

Cornwall Health Community Prescribing Guidelines for Dry Eye Management

Mild to Moderate dry eye (Self care in primary care)

Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments that can be purchased easily over the counter. Prescription for treatment of dry or sore eyes should not routinely be offered in primary care as the condition is appropriate for self-care.

Consider PRESERVATIVE FREE formulations for patients with — True preservative allergy to 1st/2nd/3rd line treatment options. Evidence of epithelial toxicity from preservatives. Patients on 5 or more drops a day to prevent epithelial toxicity. High risk patient e.g. Corneal graft

- Hypromellose 0.3% (most cost effective option for those who need occasional treatment)
- Carmellose 0.5% eye drops e.g. Evolve carmellose® (3 month expiry)
- Carbomer 980 Gel 0.2% e.g. Clinitas carbomer Gel®
- Macroglols e.g. Systane® or Systane Ultra® (6 month expiry)
- Hypromellose 0.3% preservative free e.g. Evolve hypromellose® (3 month expiry)
- Hyaluronic Acid 0.1% preservative free e.g. Hylo-Tear® (6 month expiry)
- Polyvinyl alcohol e.g. Liquifilm Tears® preservative free
- Liquid Paraffin / white soft paraffin containing ointment e.g. Hylo-Night® (6 month expiry)

RESTRICTED

- ❑ Sodium hyaluronate (Clinitas Multi® preservative free) 0.4%
- ❑ Acetylcysteine 5% (Ilube® eye drops) or 10% without preservative bottle (unlicensed special) for patients with filaments
- ❑ Systane Balance® for patients with Meibomian Glandular Disease (MGD)
- ❑ Ciclosporin eye drops (Ikervis®) is **Specialist initiated**

Severe dry eye

(Referral to Secondary Care may be needed)

- ◇ Carmellose 1% (preservative free) e.g. Celluvisc® single dose unit
- ◇ Hyaluronic Acid 0.2% eye drops (preservative free) e.g. HYLO-FORTE® (6 month expiry)
- ◇ White soft paraffin containing ointment e.g. Xailin Night®, for use at night time

NB: The Systane® range, and Hylo® range, have a 6 month expiry date. ADVICE IS NOT to put them on repeat prescription.

Legal Category - Evolve® range, Hylo® range, Systane® range, Xailin Night®, Clinitas® are Medical devices

PLEASE NOTE:

When a patient is referred into secondary care local variations in treatment may occur. This is not an exhaustive list of the ocular lubricants that the local hospital has on formulary.

- ◇ When asked to prescribe a special, please note the Royal College of Ophthalmologists Ophthalmic Special Guidance document at <https://www.rcophth.ac.uk/>
- ◇ The EVOLVE preservative free eye drop preparations above have a 3 month expiry date once opened

Cornwall Health Community Prescribing Guidelines for Dry Eye Management

V8 Apr 2020

Dry eye syndrome (also known as keratoconjunctivitis sicca) is the final common outcome of a number of different conditions which affect the tear film that normally keeps the eye moist and lubricated.

- Tears are a complex mixture of water, salts, lipids, proteins, and mucins. The lacrimal glands produce the aqueous components (water, salts, proteins), the meibomian glands produce the lipids, and conjunctival goblet cells produce the mucins.
- Tears are produced under nervous and hormonal control. A steady basal flow maintains the tear film that protects the eye.
- A reflex increases flow as a response to emotion, irritation of the eye, and other nervous stimuli. Excess tearing frequently occurs in people with dry eye syndrome, for example in windy conditions.
- Tears are distributed across the eye surface by blinking, and are drained by the lacrimal ducts into the nose.
- The external surface of the eye, the tear-secreting glands, meibomian glands, and eyelids function as an integrated unit to secrete and clear tears. Abnormalities in any component of this functional unit can result in an unstable and unrefreshed tear film and the set of symptoms called dry eye syndrome.

What general advice about management of dry eye syndrome should I offer?

- Explain that although the condition cannot be cured, symptoms may be relieved and deterioration stopped by simple tear-replacement treatment.
- **Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments that can be purchased easily over the counter.**
- Referral for treatment with active medication or surgery is seldom required.
- Advise that by taking suitable precautions, the symptoms of dry eyes can be lessened, and in mild cases, this may be sufficient to avoid the need for treatment. These include:
 - Eyelid hygiene to control the blepharitis that most people with dry eye syndrome have — see the CKS topic on blepharitis.
 - Limiting the use of contact lenses, if these cause irritation. Preservative free preparations may be used in soft contact lens wearers
 - Stopping medication that exacerbates dry eyes, such as topical and systemic antihistamines.
 - Using a humidifier to moisten ambient air.
 - If smoking tobacco, stopping smoking may help — see the CKS topic on smoking cessation.
 - If using a computer or watching television / screen for long periods, ensure that the monitor is at or below eye level, avoid staring at the monitor / screen, and take frequent breaks to close/blink eyes.
- If there is an underlying condition (suspected or known) that can cause dry eyes, consider referral for specialist assessment.

Prevalence

- Dry eyes are common. For example, in people 65 years of age and older, reported prevalence rates range from 15–33%.
- The prevalence of dry eye syndrome increases with age.
- Dry eye syndrome is about 50% more common in women than in men.

References:

[Clinical Knowledge Summaries NICE guidance](#)