

Eye Drops User Review – Webinar Q&A responses by Andrew Price

Are there any specific reasons why such a high number of respondents reported not being instructed on how to use eye drops?

The over-riding limitation to being instructed properly, most of the time or not at all, is lack of time. The prescribing ophthalmologist is going to be extremely busy and is not able to allocate the significant amount of time this deserves, perhaps also not having an instinctive insight into the physical/dexterity challenges older patients have. The same would apply to the nursing support staff, who may appreciate the patient's physical instillation challenge but are normally extremely busy. In the normal prescribing-dispensing chain, this would leave only the pharmacy staff, where all the above applies, lack of time etc. but also they are probably unaware that many presbyopic patients will have great difficulty seeing the dropper bottle on removing spectacles.

Can Prostaglandin have any side-effects for the eyes for those who purchase this for cosmetic use?

Yes, exactly the same side-effects as using the same drug for controlling the IOP. Namely thicker, longer, darker lashes and pigment changes occasionally to lids and iris.

Can this drug cause eye lashes grow inwards? Causing entropion?

It is not known if prostaglandins can cause a change in the direction of lash growth, but they will certainly be longer and thicker so any ingrowing lashes (trichiasis) have the potential to be more abrasive and irritating. As for the lid itself turning inwards (entropion) this is not documented.

How long should the punta be occluded for?

Close lids gently and occlude puncta for approximately 2 minutes.

If a px is using all of the following: lid wipes, heat mask and eye drops, in what order should they use them?

Heat application to encourage meibum in glands and lid margin debris to soften, lid wipes to clean lid debris and its associated toxins and bacteria from margins, dry eye drops (non-preserved) at least four times per day. Give patient blink exercises (free hand-out available from adpconsultancy@gmail.com)

If a px uses glaucoma eye drops that are going to increase dry eye problems, should we even offer contact lenses?

Most topical glaucoma meds are a risk factor for dry eye disease, especially if persevered. Also be aware CLs should not be worn for at least 15 minutes after eye drop use, longer if it is a gel formulation. Therefore, having advised the patient of this, it is even more important the patient has a dry eye assessment before their CL exam.

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If anything goes wrong, there may be legal implications

Yes, like everything we do in practice we need to work within our education, which is hopefully more comprehensive when it comes to glaucoma eye drops use than it was before my lecture. Things can go wrong, so documentation/good record keeping of instruction and patient education is key along with the mandatory professional indemnity insurance of course.

If it was felt proof of specific CET/CPD education was required to be provided on a particular subject, you can print your CET Completion Certificate directly from your membership profile on the ABDO website. Please note this covers CET provided by ABDO only.

Is there any news on what will happen post Brexit to certain drops being withdrawn?

I don't have any information on that I regret to say.

Where can we source the instillation aids?

An extensive range of instillation/compliance aids were available from the International Glaucoma Association, (now known as Glaucoma UK), however their shop now only features two types <https://glaucoma.uk/product-category/welfare-and-compliance-aids/> they have advised me they hope to stock more. More information on the EziDrop applicator can be found here <https://www.ezidrops.com/>

Is there any specific advice for glaucoma patients with Glaucoma & MGD using an eyebag?

I have not seen any specific advice relating to the use of glaucoma meds on 'eyebag' type products or the other way round. Suffice to say it is probably a good idea to separate the two treatments by at least 30 minutes.

Are the drops preservative free? Or are these available?

Historically most medicated eye drops were preserved with bezalkonium chloride, which is great for killing off possible contaminating organisms that could get into the bottle, however the same action it exhibits on unwanted living things also tends to happen to epithelial cells to a certain extent. Unpreserved formulations are becoming more readily available but these are more expensive for the NHS to pay for so still tend to be thought of as 'first line' where cost comes into prescribing decisions.

Drops that are 'first choice' would be unpreserved, more expensive to the NHS but probably the drops the prescribing glaucoma consultant would prefer his/her mother to use!

Who would be responsible?

As registered professionals we are responsible for anything we do or say and probably even if we decide not to do or say anything when we know we could or should! Sounds like a good topic for a lecture – 'ethical conundrums in 2021!'

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Do the patients get written instructions on when to use their drops?

Yes, it will be written on the medication Rx, on the bottle/bottle pack and probably in the Patient Information Leaflet. Although sometimes it is termed in loose vague phrases such as “once daily, in the evening”, which is better than no instruction at all but could result in some patients using it at 4pm, others at 11pm or the same patient using it sometimes at 4pm and the following day at 11pm. The written instructions can’t be patient specific, we all lead different lifestyles. That is why taking the time to explain how the drops work and what they do makes such a real difference to patient using them safely and effectively.

I wrote an article on ocular drugs used for glaucoma which was published in the July 2018 issue of the DO Journal. I can send it on request. Please email aprice@abdolondon.org.uk