

Real-world Allergic Conjunctivitis Treatment Patterns of Eye Care Providers

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Disclosures

- **Presenter:** William C. Christie was a participant in the current study.
- **Co-authors:** Preeya K. Gupta and Lena A. Dixit were participants in this study. Ella M. Gibson, Srilatha Vantipalli, and Michael H. Goldstein are employees of Ocular Therapeutix.
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Background



Allergic Conjunctivitis Therapeutic Options

- Allergen identification and avoidance
- Cold compresses
- Artificial tears
- Antihistamines
- Decongestants
- Mast cell stabilizers
- Corticosteroids
- Immunotherapy

There are no universally accepted strategies for the management of allergic conjunctivitis

- Symptoms frequently resemble those of comorbid conditions such as dry eye or allergic rhinitis which complicates diagnosis and management
- There is a lack of practice guidelines for AC
- Ocular surface diseases can be initially managed by primary care physicians or eye care specialists which may lead to discordant treatment approaches

Research Question: How are existing AC therapies used in clinical practice by eye care specialists?

Methods: Qualitative Online Survey

Objective: To understand and characterize how eye care providers (ECPs) use existing AC therapies in clinical practice



Sample Population

- US-based ophthalmologists and optometrists
- Different practice types (e.g. private, academic)
- Various community settings (urban, suburban, rural)



Qualitative Online Survey

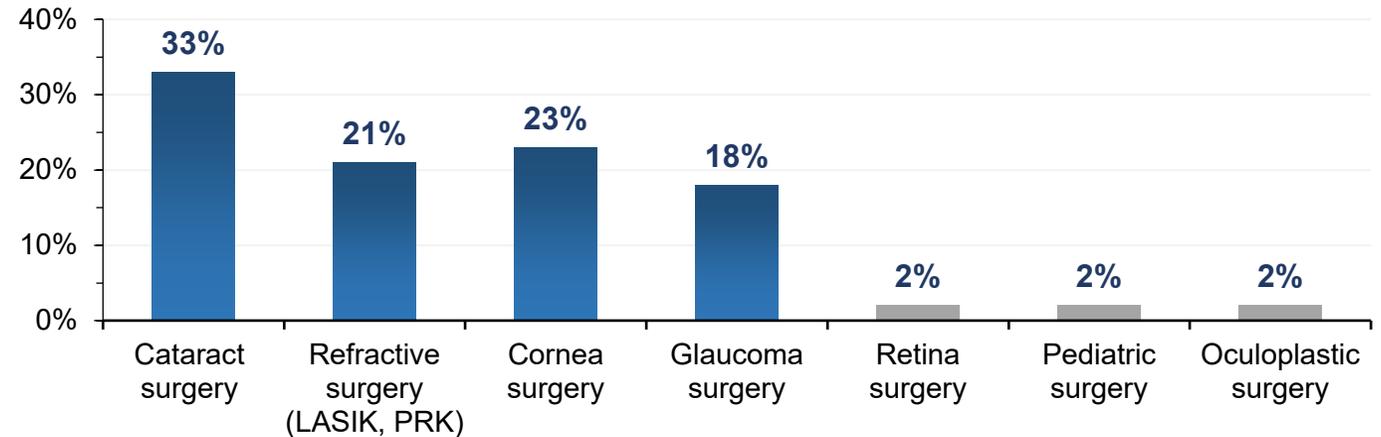
- Distributed between August and September 2021
- Questions captured:
 - Approach to treating AC
 - Limitations of existing treatments

Highly experienced ECPs from anterior segment specialties participated in the survey

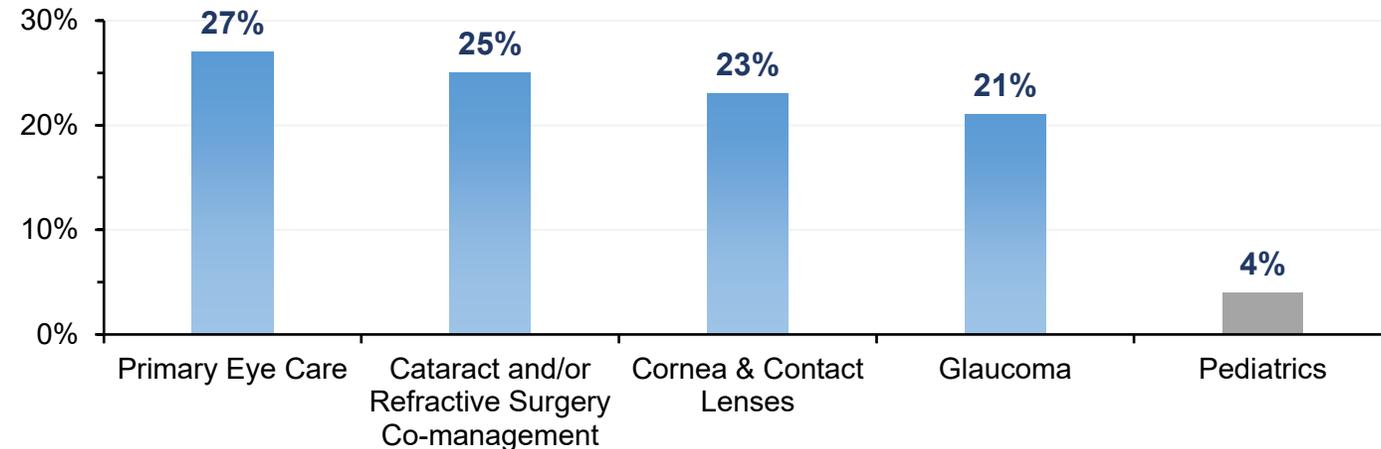
Ophthalmologists N=48	
Age, mean (SD)	50 (12)
Gender, M/F	62% / 36%
Years in Practice, mean (SD)	20 (12)

Optometrists N=44	
Age, mean (SD)	48 (8)
Gender, M/F	60% / 40%
Years in Practice, mean (SD)	15 (7)

OPHTHALMOLOGISTS' SPECIALTIES (N=48)

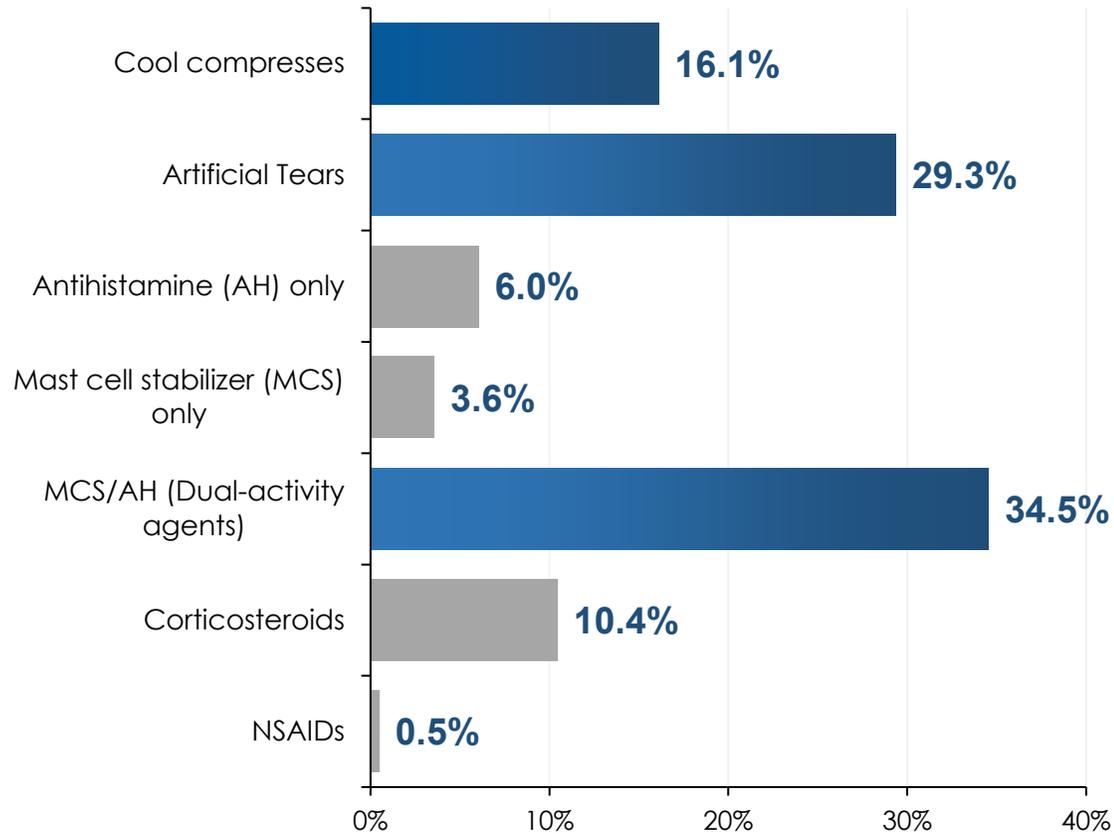


OPTOMETRISTS' SPECIALTIES (N=44)

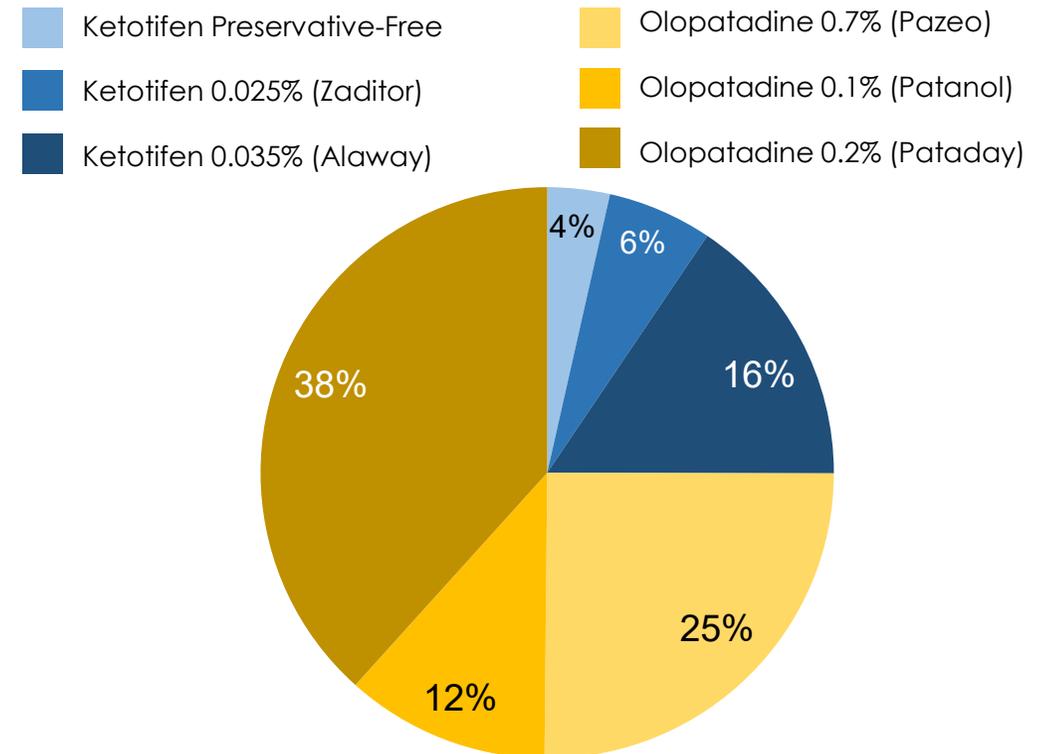


ECPs initially treat AC with dual activity agents, artificial tears and cool compresses

FIRST LINE THERAPY FOR ALLERGIC CONJUNCTIVITIS (N=92)



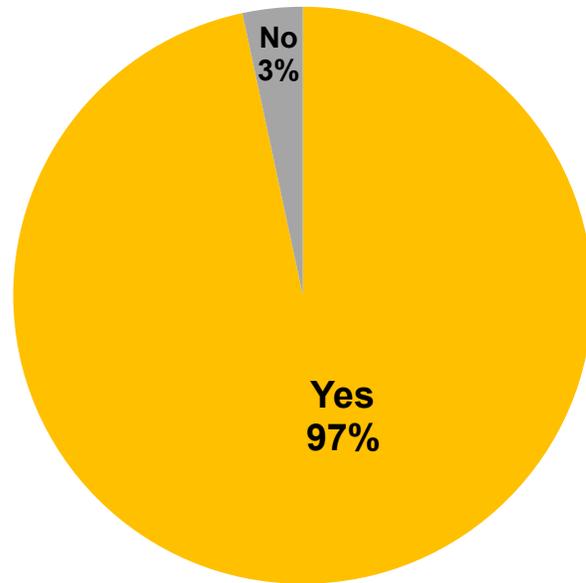
PREFERRED DUAL-ACTIVITY AGENT TO MANAGE ALLERGIC CONJUNCTIVITIS (N=92)



Olopatadine 0.2% (Pataday®) was the most preferred MCS/AH agent

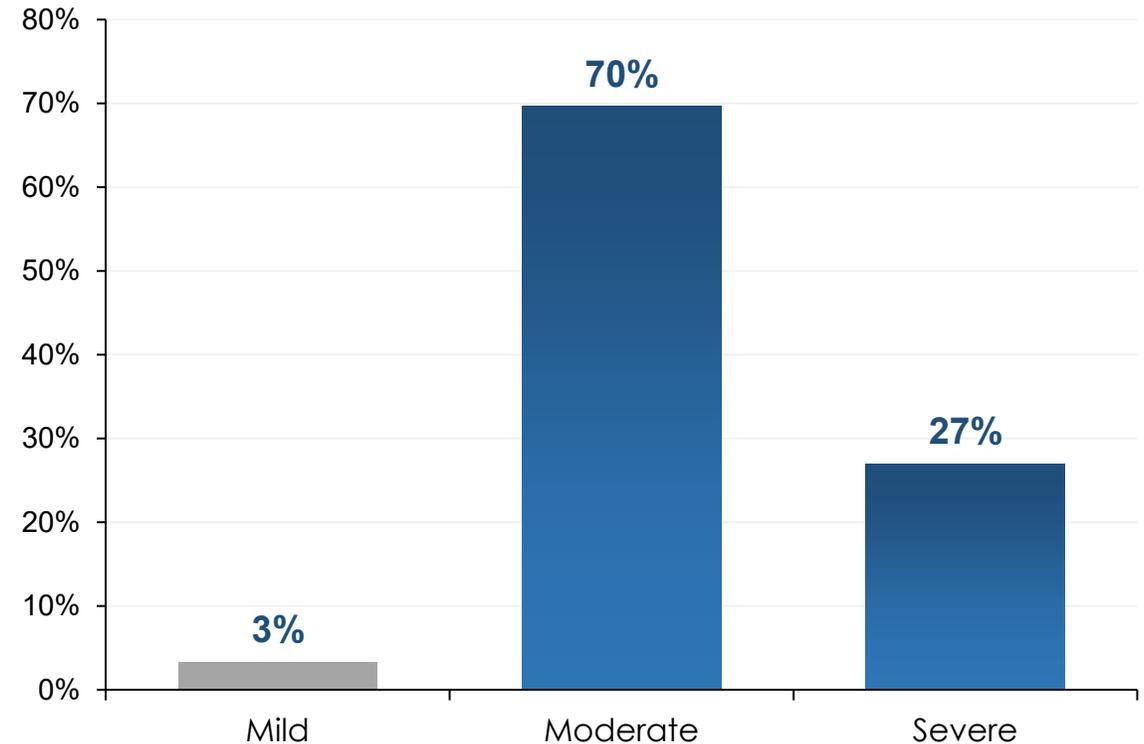
Steroids are primarily used to manage moderate or severe AC symptoms

DOES THE SEVERITY OF AC SYMPTOMS DETERMINE WHEN YOU PRESCRIBE A STEROID? (N=92)



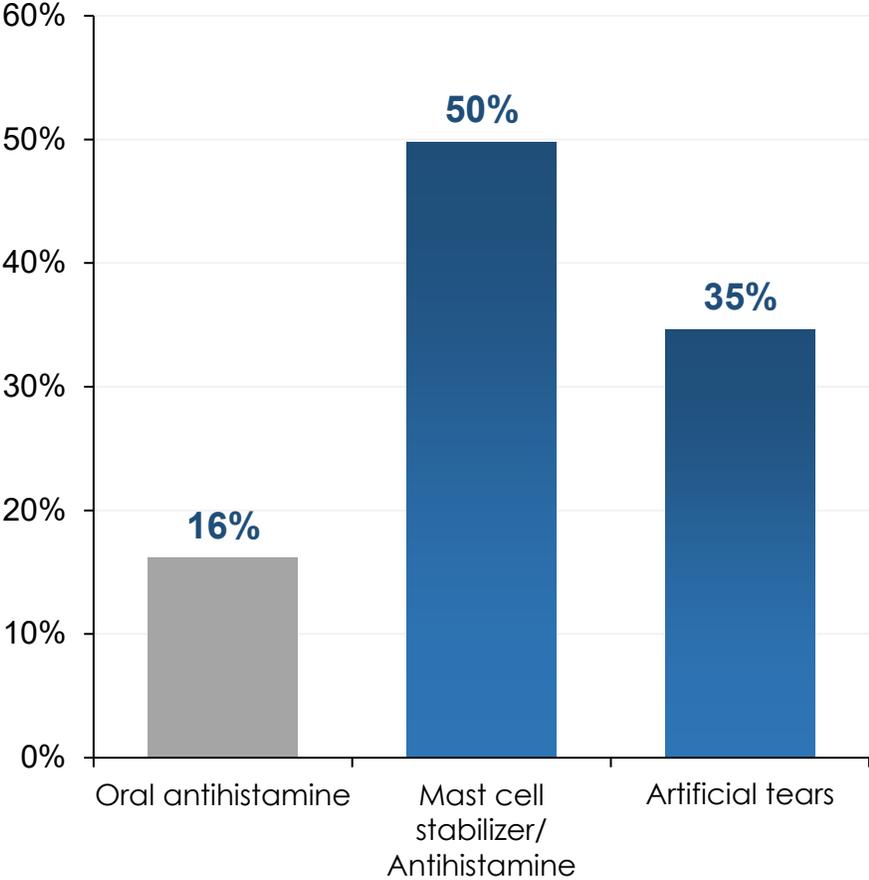
Almost all (97%) ECPs consider symptom severity when deciding to treat AC with steroids

SEVERITY OF SYMPTOMS WHEN STEROIDS ARE INITIATED TO MANAGE AC (N=89)

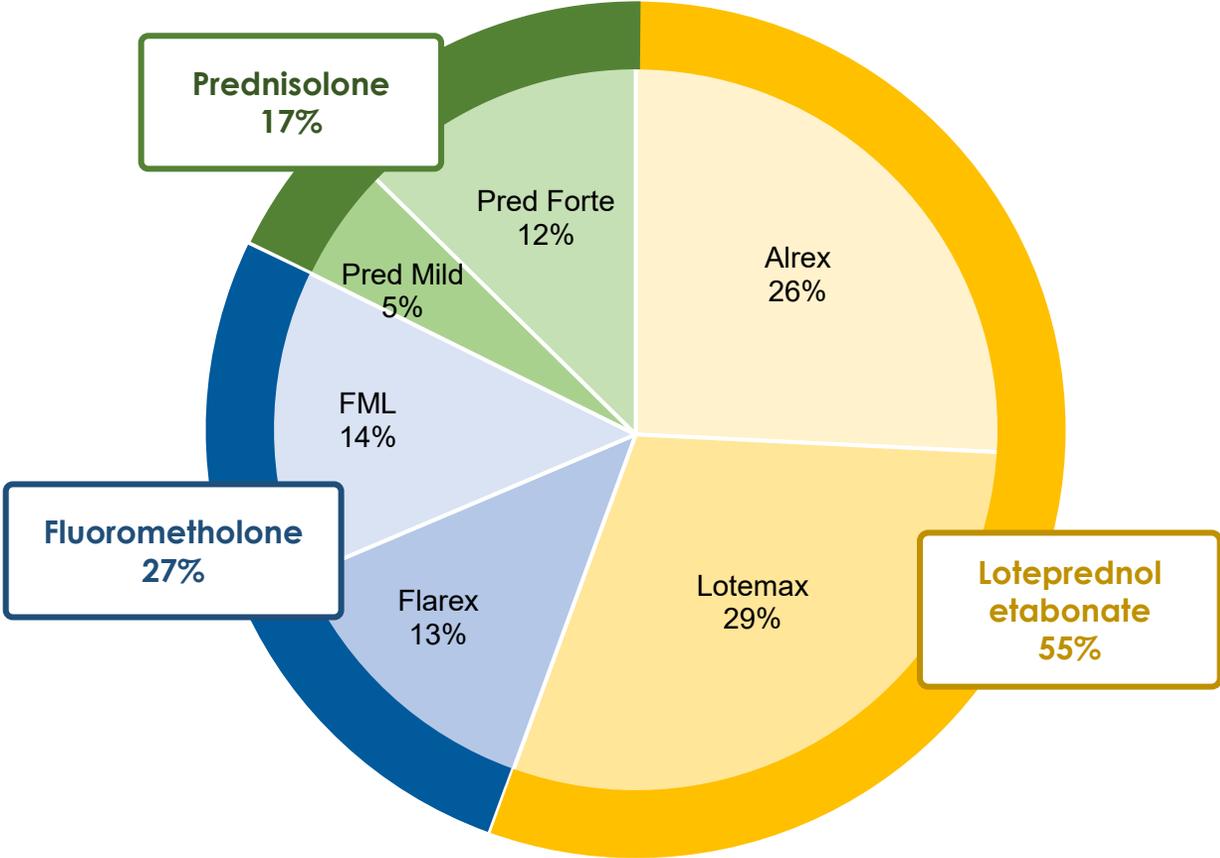


When treating with a steroid, half of ECPs also treat with dual-activity agents and preferred loteprednol over other steroids

WHAT MEDICATION DO YOU USE CONCOMITANTLY WITH STEROIDS?

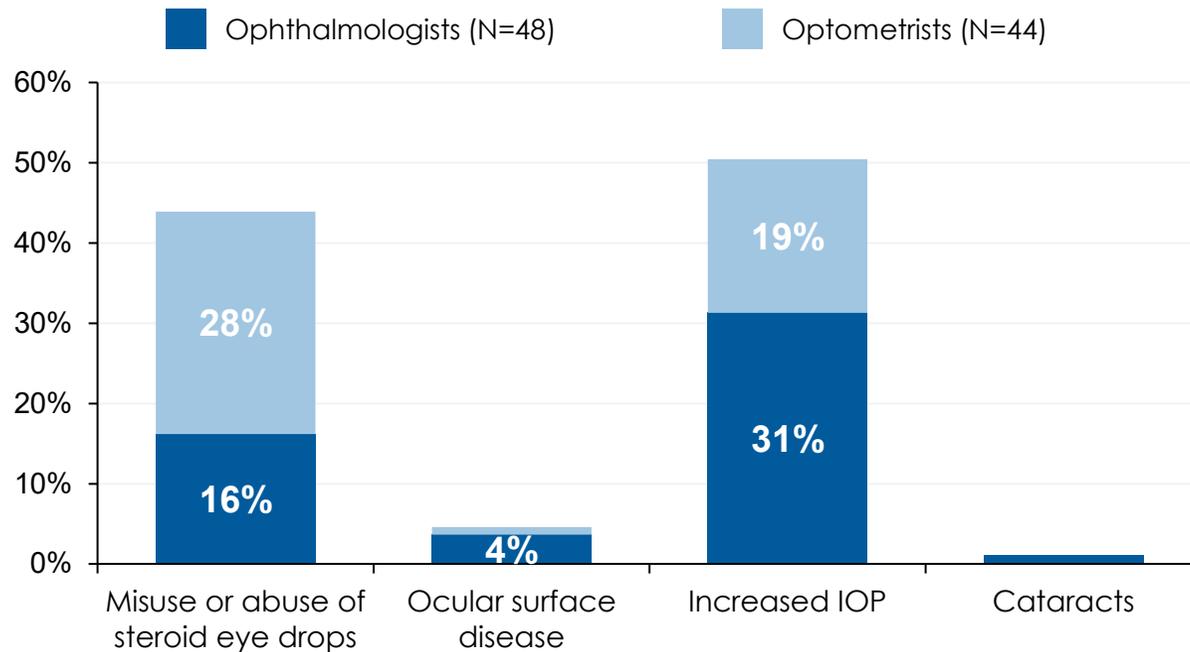


PREFERRED STEROID FOR THE MANAGEMENT OF AC (N=92)



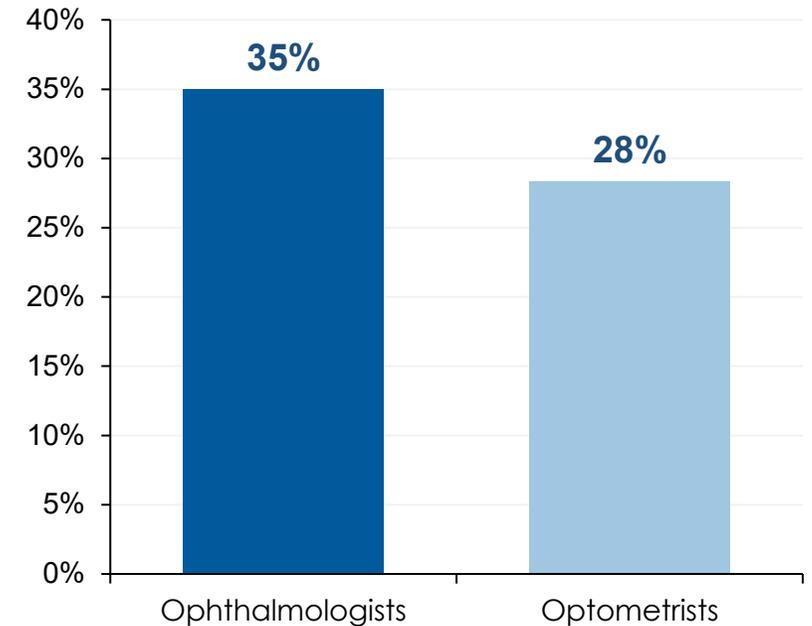
Misuse of steroid eye drops and the associated IOP side effects were substantial concerns of ECPs

MOST SUBSTANTIAL ISSUE ASSOCIATED WITH STEROID EYE (N=92)



Ophthalmologists were more concerned with IOP side effects. Optometrists were more concerned with misuse/abuse of eye drops.

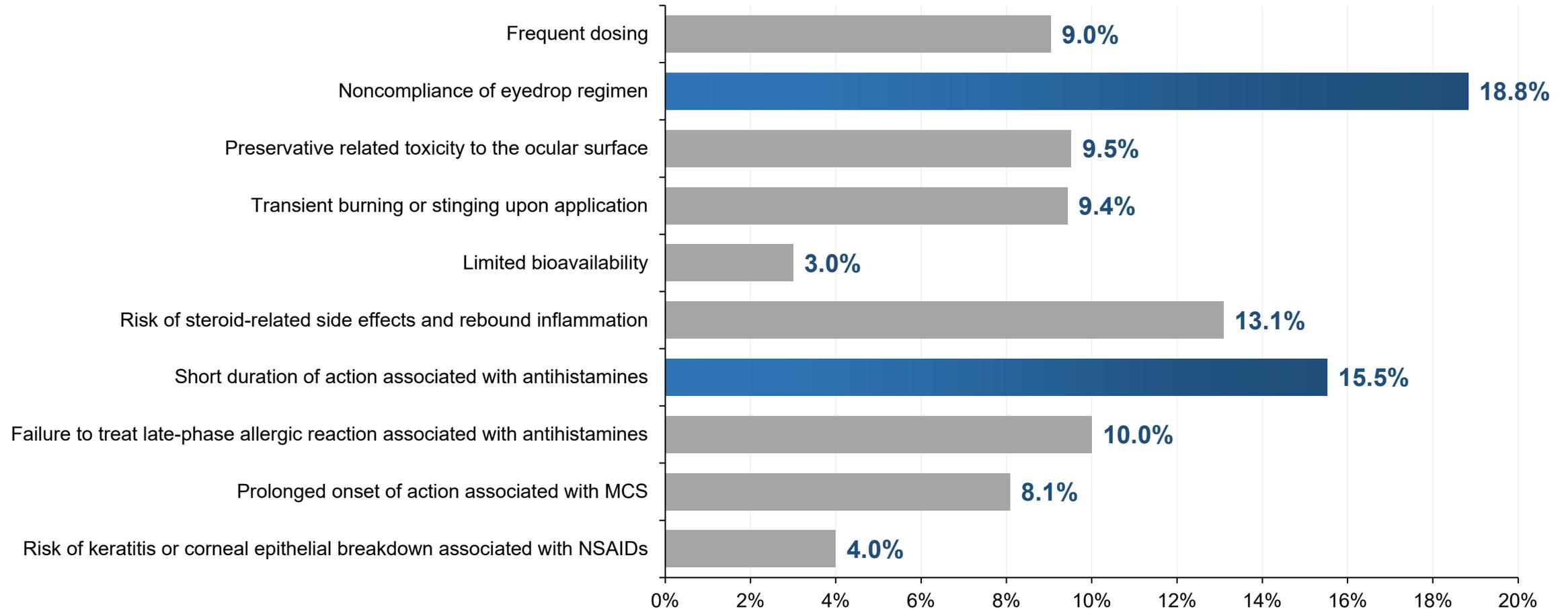
ESTIMATED PERCENT OF PATIENTS WHO MISUSE OR ABUSE STEROIDS



ECPs estimated approximately 30% patients treated with steroids have misused them

The greatest limitations of AC topical therapy was noncompliance to eyedrop regimen and short duration of action

WHAT DO YOU CONSIDER IS THE GREATEST LIMITATION OR DRAWBACK ASSOCIATED WITH CURRENT TREATMENT OPTIONS FOR AC? (N=92)



AC Treatment Patterns Summary



Objective: : To understand and characterize how eye care providers (ECPs) use existing AC therapies in clinical practice

Survey Findings

- Most ophthalmologists and optometrists treat AC with topical dual-activity (mast cell stabilizer/antihistamine) agents, cool compresses and/or artificial tears
- ECPs primarily considered initiating steroid therapy with moderate to severe symptoms and expressed concern with IOP side effects or potential for patient overuse
- ECPs rated potential for noncompliance and short duration of action as the greatest drawback to topical therapies
- These findings help inform the need for sustained release therapies that don't rely on patient self-administration