Update on Oral Medications

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We have no relevant financial relationships to disclose and no proprietary interest in any product discussed in this presentation.

What pharmacotherapy means to optometry

The ability to use pharmaceutical agents has enabled optometrists to become true primary health care providers.

Course Goal

To provide useful clinical information in the treatment of ocular conditions using systemic medications.

Questions and Comments?
Routes of Drug Administration:
- Alimentary
  - Sublingual
  - Oral
  - Rectal
- Parenteral
  - Subcutaneous (SC)
  - Intramuscular (IM)
  - Intravenous (IV)
- Other
  - Inhalation
  - Topical

The Florida Fourteen

Principles of Pharmacology
- Pharmacokinetics: What the body does to a drug
- Pharmacodynamics: What the drug does to the body
- Always keep in mind contraindications, side effects and drug-drug interactions before starting medication.
- Drug risks vs. benefits
- Be mindful of the age and weight of the patient
  - Consider starting with one half standard dose in the young or elderly
  - Polypharmacy: elderly often on multiple meds – may lead to adverse reactions/interactions

Know Your Patient

Each patient is unique.
Choosing the Proper Drug Therapy

- Patient considerations
  - Immune system viability
  - Kidney and liver function
  - Pregnant or nursing
  - Age
  - Allergy history
- Safety profile of the drug
- Cost considerations

General Principles

- **Drug Metabolism** – Most drugs are metabolized by liver enzymes
- **Drug Excretion** – The kidney is the major route
- Some drugs are excreted after metabolism
- Some drugs are excreted unchanged
- Therefore, proper liver function is critical for metabolism of medications, and kidney function is integral to drug excretion.

Examples of Rx Writing

- **Oral Rx**
  - Augmentin 500 mg tablets
  - Disp: 14 tablets
  - Sig: 1 tablet BID PO X 1 week

- **Sol Rx**
  - Timoptic XE 0.5% Ophthalmic Solution
  - Disp: 10 ml bottle
  - Sig: 1 drop QD OU in the AM

Remember: Refills and specific instructions – “shake well”

Practice-building Tip

- When Rx-ing for Peds:
  - Place a courtesy call and send follow-up letter to pediatrician
  - Especially with po meds

Special populations, special Rx.
25 year old female
10 weeks pregnant

Treatment?
HSVK

Pregnancy Category C

Pregnancy Category B
- Acyclovir (Zovirax®)
- Acute infection - 400 mg
  PO 5x/day X 7 d
  - HSV Keratitis
  - Dendritic ulcer
  - HSV Blepharodermatitis
  - Lid involvement

Traditional FDA Use-in-Pregnancy Ratings

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Absolutely safe</td>
</tr>
<tr>
<td></td>
<td>No risk in humans or animals</td>
</tr>
<tr>
<td>B</td>
<td>Probably safe</td>
</tr>
<tr>
<td></td>
<td>No evidence of risk in humans, or adverse findings in animals.</td>
</tr>
<tr>
<td></td>
<td>In the absence of adequate human studies, animal studies show no fetal risk. The chance of fetal harm is remote, but remains a possibility.</td>
</tr>
</tbody>
</table>

http://www.fda.gov
Use-in-Pregnancy Ratings

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Risk can not be ruled out; but the potential benefits may outweigh the potential risk.</td>
</tr>
<tr>
<td>Questionably safe</td>
<td>Positive evidence of Risk</td>
</tr>
<tr>
<td>X</td>
<td>Contraindicated in Pregnancy</td>
</tr>
</tbody>
</table>

http://www.fda.gov

The 5 Classes of Micro-organisms

- 538 types of bacteria
- 208 types of viruses
- 317 types of fungi
- 57 types of protozoa (parasites)
- 287 types of helminths (worms)

These organisms differ from human eukaryotic cells.

Drugs target these differences.

Drugs affect the microbe without affecting the host.

Antibacterial Terminology:

- Bacteriostatic – stops the growth / replication of the bacteria
- Bactericidal – kills the bacteria

Questions and Comments?
What is your plan?

Treat or turf?

If you treat bacterial infection...

- Bacteriostatic – stops the growth / replication of the bacteria
- Bactericidal – kills the bacteria

Choosing the Proper Drug Therapy

Efficacy of Antibiosis
- MIC = minimum inhibitory concentration
  - Lowest concentration that inhibits visible growth (growth-stopping)
  - Measures bacteriostatic activity of antimicrobials.
- MBC = minimum bacteriocidal concentration
  - Lowest concentration that kills the microbe

Human cells do not have a cell wall; bacterial cells do

Oral Antibiotics

Five main classes:
- Penicillins
- Cephalosporins
- Macrolides
- Tetracyclines
- Fluoroquinolones

The trend in oral antibiotic Rx-ing is to simplify dosing and administration ....QD or BID
**Gram + vs Gram -**

- Gram-positive cell walls contain a thick layer of peptidoglycan that encircles the cell.
- Gram-negative cell walls contain a thin layer of peptidoglycan between the cytoplasmic membrane and the outer membrane.

**Bacterial genome** consists of a single chromosome of circular DNA located in the nucleoid.

**Gram-positive bacteria** stain dark blue or violet in the presence of a lipid solvent (acetone – alcohol).

**Gram-negative bacteria** do not retain crystal violet dye - stain pink when exposed to a red dye, safranin.

**Note:** Many species of Gram-negative bacteria are pathogenic in a host organism.

Most infections of the eye/adnexa are caused by gram + organisms ...staph and some strep.

Most staphylococcal bacteria produce an enzyme called Penicillinase, ...which inactivates penicillins and some cephalosporins.
Antibiotics and the Immune System

**Innate Immunity:**
First line of defense = external barriers
(skin, mucous membranes, lashes)
Second line of defense = phagocytic cells,
proteins, complement system, interferon inflammation, fever

**Adaptive Immunity:**
Third line of defense = Antigen-specific
protects only against a certain type of pathogen

Elements of the Immune System

- Lymphocyte (T cells and B cells)
- Macrophages / Monocytes
- Basophils
- Eosinophils
- Neutrophils (first cells present*)
- Dendritic and Langerhans cells

- Cytokines: Interferon, TGF, IL, TNF
- Mast cells
- Complement system

When bacteria enter the skin...

Activation of Complement Cascade via alternative pathway

- Neutrophils/Macrophages
- Stimulate
- Antibody-mediated immunity
- Cell-mediated immunity
- TNF (a cytokine) induces inflammation
- IL-1 induces Fever, which induces antibodies, WBCs, interferon
- IL-8 attracts Neutrophils, Macrophages

Penicillins

**Mechanism of Action:**
- Inhibits the last step in formation of bacterial cell wall, thus exposing the cell membrane, causing lysis

Natural Penicillins:
- Penicillin G or V
- Gram + except for Staphylococcal
- Penicillin G is IV only .... drug of choice for syphilis
- Penicillin V is oral .... use for Strep infections

Penicillins

**GROUP I:**
Ample Spectrum

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Trade Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin</td>
<td>Amoxil®</td>
</tr>
<tr>
<td>Ampicillin</td>
<td>Omnipen®</td>
</tr>
<tr>
<td>Bacampicillin</td>
<td>Spectrobid®</td>
</tr>
<tr>
<td>Carbencillin Indanyl</td>
<td>Propent®</td>
</tr>
<tr>
<td>Mezlocillin</td>
<td>Mezlin®</td>
</tr>
<tr>
<td>Pencillin V</td>
<td>Pyracid®</td>
</tr>
<tr>
<td>Ticarcillin</td>
<td>Ticar</td>
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</table>
Amoxicillin

- Dosage
  - Adults: 125-875 mg BID-TID x 7-10 d
  - Eg. Preseptal cellulitis: 500 mg TID x 10 days
  - Children: 20-40 mg/kg TID x 7-10 d

Prescribing for Children

Example: 50 lb child Amoxicillin 20 mg/kg TID

Step 1: Convert pounds to kilograms by dividing by 2.2
50/2.2 = 23 kg

Step 2: Multiply kilograms by dosage recommendation.
23 kg x 20 mg/kg = 460 mg

Step 3: Divide daily milligram total by number of doses per day.
460/3 = 153 mg

Step 4: Choose from available manufactured doses.
Closest is 125 mg/5 ml.

We need 5 ml TID, so every eight hours (15 ml per day) for 10 days.
So, 15 ml/day x 10 days = 150 ml bottle.

Final Prescription

Dr. Jane Smith  
2020 Main Street  
Miami, FL 12345  
(305) 123-4567

Name: Laura Fernandez  
Address: 4000 Avenue A  
Date: 10-15-2016

Rx: Amoxicillin 125/5 #150ml  
1 tsp (5 ml) q8h x 10 days

Refills—ZERO  
Jane Smith, O.D.

GROUP II: Penicillins and Beta Lactamase Inhibitors

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Trade Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin + Clavulanic Acid</td>
<td>Augmentin®</td>
</tr>
<tr>
<td>Ampicillin-Sulbactam*</td>
<td>Unasyn®</td>
</tr>
<tr>
<td>Benzylpenicillin</td>
<td>Benpen®</td>
</tr>
<tr>
<td>Cloxacillin</td>
<td>Tegopen®, Clavamox®</td>
</tr>
<tr>
<td>Dicloxacillin</td>
<td>Dyce, Dynapen®, Pathocil®</td>
</tr>
<tr>
<td>Methicillin</td>
<td>Staphcillin®</td>
</tr>
<tr>
<td>Nafcillin</td>
<td>Unipen®, Nafcil®</td>
</tr>
<tr>
<td>Penicillin G</td>
<td>Prostaphil®, Ractocil®</td>
</tr>
<tr>
<td>Penicillin V</td>
<td>Wyclin®, Pen-Veeke®, Beepen-VK®</td>
</tr>
<tr>
<td>Piperacillin + Tazobactam*</td>
<td>Zosyn®</td>
</tr>
<tr>
<td>Ticarcillin + Clavulan Acid</td>
<td>Timentin®</td>
</tr>
<tr>
<td>Nafcillin</td>
<td>Unipen®, Nafcil®</td>
</tr>
</tbody>
</table>

Penicillinase Resistant Penicillins

- AKA Staphylococcal Penicillins
- Very large R group C and H attached to molecule
- Methacillin
- Naphicillin
- Cloxicillin
- Dicloxidillin

Dicloxacillin (Dynapen) - excellent choice for treatment of internal hordeolum, preseptal cellulitis, dacryocystitis, orbital blow out fractures

Typical Adult Dose: 250-500 mg QID X 7-10 d
For children: 12.5-25 mg/kg QID X 7-10 d
Augmentin: Amoxicillin + Clavulanic Acid

- Clavulanic Acid
  - A beta-lactamase inhibitor with some AB activity

Augmentin = Amoxicillin/clavulanic acid (inhibits beta lactamase)

- Amoxicillin is a pro-drug of Ampicillin

Typical Adult Dose:
500 mg BID or TID X 1 week to 10 days

GROUP II: Penicillins and Beta Lactamase Inhibitors

- Augmentin = Amoxicillin/clavulanic acid (inhibits beta lactamase)
- Amoxicillin is a pro-drug of Ampicillin

Penicillins Side Effects

- Diarrhea may occur from increased GI motility
- May occur from a disruption of natural GI flora that is a barrier to infection (aids in carbohydrate digestion)

Penicillins: Side Effects

- Diarrhea is the most common SE
  ~35% get Antibiotic Associated Diarrhea (AAD), Pseudomembranous Colitis; 17% of cases = fatal
- Take probiotics for prevention and treatment
- Also common are nausea, vomiting, upset stomach

Allergy 5% - from degraded beta lactams. Rash, swelling, itch
Anaphylaxis - within min - hours, throat. Epinephrine Tx.

- The Penicillins are Category B
Penicillins: Contraindications

- Penicillins are contraindicated in patients who have had serious allergic reactions to them.
  - True penicillin allergy prevalence is actually no greater than 5%.

Avoid Drug Resistance

- Don’t Rx antibacterial for non-bacterial infection
- Rx full dose, and avoid intermittent use
- Complete the full course of therapy
- Do not taper antibiotic below therapeutic dose

Case

- 55 y/o WM
- CC: LUL red, tender, irritated x 3 days
- Oc Hx: + choroidal nevus, DM w/no DR
- Med Hx: DM x 6yrs, HTN, heart disease, dyslipidemia
- BVA: 20/20-1, 20/20-1
- FROM, FTFC OD OS, No APD
- SLE: see photo

Internal Hordeolum: infection of meibomian gland w/Preseptal Cellulitis

External Hordeolum: infection of glands of Zeiss/Moll

What are you going to do?

- Make sure it is not orbital cellulitis!
- Warning signs: absence of lid crease, + red, pain, blurred vision, headache, double vision, warmth, proptosis, pain w/eye movement, restricted motility, fever, decreased periorbital sensation
Cephalaxin
- **Brand names**
  - Keflex, Biocef, Keftab, Zartan
- **Generic**
- **Mechanism**
  - Inhibits bacteria cell wall synthesis
  - Bactericidal against gram + and gram -
- **Uses**
  - Hordeola
  - Preseptal cellulitis
  - *S. Aureus, streptococci, haemophilus influenzae*

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**Cephalaxin: similar to Penicillins**

**ORBITAL CELLULITIS**

**Preseptal Cellulitis**

**ORBITAL CELLULITIS**

**Dosing**
- Adults: 250-500 mg QID x 7-14 days
- Children: 25-50 mg/kg QID x 7-14 days

**Other uses**
- Dacryocystitis
- Dacryoadenitis
- Blow-out fracture

Acknowledgement: Dufek
Cephalexin

- **Side effects**
  - GI disturbances
  - Hypersensitivity reaction
  - Diarrhea, Pseudomembranous colitis

- **Contraindications**
  - Cephalosporins share slight cross-allergenicity with penicillins, therefore...
  - Avoid in patients w/Hx of life threatening reactions to penicillin (2-4%)
### Macrolides

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Trade Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azithromycin*</td>
<td>Zithromax®</td>
</tr>
<tr>
<td>Clarithromycin*</td>
<td>Biaxin®</td>
</tr>
<tr>
<td>Clindamycin</td>
<td>Cleocin®</td>
</tr>
<tr>
<td>Dirithromycin</td>
<td>Dynabac®,</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>E-mycin®,</td>
</tr>
<tr>
<td>Lincomycin</td>
<td>Benzamycin@,</td>
</tr>
<tr>
<td>Troleandomycin</td>
<td>Lincocin®,</td>
</tr>
<tr>
<td></td>
<td>Tao®</td>
</tr>
</tbody>
</table>

### Azithromycin (Zithromax)

- Drug of choice for Chlamydia
- 1 gram either as a single dose or once weekly x 3 wks
- **Z-PAK**
- New Zithromax Tripak
- Three 500 mg tablets
- For adults

### Macrolides: Dosing

- **Erythromycin (E-Mycin)**... 500mg BID x 1 week (mainly gram +)
- **Azithromycin (Zithromax)**... Two 250 mg tabs on day 1, then one 250 mg tab QD x 4 days
- **Clarithromycin (Biaxin)**... 250 mg or 500 mg BID x 7 days (gram +)

- **Chlamydia** - single dose 1000 mg Azithromycin

**Important Note:**
- Consider an oral fluoroquinolone over macrolides if penicillin allergy because macrolides are bacteriostatic.

### Indications

- Generally effective against gram + (and some gram –) bacteria
- Effective against chlamydia
- Also have anti-inflammatory properties, so good alternative for MGD when tetracyclines are contraindicated.
Macrolides

- Generally safe
- Most common SEs are on GI tract
- Nausea, vomiting, diarrhea
- Some are enteric coated to reduce these effects (EES 400)
- Can cause an elongated QT interval, leading to abnormal heart rhythm.

Macrolide Rx’ing

- Clarithromycin (Biaxin) 500
  - 1 PO BID to TID x 1 week
- Azithromycin (Zithromax, Z-Pak, TriPak)
  - Z-Pak: 500mg day 1 and 250mg day 2-5
  - Children: 10 mg/kg day 1, 5 mg/kg day 2-5
  - TriPak: 500mg X 3 days

Macrolides: Disadvantages

- Use with caution in patients with known liver dysfunction
- Limited activity against Hemophilus
- Increasing resistance and limited spectrum
- Azithromycin and Erythromycin = Category B
- Clarithromycin, dirithromycin, troleandomycin = Category C

Chronic Lid AB Therapy

- When Rx’ing PO antibiotics for several weeks duration, GI toxicity can become a problem
- Yeast infections also become common in female patients
- May need to Rx po Diflucan, probiotics

Systemic Tx. For MRSA

- Bactrim (trimethoprim/ sulfamethoxazole)
  - 1-2 tabs
  - q12h x 1 wk
  - Kills ocular, systemic MRSA
  - Not one of the FL Fourteen

CASE: 61 Y/O WM

- CC: red, burning, sandy feeling, crusty OU
- Oc Hx: LEE 2 yrs, unremarkable
- Med Hx: Rosacea x many years
- BVA: 20/20-1, 20/20-1
- FROM, FTFC OD OS, NO APD
- SLE: see photo
- IOP: 12/12 @ 9:40am
- DFE: unremarkable OU
61 Y/O WM

Rosacea

What is your plan?

Azithromycin 1% sol

- Azasite® (Akorn)
- Macrolide AB
  - Broad-spectrum
  - Anti-inflammation?
- Approved for children >1 y/o
- Approved for bact conj only.

Azithromycin Ophthalmic Sol.

- Dosing
  - 1 drop bid for first two days
  - then 1 drop once daily for next five days.

Is topical Tx. enough for mod/severe rosacea-associated MGD and ant bleph?

Rosacea: Clinical Signs
Lissamine Green Staining

Doxycycline
- Brand names
  - Adoxa, Doryx, Monodox, Orahea, Periostat, Vibramycin, Doxy-100, Vibra-tabs
  - Generic
- Mechanism
  - Inhibits protein synthesis
  - Restores lipid production
  - Effective against gram + and gram -
- Uses
  - Blepharitis
  - Meibomianitis, Hordeola
  - Preseptal Cellulitis
  - Dacryocystitis/adenitis

Rosacea Symptoms and Signs
- Facial flushing
- Bumps (papules) and/or pimples (pustules)
- Phyma=excess tissue (rhinophyma)

Common Case

Doxycycline
- Dosing for bleph/MGD
  - 100 mg qd-bid for 2-6 weeks, then taper slowly
  - Some need 20-50 mg/d indefinitely
- Other Ophthalmic Uses
  - Recurrent corneal erosion
  - Chlamydia/trachoma
  - Lyme disease
  - Bartonella Neuroretinitis
The Tetracyclines
- Generally bacteriostatic, though higher doses may be bactericidal.

Tetracyclines
- When longer-term therapy is needed:
  - Periostat (doxycycline hyclate)
    - 20mg tab
    - Qd or bid
    - Initially developed for periodontitis
    - Now available as generic.
  - Oracea (doxycycline monohydrate)
    - $$$

Oracea
- FDA approved in 4/2006 Oracea (doxycycline, CollaGenex Pharmaceuticals) to treat inflammatory rosacea in adults.
  - 1st drug approved for Papulopustular Rosacea only
  - Contains 30mg of immediate-release medication and 10mg delayed-release medication in capsule
  - Exhibits anti-inflammatory and not antimicrobial properties, so no drug resistance issues

Questions and Comments?
Recurrent Erosion

In one study, patients with RCE received 50mg oral doxycycline BID and topical fluorometholone 0.1% TID for at least 4 wks. After eight weeks of treatment, 71% of the subjects were symptom free. Further, 73% of patients denied any symptoms suggestive of relapse at either 6 or 12 months, respectively.

Chemical Burn

Oral doxycycline (100 mg po bid) may be used in the acute phase of chemical burns involving the cornea. Reduces collagenase activity and sterile ulceration. This activity is independent of its antimicrobial properties. Probably due to chelation of zinc at active site of the enzyme. Inhibits neutrophil (PMN leukocyte) and MMP (matrix metalloproteinase) activity.

Side Effects

Doxycycline

- Side effects (all Tetracyclines)
  - Photosensitivity
  - Pseudotumor cerebri (rare), blood dyscrasias
  - Decreased bone growth, teeth discoloration
- Contraindications (all Tetracyclines)
  - Under age 8
  - Pregnancy Category D
  - Nursing
  - Liver dysfunction
Combination Therapy

Cleeravue-M Kit
50mg minocycline tabs
+ SteriLid
Thera tears
linolen and tea tree oil kill Demodex

Doxycycline

- Children
  - OK over age 8 (12)
  - 1-2 mg/kg Q12-24 h. Duration not to exceed 5 d
- Miscellaneous information
  - Take with or without food
    - With food may reduce absorption by 20%
    - Without food may cause GI irritation

Doxycycline

- Do not take with dairy or calcium
- Take at least 2 hrs before lying down
- Avoid antacids
- Oral contraceptives may not work

Minocycline

- Has extended MIC bioavailability
  - Adults: 50-100 mg BID x 1-6 wks
  - Children over age 8 (12): 50 mg Q12h not to exceed 5 d
- MIC levels measured in lids remain elevated for weeks after medication is d/c
- Chronic therapy (4-8 weeks) can result in extended MIC levels

Minocycline and Neuroprotection

- Minocycline has been clinically implicated in offering potential neuroprotection for:
  - Cerebral ischemia
  - Traumatic brain injury
  - Degenerative brain diseases
- Research being conducted looking at minocycline role in Retinal Ganglion Cell (RGC) death
Questions and Comments?

Dendritic Keratitis

Traditional Topical Treatment

Contemporary Treatment

Topical Gel for HSVK
- Zirgan (Sirion/Alcon)
  - Ganciclovir ophthalmic gel
    - 0.15%
  - Targets replication of viral DNA
    in infected cells
  - Low corneal toxicity
  - Pregnancy category C
  - Approved for ages 2+
  - 1gt 5x/d until dendrite resolves, then 1gt tid x 7d

HSVK: Systemic Treatment
- Acyclovir (Zovirax®)
  - Provides initial, recurrent, and suppressive therapy
    for HSV Keratitis
  - Acute infection - 400 mg
    PO 5x/day x 7-10 d
  - Little evidence supports its use of for primary oral-
    labial HSV or lid HSV
Preventing Recurrent HSV: HEDS

- Acyclovir may be effective in suppressing recurrent genital, oral, or ocular herpes infections.
  - 400mg bid
  - HEDS: 12 months duration

The Herpetic Eye Disease Study II

- In the treatment of HSV epithelial keratitis, there was no benefit from addition of oral Acyclovir to treatment with topical Virtopic in preventing the development of stromal keratitis or iritis.
- Oral Acyclovir, reduced by 41% the probability that any form of herpes of the eye would return in patients who had the infection the previous year.
- Oral Acyclovir (400mg BID for 12 months).

Treatment of HSVK

- Famciclovir (Famvir®)
  - acute infection - 250 mg PO tid X 1 wk
  - suppressive therapy 250 mg PO bid
- Valacyclovir (Valtrex®)
  - acute infection - 500 mg PO tid X 1 wk
  - suppressive therapy 500 mg PO qd
- Famciclovir and Valacyclovir offer better dosing schedule, generic!

Famvir (Famciclovir)

- Has the highest bioavailability among AVs
- Can be used in Herpes Simplex Keratitis (first episode or recurrent)
- Pro-drug of penciclovir (Denavir)
  - Denavir cream available for cold sores
  - 125mg, 250 mg and 500 mg tablets
- Category B – pregnancy classification

Valtrex (Valacyclovir)

- Prodrug of Acyclovir
  - 500 mg and 1000 mg tablets
- Can be used in Herpes Simplex Keratitis (first episode or recurrent)
- Category B – pregnancy classification

HSV Blepharodermatitis
Consider Oral Anti-Virals:
- Herpes Zoster -- All forms
- Herpes Simplex -- Primary lid lesion
- Herpes Simplex -- Keratitis (non-stromal)
- Herpes Simplex -- Keratitis, Stomal
- Herpes Simplex -- Iridocyclitis

H. Zoster

HZO Keratitis (“Pseudodendrite”)

WHAT ARE YOU GOING TO DO?

Go-to med for all Herpetic Eye Dx:

WHAT’S NEW?

- Generic Valtrex, Famvir
  To Treat Shingles (VZV), Give Double the Dose Used for HSV

<table>
<thead>
<tr>
<th>Antiviral Drug</th>
<th>Dosing for H. Zoster</th>
<th>Dosing for HSV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acyclovir</td>
<td>800mg 5x q.d. x 1wk</td>
<td>400mg 5x q.d. x 1wk</td>
</tr>
<tr>
<td>Valacyclovir</td>
<td>1,000mg t.i.d. x 1 wk</td>
<td>500mg t.i.d. x 1 wk</td>
</tr>
<tr>
<td>Famciclovir</td>
<td>500mg t.i.d. x 1 wk</td>
<td>250mg t.i.d. x 1 wk</td>
</tr>
</tbody>
</table>

Source: Review of Optometry 2010 Clinical Guide to Ophthalmic Drugs, Melton and Thomas
Herpetic Eye Disease Treatment

- Valtrex, Famvir are better absorbed and thus more bioavailable than Acyclovir.
- Therefore they require lower amounts and less frequent dosing.
- Better SE profile than Acyclovir.
- Headache is a common side effect of all oral antivirals.

Acyclovir for HZO

- DOSING
  - 800 MG 5X PER DAY FOR 7-10 DAYS
  - MUST be initiated within 48 hours of onset of rash to be effective and prevent post-herpetic neuralgia.

H. Zoster Vaccine

- A live, attenuated virus vaccine that reduces risk of getting HZV in people 50 and older.
- Reduces by 50% the risk of reactivation of varicella zoster virus, the same one that causes chicken pox and remains dormant in the body after recovering.
- Approved in 2006
- Cost = $200
- Covered by Medicare Part D, not Part B
- In 2008, CDC indicated that people w/a Hx of HZV can be vaccinated to reduce risk of recurrence.

ACYCLOVIR

- Side effects
  - Nausea, vomiting, diarrhea
  - Malaise
  - Headache

- Contraindications
  - Renal disease
  - BUN/Creatinine

- Pregnancy / nursing
  - Category B
    - Presumed safe based upon animal studies
    - Caution to those lactating

- Children
  - OK over age 2
  - 20 mg/kg/day over 4 doses in suspension
Pain

- Pain is a feeling triggered in the nervous system.
- It may be sharp or dull.
- Pain may come and go, or it may be constant.
- It may result from various ophthalmic and other causes.

Questions and Comments?

Pain is...

An "unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage."

Source: International Association for the Study of Pain

Nociception (from the Latin word for "hurt"), is the process by which a painful stimulus is relayed from the site of stimulation to the central nervous system.

Analgesics...

work either peripherally (NSAIDS and aspirin) at the end receptors or centrally (opioids and acetaminophen) in the nervous system.

Large corneal abrasion
Recurrent Erosion

Moderate-severe Ocular Pain

Oral Med Quiz
- What is the current mainstay for systemic treatment of scleritis?
  - a. nonsteroidal anti-inflammatory drugs (NSAIDs)
  - b. immunosuppressants
  - c. antibiotics
  - d. corticosteroids

Systemic Steroids: Side Effects
- Weight gain
- PSC
- IOP rise
- Central Serous Chorioretinopathy

Oral Med Quiz
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5 Schedules of Drugs Under DEA

Schedule 1: no approved or acceptable medical use in the United States (Heroin, LSD)

Schedule 2: Written Rx with no refills
(High potential for abuse - oxycodone, methadone, morphine)

Schedule 3 and 4: Verbal or written Rx with up to 5 refills for 6 months
(Lower potential for abuse - codeine, hydrocodone, propoxyphene)

Schedule 5: Rx filled as authorized by practitioner
Limited abuse potential – none in this group used for ocular analgesia
(Robitussin)

Ultram – Tramadol HCL (DEA #)
• CNS agent – reduces the perception of pain
• Equal in effectiveness to Tylenol 3
• Weak opioid receptor binding
• Can be taken w/o regard to meals
• Minimal side effects (constipation, dizziness and nausea)
• Dosage: One 50 mg tablet QID or more frequent
  • not to exceed 400 mg/day

TYLENOL #3 Narcotic Analgesic

- Acetaminophen 300 mg
- Codeine Phosphate 30 mg
- Doses may be repeated up to every 4 hours
- Binds to opiate receptors in the CNS, causing inhibition of ascending pain pathways.
- Alters the perception of and response to pain.

Managing Severe Ocular Pain

- Lortab, Vicodin
- Acetaminophen
  - acetyl para aminophenol 500mg
- + hydrocodone 2.5mg
- Not one of the FL Fourteen
Contraindications for Narcotic Analgesics

- Known hypersensitivities
- COPD
- Liver and kidney problems
- Pregnancy
- History of pain medication abuse

Acute Angle Closure: rapid rise in IOP due to blockage of trabecular meshwork
- True Ocular Emergency!
- Definitive Tx. With LPI

AACG Tx: Oral CAIs

- Give two 250mg tablets of Diamox (acetazolamide) as first step in reducing IOP in angle closure, or any other form of acute IOP increase.
  - Since Diamox 500mg Sequels are time released, don’t use them for acute situations
- The typical dosage of acetazolamide for acute pressure spikes is two 250mg tablets, followed by an additional dose in 3 to 4 hours, if needed.

Oral CAIs

- The typical dosage for methazolamide (Neptazane) is 25mg bid, stepping up to 50mg bid as needed.
- Methazolamide is usually well-tolerated and carries a much reduced risk of renal calculi (kidney stones) compared to acetazolamide.
Oral CAIs

• Ocular side effects:
  – idiosyncratic sulfonamide-related transient angle-closure, myopia and choroidal thickening, but these are rare
• Systemic side effects:
  – gastrointestinal upset, paresthesias, diuresis, metabolic acidosis, malaise, anorexia, metallic taste, tingling of fingers, renal calculi, and potassium depletion, especially with prolonged use.

My Go-to Mild-Mod Pain Meds

• MOTRIN, ADVIL (Ibuprofen)
• ASPIRIN (Acetylsalicylic acid)
• TYLENOL (Acetaminophen)

• Open Angle Glaucoma
• Angle Closure Glaucoma

Oral CAIs

• Potassium depletion is more likely if the patient is also taking a hydrochlorothiazide diuretic, digitals or a corticosteroid. Potassium levels should be monitored in these circumstances.
• More severe reactions, such as renal stones, blood dyscrasias or Stevens-Johnson syndrome, are possible but uncommon.
• Contraindications for Diamox and Neptazane include sulfa allergies or a history of renal stones or renal failure.
• Care should be exercised if a patient is susceptible to metabolic acidosis, is a brittle diabetic, has hepatic insufficiency, or has chronic obstructive pulmonary disease with acidosis.
• Note: simultaneous regular aspirin use can lead to CAI accumulation and toxicity.

Aspirin (acetylsalicylic acid)

• Do not give to children and teenagers = Reye’s syndrome
• May cause GI bleeding
• May induce asthma
• Avoid in patients with nasal polyps – increased incidence of allergy
• Do not give if patient is on Coumadin, Heparin
• Renal insufficiency and Congestive Heart Failure – contact PCP
**IBUPROFEN**

- **Brand names**
  - Advil, Motrin, Midol, Neoprofen, Proprinal, Ultrapin
  - Generic
- **Mechanism**
  - Non-steroidal antiinflammatory
  - Antipyretic, analgesic
  - Inhibits prostaglandin synthesis by decreasing the activity of cyclooxygenase
- **Uses**
  - Scleritis, uveitis, trauma

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**Ibuprofen (Motrin, Advil, Nuprin)**

- **200 mg brown tablets**
- **Use at 400 mg QID**
- **No NSAID to a diabetic patient**
- **Ibuprofen at 400 mg QID = to Tylenol 3 ****

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**IBUPROFEN**

- **Dosing**
  - 400-600 mg qid
- **Other uses**
  - Episcleritis
  - Abrasion/erosion
  - Mild-moderate pain

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**IBUPROFEN**

- **Side effects**
  - Dizziness, rash, heartburn, tinnitus
  - Epigastric pain, nausea
- **Contraindications**
  - Pregnancy (3rd trimester)
  - GI disease
  - Pain associated with coronary artery bypass
  - Bleeding disorders
  - Severe, poorly controlled diabetes
- **Pregnancy / nursing**
  - Category C
    - Benefit must outweigh risk
    - Animal studies show teratogenic effects on fetus
    - Risk to fetus in 3rd trimester
    - Caution to those lactating
- **Children**
  - 4-10 mg / kg every 6-8 hours
IBUPROFEN

• Miscellaneous information
  – Take with food
  – Avoid alcohol due to gastric irritation / bleeding
  – Overuse may cause rebound
  – 400 mg qid is comparable to acetaminophin / codeine
    • Tylenol #3
  – May interfere with aspirin’s anti-platelet effect
    • Take 30-120 minutes after or 8 hours before aspirin

Access and Assistance

• Rebate programs
  • GoodRx.com

• Lower-priced options
  – Polytrim
  – Maxitrol
  – Acyclovir
  – Pred sodium phosphate 1% sol

Remember Your ABCDs

of Med Prescribing:

A = Allergies
B = Body weight
C = Current Medications
D = Diseases

Conclusions

• The ability to prescribe therapeutic agents has enabled optometry to establish itself as a true primary health care profession.
• “With great power comes great responsibility.”
  – Uncle Ben in Spiderman
• Prescribe wisely!

Thank you!

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