

Ocular Surface Disease (Dry Eye)

Ocular surface disease or commonly known *dry eye* is a result of a poor or insufficient tear film covering the eyes. The tear film consists of three layers, an inner mucin, middle aqueous and outer lipid layer. A deficiency in any or all of the three may result in an inadequate volume of tears or a poor tear quality and consistency that can prevent the tears from providing protection for the ocular surface.

Dry eye symptoms include redness, burning, scratchiness, tired “heavy” eyes, light sensitivity, blurred vision and a paradoxical excessive tearing can occur as a result of the chronic irritation. Dry eye may result from natural causes including aging, medications, general medical conditions such as auto-immune diseases, environmental factors, and is frequently seen more commonly in women. Contact lens wear may aggravate ocular surface disease and some eye surgeries can temporarily increase dry eye symptoms.

Diagnosis of dry eye is not always clear-cut and includes both clinical examination and related patient history. Techniques used in diagnosis include:

1. Examination of the eyes under the slit lamp microscope by your eye doctor
2. Evaluation of the tears with diagnostic dyes applied to the eye
3. Measurement of tear volume by different methods

Treatment of dry eye includes the following:

1. Artificial tears and lubricants of various viscosity (thickness) and composition such as liquid tears, gels and ointments
2. Blockage of the drainage of tears away from the eyes with temporary or permanent “punctal plugs” or minor surgical procedures
3. Use of over-the-counter oral medications including fish oils or flaxseed oils*
4. Restasis – A prescription medication; that when taken over time, actually makes the eyes produce more tears
5. Prescription anti-inflammatory drops for short-term treatment
6. Prescription of a rod-shaped “capsule” (Lacrisert) containing lubricants that the patient places in the eye daily

There is no “cure” for dry eye and adequate control in many cases requires a combination of the above therapies as well as lifestyle adjustments. With persistence and appropriate treatment(s), most cases of dry eye can be maintained at an acceptable comfort level for the patient.



The following questionnaire can be used as a guide in determining the likelihood of dry eye. For each question, simply check the single most appropriate answer. Then assign the following points for each line based on your response:

- Never 0
- Rarely 1
- Sometimes 2
- Often 3
- All of the time 4

Add the total points to obtain your score (maximum score is 24). A total greater than 7, indicates a high probability of dry eye.

- | 1. Do your eyes ever feel dry? | <u>Points</u> |
|---|----------------------|
| Never ___ Rarely ___ Sometimes ___ Often ___ All of the time ___ | _____ |
| 2. Do you ever feel a gritty or sandy sensation in your eye? | |
| Never ___ Rarely ___ Sometimes ___ Often ___ All of the time ___ | _____ |
| 3. Do your eyes ever have a burning sensation? | |
| Never ___ Rarely ___ Sometimes ___ Often ___ All of the time ___ | _____ |
| 4. Are your eyes ever red? | |
| Never ___ Rarely ___ Sometimes ___ Often ___ All of the time ___ | _____ |
| 5. Do you notice much crusting on your lashes? | |
| Never ___ Rarely ___ Sometimes ___ Often ___ All of the time ___ | _____ |
| 6. Do your eyes ever get stuck shut in the morning? | |
| Never ___ Rarely ___ Sometimes ___ Often ___ All of the time ___ | _____ |
| Total: _____ | |

If you wish to have your eyes clinically evaluated for ocular surface disease, please call the office to schedule an appointment. The procedures are quick and easy to perform. Dilation is not required; however, an anesthetic drop will be instilled in each eye.

**Some evidence that flaxseed oils can increase chance of prostate inflammation.*

*Dr. James Robinson
Dr. Daniel Robinson and staff*