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TWOP TIPS

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OPTOMETRIC MANAGEMENT OF DRY EYE DISEASE (DED)



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TIPS

Types of DED

Aqueous-deficient dry eye

- Sjogren syndrome: Rheumatoid arthritis, Systemic lupus erythematosus
- Non-Sjogren syndrome: Age-related
- Others: Diabetes mellitus, Post-surgery, Use of systemic medication

Evaporative dry eye

- Meibomian gland dysfunction (MGD)
- Systemic dermatoses: Rosacea, Seborrheic dermatitis
- Ocular surface-related: Allergic diseases
- Others: Contact lens wear

TIPS

Identify the Risk Factors

Non-modifiable Risk Factors:

- Aging
- Gender (Female)
- Asian
- Sjogren syndrome
- MGD
- Rosacea
- Thyroid disease

Modifiable Risk Factors:

- Face mask use
- Computer use
- Contact lens wear
- Low fatty acid intake
- Medication
- Environmental causes
- Smoking

TIPS

Diagnosis of DED is via:

- **Symptomatology**
- **Tear break-up time (TBUT)**
- **Ocular surface staining**
- **Osmolarity**

For the Asymptomatic Patient:

- **If there are no signs of ocular surface disease (OSD) = not DED**
- **If there are signs of OSD + predisposition to dry eye = do preventive management (manage the risk factors)**
- **If there are OSD signs + neurotrophic conditions (dysfunctional sensation) = DED management.**

For the Symptomatic Patient:

- **No OSD signs = Preclinical state = observe / educate / preventive management**
- **No OSD signs but with neuropathic pain = refer for pain management**
- **With OSD signs = differentiate between DED or other OSDs, by interviewing and doing the diagnostic tests. If it's DED, proceed to DED management. If it's a different OSD, manage so.**

TIPS

Alleviating Dry Eye

- Artificial tears (oil or water-based).
- At home: you can do warm compress, lid hygiene, lash hygiene.
- Clinic: manual expression, lid margin debridement.
- Nutrition: omega-3 fatty acids.
- Patient education: blinking exercises, taking breaks, etc

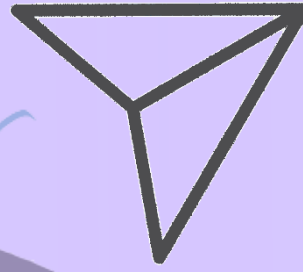




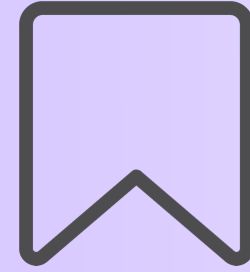
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