

## Top Tips



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<b>Subject</b>	<b>Dry Eye</b>	
<b>Date / Review</b>	August 2016 / 12 months from release date	
<b>Disclaimer</b>	These are intended only as good practice prompts. Use your clinical judgement	
<b>Top Tip 1</b>	<b>Establish if the patient has Evaporative Dry Eye or Aqueous Deficient Dry Eye</b>	
	Evaporative	Aqueous deficient
	Produce enough tears, but they evaporate away too quickly	Do not produce enough tears so ocular surface becomes dry
	Symptoms occur mainly in wind, when using car heaters or when reading/watching TV for long periods	Symptoms occur all the time, especially worse in the morning and may have mucous/stringy film
	Eyes water	Eyes do not water
	May have signs of blepharitis – inflamed lids, cysts, crusting at lashes	May have symptoms of rheumatoid arthritis, Sjogren's syndrome
<b>Top Tip 2</b>	<b>Explain to the patient the chronic nature of dry eye and why a 2 week course of drops is often unsuccessful</b>	
	<p>Most dry eye is due to a poor quality tear film which does not “stick” to the eye properly. It evaporates away quickly especially in the wind and when we don't blink frequently (eg when reading/looking at screens). In response the lacrimal gland produces lots more poor quality tears which simply “run off” the surface of the eye and overwhelm the tear drainage system.</p> <p>Hypromellose (eg Snotears) drops merely replace poor quality tears with an aqueous solution (which does not stick to the eye) and does not address the underlying causes of dry eye, which is often lack of the oil film.</p>	
<b>Top Tip 3</b>	<b>Treatment of evaporative dry eye needs more than just drops</b>	
	<p>There are 3 main areas to consider:</p> <ol style="list-style-type: none"> <li>1. Environmental – reduce irritants and dry atmospheres: stop smoking, turn off AC in the car, take regular breaks when reading/watching screens</li> <li>2. Improve tear quality – use an EyeBag to warm bathe the lids and increase the oil component of tears, consider omega 3 or 6 supplements, ensure adequate vitamins (especially Vitamin A) in diet. All available Over The Counter</li> <li>3. Stabilise tear film – use drops which rebalance the tear film. They must be used often enough that the patient does not have symptoms – do not wait for the eye to become sore.</li> </ol> <p>Try (in this order):</p> <p>Hypromellose 0.3% (H) → Carmellose 0.5% (Cm) → Carbomer 980 0.2 x 10g (Cb)          → H plus Cb → Cm plus Cb → Sodium Hylauronate 0.1% → REFER TO HES</p>	
<b>Top Tip 4</b>	<b>When should the patient be referred into clinic?</b>	
	<p>Patient in whom aqueous deficiency dry eye is suspected should be referred into clinic.</p> <p>Red flag signs and symptoms such as visual loss, pain or red eye require urgent referral.</p>	
<b>Questions to</b>	Clinical Top Tips: <a href="mailto:Top.Tips@bradford.nhs.uk">Top.Tips@bradford.nhs.uk</a>	
<b>My CPD</b>	Document the key points simply, reflect on what it means for me, so what?	
<b>My QI</b>	Take action, then document a simple Quality Improvement for my next appraisal	

**Eye Drops as at 1<sup>st</sup> August 2016**

Hypromellose 0.3% (H)	£1.02	no branded products available all generic
Carmellose 0.5% (Cm)	£7.49	Carmize, Optive, Optive Plus
Carbomer 980 0.2 x 10g (Cb)	£2.80	GelTears, Viscotears
H plus Cb	£3.82	as above
Cm plus Cb	£10.29	as above
Sodium Hyaluronate 0.1%	£7.49	Optive Fusion (not preservative free) preservative free are also available