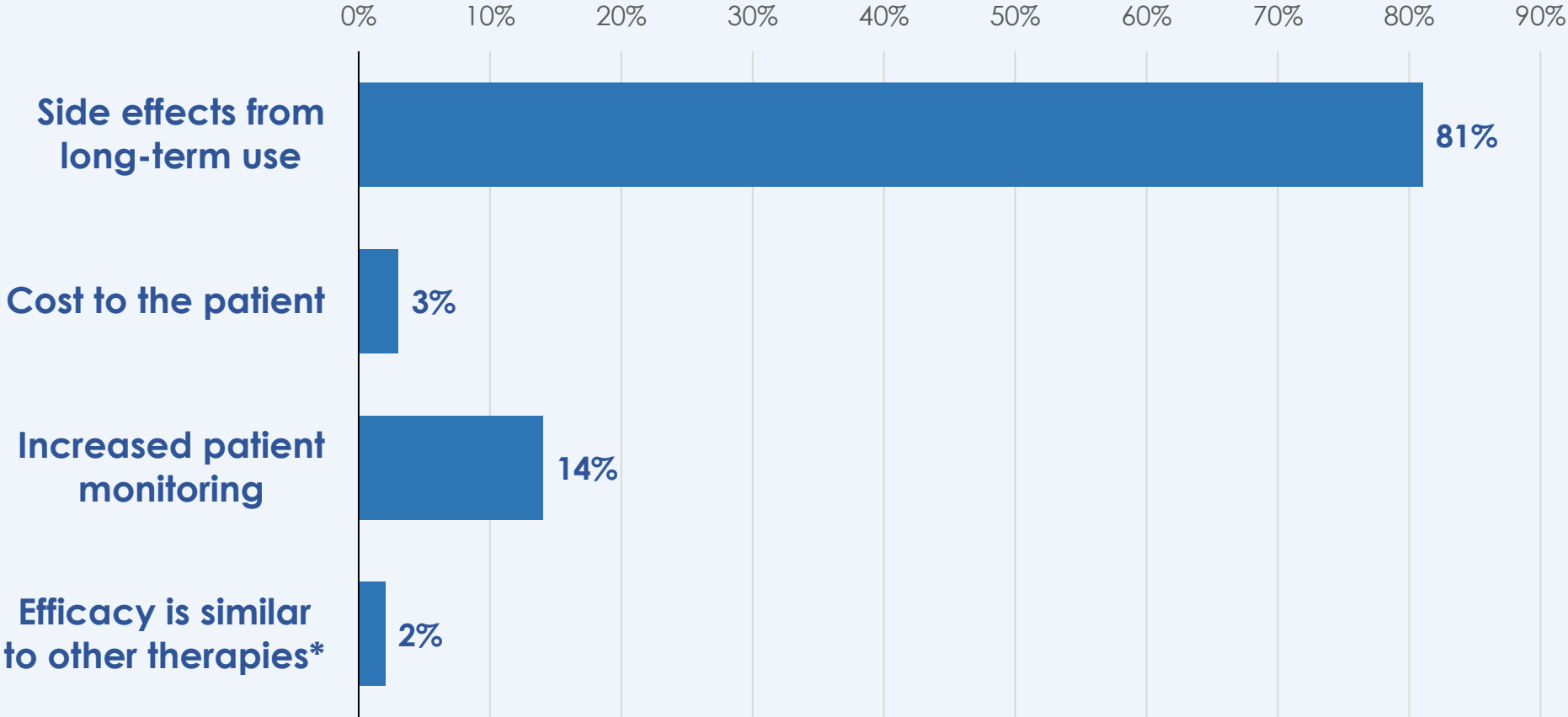


Frequency Ophthalmic Clinicians Use Topical Steroids in Patients Who Require Them (N=64)



Topical Steroids for the Management of Allergic Conjunctivitis May Be Limited by their Long-term Side Effects

Reasons Ophthalmic Clinicians Do Not Use Topical Steroids More Frequently for AC (N=64)



*Other therapies correspond to cool compresses, artificial tears, antihistamines, and mast cell stabilizers

Conclusions

- This survey captured the perspective of 64 ophthalmic clinicians on the use of topical steroids for the management of allergic conjunctivitis
- The most common first-line therapies for allergic conjunctivitis were topical antihistamines, mast cell stabilizers, artificial tears and cool compresses
 - Only 10% used topical steroids as first-line therapy
- Most clinicians used topical steroids when other therapies are not effective quick enough or in the presence of significant ocular surface inflammation
- Although a majority (95%) of clinicians reported topical steroids were effective for the treatment of allergic conjunctivitis, a majority (~90%) used them infrequently
- ***The most common reason for infrequent use of topical steroids were the associated side effects from long term use, highlighting the need for a safer steroid in the treatment of allergic conjunctivitis***