CLINICAL GUIDELINE

Dry Eye Management, Primary Care

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Approval Group:	Prescribng Management Group: Primary Care

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

THE MANAGEMENT OF DRY EYES IN PRIMARY CARE AND THE COMMUNITY

Dry eye is used to describe a group of diverse pathogenesis that share common signs and symptoms. These disorders can be referred to as ocular diseases or dry eye syndrome.

- Based on subjective complaints and along with a detailed history and examination, each patient must be treated individually.
- Good eye/lid hygiene should be encouraged at all times.
- Pharmacological interventions in all forms of dry eye include tear supplementation by artificial teardrops, lubricant gels and ointments.
- Over the counter polymer lubricants such as **Clinitas Gel®** or **Lumecare®** (carbomer 980) drops can be effective in the management of some cases of mild dry eye, especially if combined with individualised lifestyle changes.
- If the severity progresses or the symptoms persist then it may be necessary to use a lubricant with viscosity increasing properties such as **Blink Intensive Tears®** (sodium hyaluronate) or **Celluvisc®** (carmellose sodium).
- Most dry eye treatment regimes require multiple administrations of tear supplements throughout the day. Preservative toxicity can be a complication of the treatment of dry eye – If the patient has documented hypersensitivity to the preservative benzalkonium chloride or the current preparation is aggravating symptoms, consideration should be given to the use of **alternative** preparations such as **Blink Intensive Tears®, Clinitas** or **Systane® Balance** for severe dry eyes**.** A consensus opinion (DEWS 2007*) indicates that continued frequent use of preserved preparations may be likely to exacerbate dry eye syndrome.
- In some patients requiring to to use drops >4 times daily, in atopic patients or permanent treatment, it may be appropriate to use a preservative free option. Due to the range of products available with varying prices for comparable products, consideration should be given to cost to ensure cost effective prescribing.
- Most dry eyes can be managed effectively in the community however patients with increasing symptoms and signs, which do not respond to treatment after four to six weeks, should be considered for referral routinely to secondary care.
- Consideration should always be given to those products contained within GGC's Formulary in the first instance (http://www.ggcprescribing.org.uk/) and prescribing should be for the branded products listed rather than generically.

* http://www.theocularsurface.com/userfiles/file/DEWS.pdf

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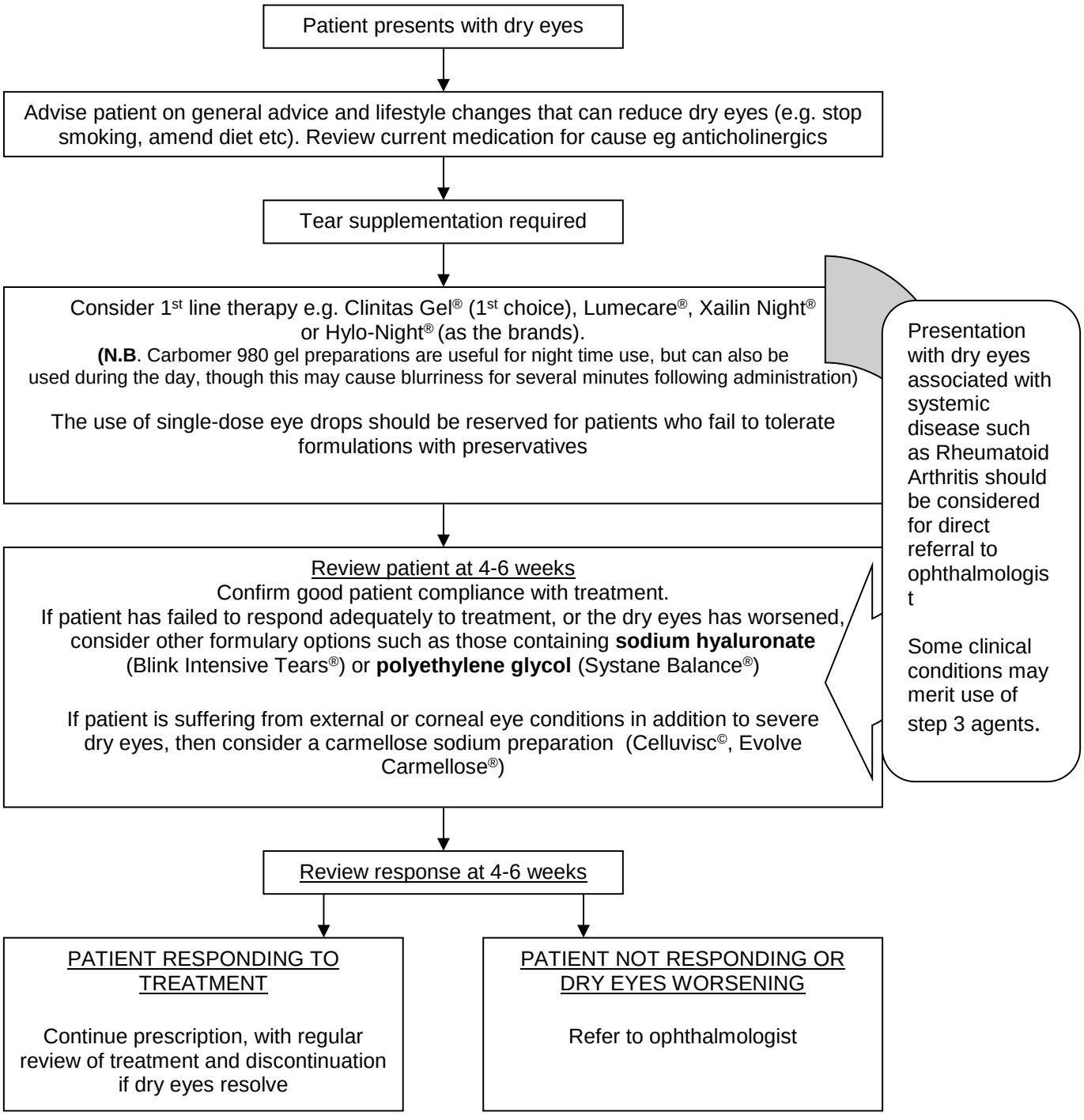

Link to NHSGGC Formulary:
http://ggcprescribing.org.uk/formulary/eye/miscellaneous-ophthalmic-preparations/