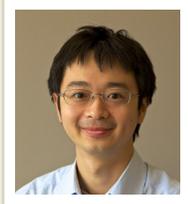


Contact Lens Update

CLINICAL INSIGHTS BASED IN CURRENT RESEARCH

Summary: Management and therapy report

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Jones L, Downie LE, et al.: TFOS DEWS II Management and Therapy Report. Ocul Surf 2017; 15(3): 575-628.

Advances in our understanding of the risk factors, etiology and pathophysiology of dry eye disease have contributed to an evolution in treatment strategies over time. A step-wise approach to dry eye management has been crafted based on extensive reviews of current evidence on dry eye therapies.

Assessing dry eye

Since appropriate diagnosis has a significant bearing on subsequent management, the first step involves assessing symptoms and analyzing dry eye risk factors. Then, diagnostic tests are utilized to subtype dry eye disease into evaporative dry eye (EDE) or aqueous deficient dry eye (ADDE). It is generally recognized that patients with dry eye disease do not fall into these two distinct categories but rather suffer from a combination of both EDE and ADDE; nevertheless, locating the disease along the EDE-ADDE spectrum is an important step in guiding therapy.

Staged management

Dry eye therapies are staged based on severity of the disease. The management algorithm presented in this report does not represent a rigid stepwise approach, but rather should be viewed as an organizational tool to use when initiating treatment of dry eye disease, to select interventions likely to provide most benefit.

First line treatment includes education regarding management and prognosis, modification of local environment and diet, ocular lubricants (consider lipid-containing supplement if meibomian gland disease is present), lid hygiene, hot compresses and elimination of offending systemic and topical medications.

If these options are inadequate consider non-preserved ocular lubricants, demodex treatment, tear conservation through punctal occlusion or moisture chambers, in-office treatment of meibomian glands, and pharmacological agents such as azithromycin and corticosteroids.

If the disease is still not adequately controlled, management may move towards oral secretagogues, autologous serum drops and therapeutic contact lens options.

For the most severe disease, treatment options include topical corticosteroid for long duration, amniotic

membrane grafts, and other surgical approaches.

In summary, dry eye disease is a complex condition that varies, both in severity and in character, from patient to patient, and management should be adapted by eye care practitioners to best suit individual patients.

REFERENCES

Jones L, Downie LE, et al.: TFOS DEWS II Management and Therapy Report. *Ocul Surf* 2017; 15(3): 575-628.