



Dry Eye Syndromes

- Dry eye disease (DED) is a common disorder where an inadequate tear film results in ocular surface irritation.
- The spectrum of DED varies from a mild, self-limiting, irritation to severe, sightthreatening disease. The quality-of-life impact of moderate DED compares to that of life on haemodialysis or with mild angina.¹
- For information regarding the assessment of a patient presenting with DED symptoms see <u>https://cks.nice.org.uk/topics/dry-eye-disease/</u>.

Summary of Management of DED by Severity

Туре	Extent of Symptoms	Vision Impact	Typical Treatment
Mild	Soreness, irritation, discomfort	Negligible impact on the vision	Temporary treatment 1-2 x day with OTC drops, lid hygiene
Moderate	Increased discomfort	Transient blurring of vision	Long-term use of PF drops 4 or more times per day, lid hygiene
Severe	Marked discomfort or pain	Reduction in vision	Specialist management

Referral to a corneal specialist should be considered if the patient has continuing clinical signs or symptoms, despite using regular topical lubricants, or if there are other features that might suggest a systemic cause, such as *oral dryness* or enlarged salivary glands.

Lid Hygiene

The majority of patients with DED have evaporative dry eye because of **blepharitis** or **meibomian gland dysfunction**.² Therefore it is recommended that all patients with DED undertake a four-to-six-week trial of lid hygiene consisting of daily use of a USB hot compress for 10 minutes followed by lid massage. Occasional use of **lid wipes** or **cleaning solution** (e.g., Optase®, Blephaclean®, Blephasol®) is also advised. For more information see <u>https://cks.nice.org.uk/topics/blepharitis/management/management-of-blepharitis/</u>.

Topical Treatment

<u>There is significant variety in the quality and value of Dry Eye Disease treatments available</u> <u>OTC.</u> More expensive *preservative-free* (PF) treatments may afford better value for a patient as the bottle will last longer with a shelf-life up to 6 months rather than the usual 28 days for a preserved bottle. Patients requiring drops more than 3-4 times per day should use preservative-free treatment as preservatives cause damage to the ocular surface.

- Thinner/less viscous drops (e.g., hypromellose or polyvinyl alcohol) will provide more temporary relief albeit with less blurring.
- Thicker/more viscous drops (e.g., carboxymethyl cellulose, hyaluronic acid) will cause longer term relief, but may cause blurring of vision.

¹ Utility assessment to measure the impact of dry eye disease. Ocul Surf. 2006 Jul;4(3):155-61

² TFOS DEWS II Epidemiology Report Ocul Surf. 2017 Jul;15(3):334-365.

• Ointments (e.g., Hylo Night, Xailin Night) can be recommended for night-time use if the patient complains of symptoms at night-time or on waking. If the patient prefers (or has a lanolin allergy) a gel can be used.

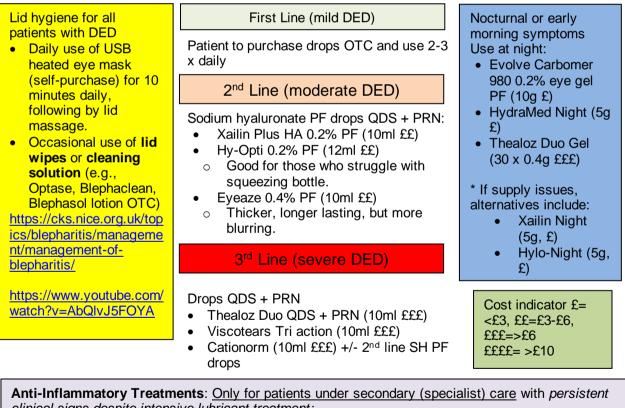
Advice for patients on administering eye drops: <u>www.myeyedrops.info;</u> ointment <u>https://patient.info/news-and-features/how-to-use-eye-ointment</u>

Prescribing advice

NHS England Guidance³ states:

- "Self-care with OTC medication should be encouraged for conditions that are '**selflimiting**' or are a '**minor issue**'." This includes patients with mild DED.
- For patients with mild DED whom the prescriber feels has compromised ability to selfcare because of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected if reliant on self-care we suggest prescribing Eyeaze Carmellose 1% eye drops PF (10ml - £1.81).
- "Patients *should continue to have treatments prescribed* if the condition is 'longterm', more complex, 'not minor', 'complex', POM, not responded to OTC or patients who are not capable of self-care." - this applies to patients with moderate or severe DED.

Prescribing Summary



clinical signs despite intensive lubricant treatment: Softacort (hydrocortisone 0.3% PF, 30 Unit dose, ££££)- specialist initiation only Prednisolone 0.5% Minims (20 unit doses, ££££)- specialist use only Ikervis (ciclosporin 0.1%; 30 unit doses, ££££)- specialist initiation only, see <u>shared care guideline</u>

³ <u>https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/</u>