

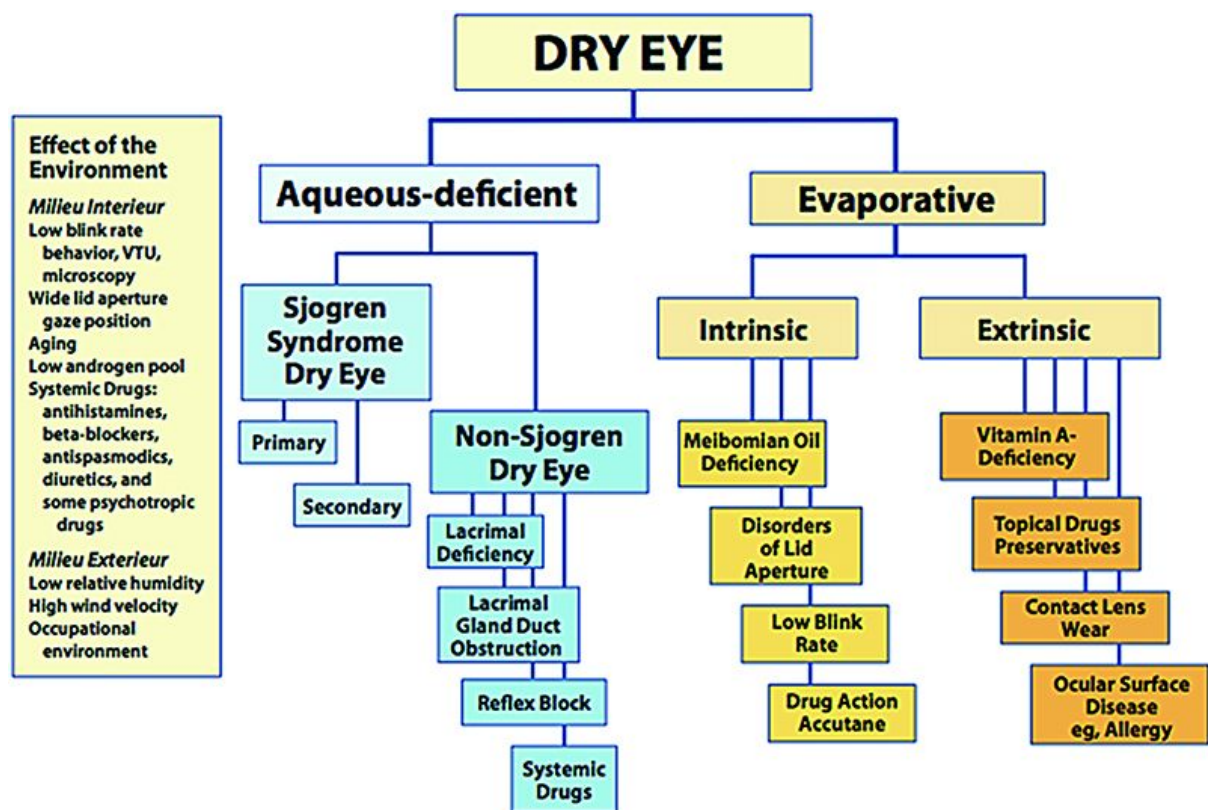
Managing Dry Eye Conditions in Practice C-75156

What is Dry Eye Disease?

“Dry eye is a multifactorial disease of the ocular surface characterised by a loss of homeostasis of the tear film, and accompanied by ocular symptoms, in which tear film instability and hyperosmolarity, ocular surface inflammation and damage, and neurosensory abnormalities play etiological roles.”

DEWS2 Definition 2017

Traditionally Dry Eye Disease was split into two primary categories...



Dry eye classification from the 2007 DEWS Report

But during the DEWS 2 report in 2017 it was concluded that the two primary types can often co-exist and overlap.

Patient 1:

45 year old male office worker,
VDU 9hrs/day,
wears soft monthly contact lenses daily for 12-16 hours since last
>10years,
buys lenses and solution online

Symptoms:

C/o reduction in lens tolerance and wearing time since last 6 months
Eyes watery
Last CL check 3 years ago, has been too busy to come in

Medical history:

High cholesterol, controlled with Simvastatin (10mg, 1 daily)
Refraction:
OD: -3.25DS VA:6/6-2 OS: -3.00DS VA:6/6 NVA: N5

Key Slit lamp findings:

mild MGD grade 2.0 EFRON scale OU
Fluorescein staining 2.2 OD, 1.8 OS EFRON
TBUT OD 7secs, OS: 8seconds

Discussion points:

Cause and potential diagnosis of conditions

Management options

Contact lens suitability

Advice given to patient

Patient 2:

60year old, female, rheumatoid arthritis sufferer, varifocal wearer

Symptoms:

Intermittent blurred vision,
Bilateral burning sensation,
uses lubricating drops during day and gel at night but eyes still very dry

Medication:

Methotrexate, ibuprofen

Refraction:

OD: -1.25 VA:6/6 OS: -0.75DS VA:6/6 Add: +2.25 VA: N5

Key Slit lamp findings:

Fluorescein staining 3.0 OD, 3.0 OS EFRON
TBUT OD 3secs, OS: 4seconds

Discussion points:

Cause and potential diagnosis of conditions

Management options

Contact lens suitability

Advice given to patient

Patient 3:

27year old female, had LASIK 6months ago

Symptoms:

Eyes feel tired, gritty, foreign body sensation and sometimes mildly photophobic

uses lubricating drops during day and gel at night but eyes still very dry

Medication:

Low dose antidepressant

Refraction:

OD: -0.25 VA:6/6 OS: -0.00/-0.25x90DS VA:6/6 NVA: N5

Key Slit lamp findings:

Fluorescein staining

TBUT OD 3secs, OS: 4seconds

Discussion points:

Cause and potential diagnosis of conditions

Management options

Contact lens suitability

Advice given to patient

Reflective Learning Statement:

Name:

GOC No:

Summarise the clinical skills and competencies that were discussed during this session:

List the main things you learned from this session:

Describe how you will apply this learning in your practice:

Has this session identified any areas where further personal learning is needed? If so briefly describe these below:

Signed: Date:

