

Clinical DEWS and Don'ts in Dry Eye

1 hour

Jeffrey Michaels, OD, MBA, FAAO
Family Vision Care of Richmond

Walter Whitley, OD, MBA, FAAO
Virginia Eye Consultants

Description

Ocular surface disease is the most common medical condition seen in eye care today. Recently, the Dry Eye WorkShop III (DEWS III) was released to provide an evidence-based review of the literature as well as a deep dive into where we are in dry eye today. In this course, presenters will discuss differing clinical viewpoints on common dry eye questions and concerns.

Learning Objectives

- Review updates from the DEWS III Report
- Gain take home clinical pearls to effectively manage ocular surface diseases
- Learn about future innovations in dry eye disease

Outline

- I. DEWS III Updates
 - a. Definition – A multifactorial, symptomatic condition characterized by a loss of tear film and ocular surface homeostasis, involving tear film instability, hyperosmolarity, ocular surface inflammation and damage, and neurosensory abnormalities.
 - b. Diagnostic screening
 - i. Symptom screening
 - ii. Objective testing
 - iii. Surface staining
 - c. Treatment algorithms
 - i. Algorithm #1 Tear film deficiencies
 - ii. Algorithm #2 Eyelid abnormalities
 - iii. Algorithm #3 Ocular surface abnormalities
 - d. Future treatments

- II. Where to start with dry eye treatments?
 - a. Always treat MGD first
 - i. 86% of dry eye has an evaporative component
 - ii. MGD leads to tear instability which leads to dry eye disease
 - iii. Why rx isn't always the treatment?

1. Prior authorizations
 2. Cost
 3. Efficacy
 4. Diagnostic test
 5. Meibography
 6. NITBUT
 7. Quality of secretions
- iv. Treatments
 1. Heat compress
 2. Numerous MGD procedures
 - a. Intense pulsed light
 - b. Thermal pulsation
 - c. Intraductal probing
 - b. Should we treat symptomatic patients?
 - c. Why Rx is the go to treatment?
 - i. Overlap of mixed mechanism dry eye
 - ii. FDA approved for efficacy and safety
 - iii. Many Rx has good coverage and/or affordable options
 - iv. Not cash pay
- III. Does osmolarity Matter?
- a. Why osmolarity plays a role in dry eye treatment?
 - i. Increased salt concentration of the tears
 - ii. Hyperosmolarity leads to inflammation
 - iii. Levels of Hyperosmolarity
 1. Normal <308
 2. Mild - >308mOsm - 320
 3. Moderate – 320 – 340
 4. Severe - >340
 - b. Why osmolarity has no impact on how I treat dry eye disease?
 - i. Random number generator
 - ii. No clinical utility
 - iii. Cost
- IV. Changing Lifestyle's Makes a Difference
- a. Common factors
 - i. Sleep
 - ii. Cosmetics
 - iii. Screen time
 - iv. Elective procedures
 - v. Environment
 - b. Considerations
 - i. Avoidance of factors that precipitate symptoms
 - ii. Control local environment

- iii. Physical protection
- V. Does Lid Hygiene Matter? How do you get there?
 - a. What is lid hygiene?
 - i. Patients' perspective
 - ii. Provider perspective
 - b. Treatment considerations
 - i. Treatments
 - 1. Lid scrubs
 - 2. Lid sprays
 - 3. Heat mask
 - 4. Pharmaceuticals
 - ii. Compliance
 - iii. Efficacy of current treatments
- VI. Q&A / Discussion