



## 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](http://www.aao.org))