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20 Oral Drugs in Optometry -- A Practitioner's Reference

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**Keywords**
Oral Drug, Eye Disease, Optometry, AREDS, Omega-3

**Disciplines**
Optometry

**Comments**
This poster can be printed on 8.5” x 11” use 'scale to fit'.
Any comment and suggestion is welcomed by authors.
Augmentin
Antimicrobial
Class: Anti-bacterial, penicillin
Use: Bacterial infections, incl. herpetic, presurgical cellulitis, dacryocystitis, proctitis
Dosage: 500 mg q8h x 7-10d
CI: Cholestatic jaundice, mononucleosis, G6PD deficiency
Mechanism: Inhibits bacterial cell wall synthesis, clavulanic acid is a beta-lactama inhibitor

Azithromycin
Class: Macrolide
Use: Inclusion conjunctivitis, herpetic ulcer
Dosage: 250 mg xqd x 7-10d or 400 mg x bid x 7-10d
CI: Known hypersensitivity to erythromycin, any macrolide or ketolide antibiotic
Mechanism: Interferes with bacterial replication

Doxicilloxacin
Class: Antibiotic, penicillin
Use: Preaural cellulitis, acute pyogenic cystitis, and urinary herpetic infection
Dosage: 250 mg xq6h x 7-10d or 500 mg x bid x 7-10d
CI: Cephalospo; diarrhea
Notes: Discontinued in a penicillin-resistant patient if a good safety profile. It is very inexpensive, and a 10-day course costing less than $10.

Prednisone
Class: Glucocorticoid
Dosage: 1.25, 2.5, 5, 10, 20, 50 mg tabs
Notes: Use caution in patients with recent alcohol consumption.

Acetazolamide
Class: Anti-glaucoma agent, carbonic anhydrase inhibitor
Use: Acute angle closure, prevention in PUGD
Dosage: (Acute angle closure): 500 mg PO, (chronic glaucoma): 250 mg qd
CI: Systemic acidosis, azotemia, acidosis, cirrhosis, caution in diabetes, glaucoma, and sulfonamide allergy
Mechanism: Inhibits carbonic anhydrase and production of aquaporin.

Guainax-D
Class: Non-narcotic analgesic
Use: Mild/moderate pain not well managed by topical drugs, oral ablation, PKR, FB, trauma, post-surgical procedures
Dosage: 1 tab x bid x 10d
CI: Severe hypertension, coronary artery disease, MAOI use within 14d; caution in patients with hyperbrom (muds will be antago-
ized), diabetes, cardiovascular disease, narrow angle glaucoma, elderly, prostatic hyper-
trophy, and hypertension.
Mechanism: Poorly understood

Allegre
Class: Anti-allergy, 2nd generation antihista-
inine
Use: Seasonal allergic rhinitis
Dosage: 180 mg qd or 65mg bid
SE: HA, dizziness, drowsiness, dryness, rash, itching
Mechanism: Reduces histamine and its effect on nasal membranes.

Zyrtec
Class: Anti-allergy, antihistamine
Use: Seasonal allergic rhinitis
Dosage: 1 tab/cap x q7d
SE: Cephalospo, anaphylaxis, GI upset, respiratory depression, bronchospo, dyspnea
Notes: May be taken with milk

Lynise
Class: Antiviral, antiherpes, antiviral DNA synthesis via viral DNA poly-
Mechanism: Inhibits virus replication
Notes: Use caution in patients with recent alcohol consumption.

Tetracycline
Class: Antibiotic, tetracycline
Use: MR, MGD, herpetic infections, rosacea
Dosage: (MGD): 200 mg x qd x 10d or longer if warranted; if MGD secondary to rosacea, oneINAL dosage is followed by 1-3 mo taper or maintain on 200 mg qd dose indefinitely.
CI: Children <9 y, pregnancy or lactating women, renal insufficiency – consider use of doxycycline in place of tetracycline.

Acyclovir
Class: Anti-viral
Use: Herpes simplex infections, incl. keratitis and post-herpetic neuralgia.
Notes: May also cause herpetic infections.

Mechanism: Increases guanosine analog uptake into viral DNA synthesis via viral DNA poly-
Mechanism: Inhibits viral DNA synthesis via viral DNA poly-
Notes: Most effective when used within 72 h of onset of symptoms. May be substituted with valacyclovir at 1000 mg tid. Shown to help prevent additional episodes in recurrent disease.

References
1. www.drugs.com
2. www.rxlist.com