

Dry Eye Disease and the Role of the Dispensing Optician Webinar Q&A responses by Neil Harvey

1. How is osmolarity tested?

The two most widely available tests are Tear lab (Positive Impact) and iPen (Grafton Optical) using single use "lab on a chip" technology which measures the level of dissolved salts in a 40nl sample of tears taken from the lower marginal tear meniscus.

2. How often would you suggest follow up after 1st appointment - we currently do it 4 weeks after starting treatments and then another at 6 weeks if follow up required i.e., some improvement but adding in something else.

It depends on the specific case, but I would agree a 4–8-week frequency at first and depending on success move to 3–6-month reviews.

3. I have purchased an Ocular surface analyser for my practice in order to start a full dry eye clinic. As a dispensing optician can I undertake the examination, or does it have to be an optom or CLO?

Any diagnostic assessment would be a delegated function you could, as a trained operator, conduct the test, the responsibility remains with the Optom/CLO.

4. If a patient describes Dry Eye and hasn't had issues before wearing masks (no change to anything else) would you mention to them that it is possibly their mask giving them dry eye or leave it completely to Optom?

I would discuss the risk factors and any other potential risk as a triage first.

5. In a domiciliary environment it can be very difficult to manage issues with dry eye disease as the nurses/professional are reluctant to use anything that is not prescribed by a GP. From experience GP's only use Hypromellose or Carbomer Gels. is there any advice that could help the management for patients that could be less than compliant? Education and communication.

Px understanding of the issue is at the core of them being more compliant, start here. It's a long-term therapy for an acute disease.

6. In our practice we do not do MECS or CUES at present. How to I refer a patient to a specialist for dry eye disease diagnosis?

That would depend on the local pathway in your area.

7. Is dry eye seen much in children? or is it mainly the older generation?

Becoming more common in line with increased digital device use.

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8. Is there any evidence to prevent dry eye disease? And can it be inherited?

Good assessment of risk factors might allow for changing the modifiable risks. Non modifiable risks include sex, ethnicity but not hereditary factors.

9. People complain that makeup worsens dry eye - is there makeup you would recommend using for people with dry eye?

Excess of any kind might be considered provocative. Good hygiene is most important, water soluble used to be considered a better option but making sure the lids are well cleaned and meibomian glands are not blocked is more relevant.

10. What is the difference between dry eye disease and Meibomian gland dysfunction?

Meibomian gland Dysfunction (MGD) is a condition in its own right and is a causative factor in Dry eye disease (DED) as well as a part of Evaporative DED - see TFOS report on MGD.

11. What type of dry eye is more common with elderly people?

Most likely mixed.

12. When did the 3-layer model [of the tear film] stop?

The modified description was recommended in the DEWII report of 2017.

13. With reduced chair time at current, is this something that isn't being looked in to completely with all patients and what can be done differently?

I can't answer that.

ABDO response: This will be dependent on the practice circumstances

14. With the prevalence of dry eye increasing in practice should we be looking at discussing this disease with pxs before they come to us with signs and symptoms.

I would encourage any level of communication and education that raises the profile and chance of reducing the increase.

15. How great is Sjogren Syndrome a contributing factor to dry eye disease?

Sjogren syndrome is a different form of ocular surface disease (OSD) and under the new definition not the same as DED.

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16. If less than 10% of solns help evaporative DE and 86% of DE are classed as evaporative do Soln suppliers need to make this clear on their product information to practices?
Not for me to say but, as ECPs it is our responsibility to be up to date and find out.
17. If you had one recommendation for patients attending practice with non-symptomatic dry eye i.e., the 3-4 second TBUT what would it be?
If the patient is non-symptomatic, they are not technically defined as having DED as signs and symptoms are part of the definition. Conduct a symptomology questionnaire this is likely to uncover undisclosed symptoms, however, this px may be pre symptomatic and management to prevent may be valid. Education.
18. Isn't breath normally quite moist? so would wearing a mask be such a big problem?
ABDO response: Please see the link for the Centre for Ocular Research and Education where this is explained: <https://core.uwaterloo.ca/news/core-alerts-practitioners-to-mask-associated-dry-eye-made/>
19. Is dry eye disease life long?
The vicious cycle is, if we can break it with management, we can remove the signs and symptoms stop the therapy and the condition will return.
20. Is there a difference between dry eye and dry eye disease?
The term disease has been introduced as it affects function and quality of life. This has raised the profile of the condition outside of optometry.
21. what symptoms would someone get who has a reaction to preservatives in dry eye drops?
It is rare but none – red eyes, discharge, and symptoms which may mimic DED itself. Soreness irritation.
22. Can the modifications cure dry eye?
Can't cure, reduce risk, manage.
23. Without putting a px on the slip lamp, as a DO, how am I supposed to differentiate which type of dry eye someone suffers from?
You might recognise the presence of blocked meibomian glands which would point to evaporative/mixed, but the clinical assessment of the homeostasis markers, which are needed to diagnose, are needed to correctly sub-categorise, the role of the DO is best suited to the risk assessment, symptomology, and assisting in management.

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24. Are some climates better than others for managing dry eyes?

Good humidity and air quality.

25. Can dry eye disease be permanently 'cured'.

No

26. Do you need more than one homeostasis markers or is one enough with supporting symptoms?

Good question, any 1 of the 3 is sufficient to diagnose existence of DED.

27. Could you go into more detail about lid massage - horizontally across lid margin? temporal to nasal?

2 methods are recommended both require gentle massage, rolling down the upper (up the lower) lid. Or across the lid temporal to nasal. personally, I always suggest the former.

28. Does every person who turns up at the practice with dry eye require to be seen? Or is it ok to give Hypermellose and that should help them without taking up chair time?

ABDO response: We would recommend each patient is managed on an individual basis depending on their specific circumstances

29. Has tear break up time reduced over the years?

DE has increased it makes sense that reduced TBUT is part of that.

30. Are there any supplements people could take daily to keep symptoms down?

A number of supplements are listed which may help as part of the management plan, individual cases need individual management.

31. Can you recommend a supplement that would supply the ideal amount of EFA and how long would a px need to take it before they would notice an effect?

NO, each case needs to be assessed and the clinician should exercise their own judgement.

32. Do drops allow eye surfaces and glands to heal and help to resolve dry eye, or are they just symptom relieving?

If the correct treatment is used, then in some cases the drops can aid healing and the return to homeostasis. If the wrong type of drop is used, then it may not help beyond short term relief and px is likely to become non-compliant.

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33. Do dry patches heal away with suitable eye drops and ointment or will permanently stay?

The epithelium repairs quickly if superficial, severe DED can result in scarring.

34. Do steroids affect dry eye.

YES

35. Do you think prevention is better than the cure and should we be recommending (or at least mentioning) dry eye remedies to all patients?

The minimum of a discussion would be my opinion as a standard of care.

36. Do different types of HRT affect dry eye management?

HRT is a consistent modifiable risk factor; different types may vary as it may with different patient.

37. How successful are the night-time use ointments?

Good for more severe aqueous deficient dry eye

38. How to differentiate/ recommend all the drops that are available in relation to the reason for dry eye disease?

Consult the manufactures recommendation and Caroline Christies dry eye supplement in optician (approx. August each year)

39. Is it proven that Omega 3 definitely improves dry eye?

The imbalance of omega 3:6 is provocative, keeping the balance will reduce the risk.

40. Is there a particular drop that is recommended for dry eye treatment? Most optometrists I work with recommend Hycosan or the Optrex eye mist (for elderly due to ease of use).

See answer to Q38.

41. Please highlight available sprays again

See answer to Q38.

42. Should dispensing opticians recommend drops or is this more the optometrists role. If we recommend drops, should we arrange follow up appointment to check effectiveness?

You can recommend the drop based on the diagnosis.

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43. Would you use preservative free drops as standard?

I see no problems with preserved drops in most cases, if the DED is more severe then preservative free is the next consideration.

44. What products would you recommend stocking in practice? Drops can be such a minefield as there's so many. Also do you recommend sprays as well as drops?

I would have a selection to include the more common aqueous deficient dry eye (ADDE) drops alongside lipid supplementing drops for the evaporative dry eye (EDE), personally I do not like the sprays, but that is my choice, I would also have heating eye masks available and wipes, for blepharitis.

45. Which eye drops are more effective for dry eye?

Not a question which can be answered, see Q45.

46. Would you recommend all dry eye px take omega 3 supplements? and how long before they should notice improvements?

No, and results will depend on the patient, it is part of a management therapy when required.

47. How successful is Hypromellose against dry eye disease?

Not at all.

48. What eyedrops would you personally recommend?

I am not able to endorse a specific product.

49. As a dispensing optician is there an easy way to understand which DED the patient has and give advice on the shop floor instead making appointments with OO or CLO?

Work on triage, risks and symptoms, work with optom /clo on signs and diagnosis and be involved in management.

50. As we are now separating dry eye into type based on its origin are there type specific products available?

See answers Q38 & Q44.

51. Have any studies been performed to see if a plant-based diet has made any progress towards control of dry eye?

I Don't know.

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52. What advice should we give to contact lens patients regarding dry eye?

Manage the Dry eye, this may need lens wear to be ceased or reduced or may be managed concurrently depending on the circumstances.

53. Is contact lens wear out of the question when you suffer from dry eye?

No

54. How severe would dry eye syndrome need to be when you would recommend ceasing contact lens wear or not fit contact lenses at all?

Any level of DED is likely to impact quality of CL wear, see above.

55. How long after using Lissamine Green would you allow contact lens wear?

LG dissipates very quickly; 5 minutes should be sufficient but if you are using fluorescein sodium (NaFL) too, leave longer. You can always irrigate if you choose.

56. Is it wise to recommend contact lenses to someone with dry eyes?

Maybe, but DED will need managing either first or concurrently, preferably first.

57. At what stage should Punctal Plugs be introduced in a patient's treatment for DED?

This would be stage 2 for ADDE, if appropriate.

58. Should all people over 55 be fitted with Punctum Plugs?

No

59. How successful are Punctal Plugs?

Very, for those who require them.

60. How does Punctal Plugging work?

Beyond the scope of this lecture but it reduces lacrimal drainage for ADDE sufferers.

61. You said baby shampoo is not recommended as it damages the lipid layer. What is your view on sodium bicarbonate for price conscious patients?

Personally, no. Proprietary products are available which do the job properly and safely why recommend a sub-standard option?

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62. How is Tee Tree Oil used to treat Demodex?

Beyond the scope of this lecture.

ABDO Response: Please see section 3.1.1.2 of the following TFOS DEWS II report:

Jones et. al. TFOS DEWS II Management and Therapy Report. The Ocular Surface. 2017; 580-634.

<https://doi.org/10.1016/j.jtos.2017.05.006>

63. I thought Tea Tree Oil was not recommended for Demodex? please clarify.

ABDO Response: Please see section 3.1.1.2 of the following TFOS DEWS II report:

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64. Is a hot mask always recommended as part of the treatment plan?

For MGD and EDE it is one of the more common recommendations to heat the aberrant Meibum sufficiently also good level of compliance.

65. If a px won't buy a heat mask, is it still worth using a hot flannel.

Not really

66. Is it best to advice the use of a warm compresses first like an eye bag to get the meibomian glands working better before starting on dry eye drops?

The best practice would be to use both in cases of MGD and EDE.

67. Shouldn't use of the eye bag be ongoing rather than a week or 2?

Yes

68. Can dispensing opticians complete the questionnaires with patients?

Yes

69. Are the symptomology questionnaires available for download?

They are available online. References and links will be available in the webinar resources in the Professional Development Toolbox on the ABDO website in approximately one week.

70. Can we get these questionnaires please?

See Q69.

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71. Can we have the information about eye drop ingredients in writing please?

See Q69.

72. Is there a printout of the flowchart available?

See Q69.

73. Where could we find a copy of the ocular surface disease index or DEQ5?

A Google search of Ocular Surface Disease Index and/or DEQ5 will provide a range of sites that feature the questionnaires. Copyright should be investigated. The OSDI is also available as an app for both Android and Apple and can be found in the related app stores.

74. Will we have a list of references sent out later?

See Q69.

75. Please re-advise on the App you are mentioning.

See Q74.

76. What is the app that can be used as the symptomology questionnaire?

See Q74.