


# A TISKET, A TASKET, THE DRY EYE BASKET

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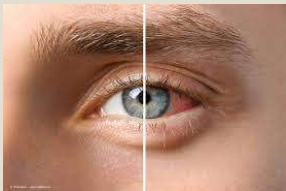
## The Dry Eye Explosion

- Prevalence
- Evolving research
- New generation RF's
- Need for earlier intervention
- Custom cataract/refractive surgery
- Increasing med options and non-drug therapies



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## Underdiagnosed and Underestimated



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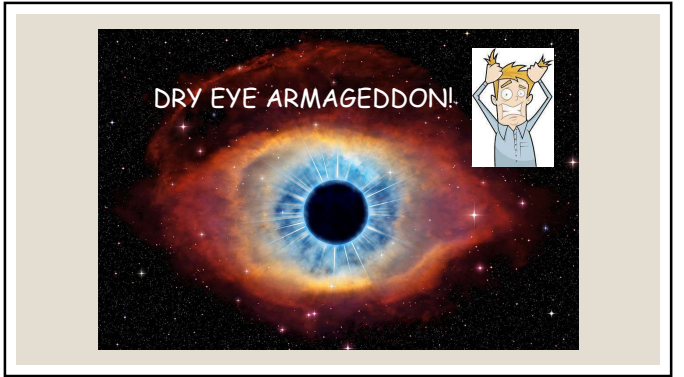
## New Faces of Dry Eye



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### Optometry on the Frontlines

- OD's perform over 85% of comprehensive exams.
- Adult DE sufferers expected to inc>10% over next 10 yrs.
- Increasing in younger population
- A 2015 AAO poster on prevalence of DE showed >70% patients avg 40yo (n=250) had clinical signs or symptoms of OSD<sub>3</sub>
- Trattler Study

1 AOA, An action-oriented analysis of the state of the optometric profession, 2013  
 2 Kwan et al, 2015, AAO, Prevalence of Ocular Surface Disease  
 3 The Gallup Organization, The 2012 Gallup Study of Dry Eye Sufferers, 2012

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### Why Aren't We Treating More Dry Eye?

Sooner

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### Are We Missing the Diagnosis? .....or Ignoring it?

- Lack of understanding of DED
- Failure to treat patients "w/o symptoms"
- Medication costs/pain of PA's
- "Fear" of confrontation
- Misconception of value/severity
- Laziness/apathy



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### Path of Least Resistance



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### Meibomian Gland Dysfunction

LipiView II



Normal      Early Structural Change      Advanced Structural Change

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### HOW TO GET BETTER AT TREATING DRY EYE IN MY OFFICE

...without doing much work  
...or having to think more  
...and without having confrontational conversations with my patients

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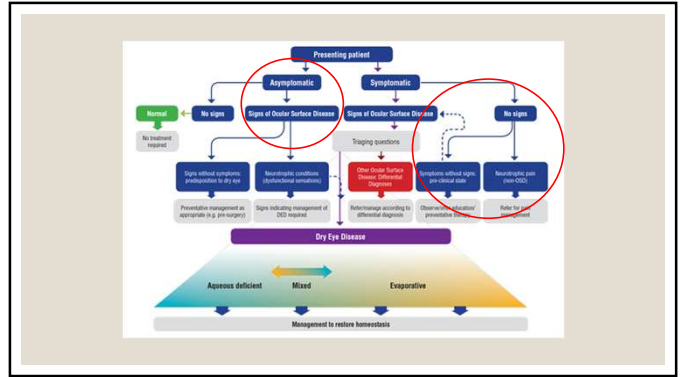
### Symptom Assessment/Objective Signs

Complain                      Looks Like Hell

Please treat me!

I can't get a date!

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### Symptoms Assessment:

### Obj Clinical Findings:

TBUT <10sec

>308mOsm/L or >8mOsm/L between eyes

>9 spots Cornea >5 spots Conj

2mm length 25% width

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### What Is Our Goal?

To identify and educate those who are MOST AT RISK for developing dry eye at an early age/stage through SCREENING and PROFILING

↓

Provide a path to a SEAMLESS and EFFICIENT transition to treatment

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## The Concept of Profiling

- Targeting the patients that are more prone to DE
- Observation skills
- Dry Eye risk factors (Objective and Subjective)
 



Age	Females	Race	Contact Lens wearers	Medications
Systemic disease	Ocular surgery	Digital device use	Ethnicity/skin type	
Allergies	Blink rate	Conjunctival injection	Smoker	

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## The Dry Eye Baskets

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### THE DRY EYE BASKETS

General Population

Going To Have Dry Eye

Treatment Group

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### Going to Have Dry Eye

Percentage of patients that you identify in the general population through screening and profiling

- >3 Risk Factors
- and/or
- Mild or no significant symptoms
- and/or
- Mild or no clinical signs

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## Going to Have Dry Eye

### Key Considerations

- Patient education is the key to compliance and success
  - #1 Patient understands they are at future risk
  - #2 Brief, simple working definition for DE
  - #2 Symptom awareness
  - #4 Seamless conversion to future treatment
- Develop a concise, consistent script
- Avoiding the confrontation



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### Harpers Point Eye Associates

#### DRY EYE TREATMENT PLAN

**Lid Hygiene/Scrubs**

Clean eyelid margins  Morning  At bedtime

**Hot Compresses**

\_\_\_\_\_ Apply warm compress 5-10 minutes

**Tear Supplements**

Instill lubricant drops  1-2 x day  3-4 x day  As needed

**Omega 3 Supplements**

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## THE DRY EYE BASKETS

Symptoms/DE Signs  
Or Mild Signs/Symp



General Population      Going To Have Dry Eye      Treatment Group

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## THE DRY EYE BASKETTY




General Population      Going To Have Dry Eye      Treatment Group

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### THE DRY EYE BASKET

The diagram illustrates the 'Dry Eye Basket' concept. It shows three baskets of decreasing size from left to right. The largest basket on the left is labeled 'General Population' and contains 20 small human icons. The middle basket is labeled 'Going To Have Dry Eye' and contains 10 icons. The smallest basket on the right is labeled 'Treatment Group' and contains 5 icons.

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### Treatment Goals

- Reduce symptoms
- Minimize structural damage
- Prevent loss of visual function

Where do I start?

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### Dry Eye Algorithms

- 1. Symptom Assessment
- 2. Identify Objective Signs
- 3. Identify Predominant Sub-Type
- 4. Determine the Severity of the Disease
- 5. Cater Your Treatment Based on the Previous 4

Short-Term and Long-Term

**Diagnosis**

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**Treatment**

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### Dry Eye Treatments

The image shows a signpost with five arrows pointing in different directions. The arrows are labeled with the words: 'CONFUSED' (blue arrow pointing right), 'BY' (red arrow pointing left), 'TOO' (yellow arrow pointing right), 'MANY' (green arrow pointing left), and 'CHOICES' (purple arrow pointing right).

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THERMAL/HEAT	HYGIENE	TOPICAL/ SUPPLEMENTAL	ORAL
Compresses/Washcloth	Diluted <del>3%</del> Shampoo	Targeted Artificial Tears Blink Exercises Environmental Changes	Omega-3 Supplements (Re-Esterified, Concentrated)
Heat Mask (Bruder)	Detergent-based Products (Ocusoft, Steri-lid)	Topical Antibiotics (Ointments, Gels)	Oral Tetracyclines/Macrolides (Short-Term)
Manual MG Expression (In-Office)	Hypochlorous Acid (Avenova, Hypochlor)	Steroid/Combo	Oral Tetracyclines (Long-Term)
MiBo ThermoFlo	4-Terpineol, Tea Tree Oil (Cliradex)	Cyclosporine(0.05%-0.09%) Lifitegrast Autologous Serum	Oral Secretagogues
Thermal Pulsation (Lipiflow) TearCare iLux Device	Manual Debridement	Punctal Plugs/Cautery Moist Goggles/Scleral Lenses Amniotic Membranes	Neuropathic Pain Mgmt (Gabapentin, Opioid)
Intense Pulse Light Therapy (IPL)	MicroblepharoExfoliation (BlephEx, AB Max)	Nasalacral Stimulation Tarsorrhophy	

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Summary	
<ul style="list-style-type: none"> <li>◦ Real world, Real people, Real problems</li> <li>◦ Practical thinking</li> <li>◦ Apply consistent template to all patients</li> <li>◦ Understand human nature of yourself and your patients</li> <li>◦ Practice building aspects</li> </ul>	

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