Dry Eye Syndrome  
(Management Recommendations)

(Ratings: A: Most important, B: Moderately important, C: Relevant but not critical  
Strength of Evidence: I: Strong, II: Substantial but lacks some of I, III: consensus of expert opinion in absence of evidence for I & II)

Care Management

- Treat any causative factors that are amenable to treatment as patients with dry eye symptoms often have many contributory factors (A:III)
- Sequence and combination of therapies is determined based on the patient’s needs and preferences and the treating ophthalmologist’s medical judgment (A:III)
- For mild dry eye, the following measures are appropriate:
  - Education and environmental modifications (A:III)
  - Elimination of offending topical or systemic medications (A:III)
  - Aqueous enhancement using artificial tear substitutes, gels/ointments (A:III)
  - Eyelid therapy (warm compresses and eyelid hygiene) (A:III)
  - Treatment of contributing ocular factors such as blepharitis or meibomianitis (A:III)
- For moderate dry eye, in addition to above treatments, the following measures are appropriate:
  - Anti-inflammatory agents (topical cyclosporine (A:I) and corticosteroids, (A:II) systemic omega-3 fatty acids supplements (A:II))
  - Punctal plugs (A:III)
  - Spectacle side shields and moisture chambers (A:III)
- For severe dry eye, in addition to above treatments, the following measures are appropriate:
  - Systemic cholinergic agonists (A:I)
  - Systemic anti-inflammatory agents (A:III)
  - Mucolytic agents (A:III)
  - Autologous serum tears (A:III)
  - Contact lenses (A:III)
  - Correction of eyelid abnormalities (A:III)
- Permanent punctal occlusion (A:III)

- Monitor patients prescribed corticosteroids for adverse effects such as increased intraocular pressure, corneal melting, and cataract formation (A:III)

**Patient Education**

- Counsel patients about the chronic nature of dry eye and its natural history. (A:III)
- Provide specific instructions for therapeutic regimens. (A:III)
- Reassess periodically the patient's compliance and understanding of the disease, risks for associated structural changes and realistic expectations for effective management, and reinforce education. (A:III)
- Refer patients with manifestation of a systemic disease to an appropriate medical specialist. (A:III)
- Caution patients with pre-existing dry eye that keratorefractive surgery may worsen their dry eye condition. (A:III)

* Adapted from the American Academy of Ophthalmology Summary Benchmarks, November 2010 (www.aao.org)