American Academy of Allergy Asthma & Immunology

**Table 4: Conjunctivitis**

| Referral Guideline | Rationale | Evidence Type |
|---|---|---|
| Patients with prolonged or recurrent manifestations of allergic conjunctivitis.<br><br>Patients with co-morbid conditions e.g. asthma, rhinitis, recurrent sinusitis. | Allergy cannot be diagnosed on the basis of history alone[1]. Diagnosis is derived from a correlation of clinical history and diagnostic tests, with which allergist/immunologists are experienced. [2] Allergists may help to suspect and diagnose corneal involvement in vernal and atopic keratoconjunctivitis[3,4] | Diagnostic |
| Patients with symptoms interfering with quality of life and/or ability to function.<br><br>Patients who have found medications to be ineffective or have had adverse reactions to previously prescribed medications. | A thorough allergy evaluation will complement the patient history and aid in the development of specific treatment plans, including immunotherapy and environmental controls. These treatments may benefit allergic conjunctivitis patients in terms of reduced symptoms, medication use and cost. Allergen immunotherapy may be highly effective in controlling the symptoms of allergic conjunctivitis.[5-7] Efficacy parameters include symptom and medication scores, conjunctival challenge and immunological cell markers and cytokine profiles. Allergen immunotherapy may provide lasting benefits after immunotherapy is discontinued.[8-10,] | Indirect Outcome (avoidance)<br>Indirect outcome (immunotherapy) |

**References:**


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