

PRESCRIBING GUIDELINES FOR DRY EYE

Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire

BACKGROUND

Dry Eye is very common amongst any age of patient. It is a multifactorial disease that can develop due to a problem in any of the three layers of the tear film. The tear film consists of:

- ◆ a thick **mucin layer** which coats the surface of the eye
- ◆ an **aqueous layer** produced by the lacrimal gland
- ◆ a **lipid layer** produced by the meibomian glands which sits on top and stops evaporation

Dry Eye disease can be loosely categorised as:

Aqueous Deficiency

Refers chiefly to a failure of lacrimal tear secretion and can be characterised by an inability to produce tears when crying or sore eyes on waking without recent history of eye surgery. The classic cause of aqueous deficiency is associated with autoimmune disease including rheumatoid arthritis and Sjögren's syndrome. However, it can be associated with non-autoimmune causes including some medications*, postmenopause, corneal anaesthesia, etc.

Evaporative Deficiency

Increased evaporation due to Meibomian gland dysfunction, blepharitis, low blink rate (computer use, driving, reading, watching TV, Parkinson's disease). Often characterised by excessive watering on a windy day.

Often there is no single identifiable cause and it is multifactorial.

ASSESSMENT AND MANAGEMENT

CONSIDER POSSIBLE CAUSES	Drug induced dry eye
	Complete a medication review and stop medications if clinically appropriate. Medications that can exacerbate dry eyes include Antihistamines, TCAs, SSRIs, diuretics, beta-blockers, isotretinoin, possibly, anxiolytics, anti-psychotics, alcohol
ASSESS THE SEVERITY	Environmental Factors
	<p>Patients should always be advised to apply self care measures in the first instance before considering use of eye lubricants.</p> <p>Advise patients:</p> <ul style="list-style-type: none"> ◆ To avoid excessive heating or air conditioning ◆ If they wear contact lens, suggest a contact lens holiday or use lenses for shorter periods of time ◆ Cigarette smoke can cause dry eyes - offer smoking cessation advice ◆ Suggest use of a humidifier to moisten ambient air ◆ If using a computer for long periods, suggest placing the monitor at or below eye level, avoids staring at the screen and take frequent breaks
TREATMENT	Consider the use of the OSDI (Ocular Surface Disease Index) score to assess the severity
	Consider referral to the community optometrist for further assessment and diagnosis
	Consider referral to Secondary Care
TREATMENT	Reassurance and self care
	OTC
	Prescription

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Environmental Factors

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Consider referral to the community optometrist for further assessment and diagnosis

- Consider referral to Secondary Care**
- ◆ Significant pain on waking with recent history of injury
 - ◆ Underlying systemic condition needing specialist management
 - ◆ Waking in the middle of the night with eye pain
 - ◆ Signs of ulcers or corneal damage
 - ◆ Unable to open eye after normal night's sleep
 - ◆ Deterioration of vision
 - ◆ Uncontrolled symptoms after 6 months
 - ◆ Abnormal lid anatomy or function

Reassurance and self care

Most cases of dry, sore eyes resolve themselves. Patients should always be advised to apply **self care** measures in the first instance before considering the use of eye lubricants. This involves elimination of environmental causes and lid hygiene.

OTC

Lubricant eye treatments are readily available to purchase over the counter
*Dry eye treatment should be tried for **4-6 weeks** before assessing benefit*

Prescription

Only once patients have tried self care measures and OTC products that have failed to improve their condition or following assessment, their symptoms are moderate-severe or secondary to a chronic condition

