

Coping with Dry Eye

Dry eye is a chronic, progressive disease. To help manage and treat your dry eye, it's important to communicate with your eye care professional that you have Sjögren's. You should be checked annually or more often depending on the severity of your dry eye.

Making changes in your environment, habits, and medications can help minimize dry eye symptoms. Here are some suggestions:



Avoid environmental stresses that worsen dry eye, such as low humidity, drafts from air conditioners or fans, smoke, dust, or excessive makeup.



Talk with your healthcare provider about avoiding, when possible, taking drugs that cause dryness as a side effect, such as certain drugs for blood pressure regulation, antidepressants, and antihistamines (e.g. Benadryl®).



Try blinking regularly or taking a short break with your eyes closed when reading or working at a computer. We tend to blink less often during these activities, potentially aggravating dry eye.



Wear special day time or nighttime goggles to reduce dry eye. These items decrease tear evaporation by blocking air drafts and increasing humidity around the eyes. Increased humidity has proven to prevent the evaporation of natural and artificial tears.



Use specially formulated ophthalmic gels or ointments. Although these may blur vision, they can be used overnight to keep eyes moist. Alternatively, use artificial tears before bedtime and in the morning.



Apply warm compresses on the eyes. Compresses can soothe dry, irritated tissues and improve secretion of oil from meibomian glands in the eyelids. Try applying them at least once in the evening, after waking in the morning and periodically during the day if needed.



Keep your eyes lubricated throughout the day, even if you don't have dryness symptoms. Don't wait until your eyes hurt to seek treatment for dry eye because this could lead to damage to the eye.



If you wear or are interested in contact lenses, keep in mind that daily disposable contact lenses tend to be the most comfortable and healthiest option for those with dry eye as opposed to reusable contacts. In some cases, special customized lenses are used to treat advanced dry eye, such as the scleral lens.

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The Sjögren's Foundation

Founded in 1983, the Sjögren's Foundation is the only national non-profit organization leading the fight against Sjögren's on behalf of all patients. Our vision is to create a community where patients, healthcare professionals and researchers come together to conquer the complexities of this disease.

Be your own best advocate by becoming a member of the Foundation to support our vital work and receive these exclusive benefits:

- A New Member Welcome Packet with helpful information about Sjögren's, local support groups, and the Foundation.
- A subscription to our patient newsletter, *Conquering Sjögren's*. Printed six times a year, our newsletter contains the most up-to-date information from leading experts.
- Access to the member-only section of our website, which features archived issues of *Conquering Sjögren's* and the Sjögren's Foundation Product Directory.
- Receive ongoing information about upcoming clinical trial research in your area.
- Discounts on Sjögren's-related books and merchandise from the Foundation's store, as well as registration discounts for our educational conferences.
- Most importantly, your membership helps fund ongoing Foundation programs and provides one more voice as we work to transform the future of Sjögren's.



Visit www.sjogrens.org to take control of your health and sign up as a member today!



Dry Eye

DIAGNOSIS & TREATMENT



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WHAT IS Dry Eye?

Dry eye can lead to ocular surface discomfort, often described as feelings of dryness, burning, a sandy/gritty sensation, tearing, or itchiness. Watery eyes may also be a dry eye symptom. Visual fatigue, sensitivity to light, and blurred vision are also characteristic of dry eye.

More than thirty million Americans have symptoms of dry eye disease, however only 16 million are diagnosed.

There are two main causes: decreased secretion of tears by the lacrimal (tear-producing) glands and loss of tears due to excess evaporation.

Dry Eye and Sjögren's

For Sjögren's patients, inflammation of tear-secreting glands reduces tear production, resulting in chronic dry eye. In addition, changes in the composition of tears contribute to dry eye. In people with dry eye, thin spots in the tear film may appear and the tears no longer adequately protect and support the health of ocular surface tissues.

In a recent survey of Sjögren's patients, dry eye was a symptom for 92% of patients, making it a common issue for Sjögren's patients. In Sjögren's, a patient's white blood cells mistakenly invade tear and saliva producing glands, causing inflammation and reducing secretion. The age of onset for Sjögren's is typically in the 40s, although patients are being diagnosed at a younger age as awareness about Sjögren's increases.

In addition to dry eye, Sjögren's patients can experience dry mouth, profound fatigue, joint and muscle pain as well as other serious complications including major organ involvement, neuropathies, and lymphomas.



Treatments for Dry Eye

Treatment options for dry eye depend on its causes and severity, so it is important to be examined by an eye care professional who is trained to diagnose and treat ocular disease. The doctor may use tests to assess tear production, tear stability, and tear distribution to determine dry eye severity.

The Sjögren's Foundation also developed *Dry Eye and Sjögren's Clinical Practice Guidelines* that give a treating eye care provider a roadmap for how to treat the various levels of severity in Sjögren's dry eye. Some of the options for treatment are described below:

Artificial tears, gels and ointments are available over the counter. They can provide temporary relief from dry eye symptoms. Artificial tears contain water, salts, and polymers but lack the proteins found in natural tears. Those who frequently use drops or ointments should choose a brand without preservatives or one with special non-irritating preservatives. Artificial tears are used to treat mild forms of dry eye or to supplement other treatments. It is important to avoid over-the-counter redness reliever eye drops as they may exacerbate dry eyes and redness with chronic use. Ointments usually are reserved for night use since they tend to blur one's vision.

Punctal occlusion blocks the small openings in the eyelid that normally drain tears away from the eye. Usually this is done by inserting plugs made of silicone or other materials into the openings. This simple in office procedure helps to retain the patient's tears on the ocular surface for a longer time. It can improve symptoms and increase comfort for some patients.

There are also three prescription products available to help treat dry eye that, in concert with a treating eye care provider, a patient can determine what may work for them:

- **Restasis®** (cyclosporine ophthalmic emulsion) 0.05% treats an underlying cause of chronic dry eye by suppressing the inflammation that disrupts tear secretion.
- **Xiidra®** (lifitegrast ophthalmic solution) 5% was approved by the FDA for both the signs and symptoms of dry eye disease.

- **CEQUA™** (cyclosporine ophthalmic solution) 0.09% CEQUA is a calcineurin inhibitor immunosuppressant indicated to increase tear production in patients with dry eye.
- **Corticosteroids** (cortisone), topically applied, are occasionally prescribed to treat acute episodes of inflammation in dry eye. The use of these medications should be limited in frequency and duration to avoid potential complications of elevated intraocular pressure and glaucoma, cataract, and increased risk of infections.



Other Options and Considerations

Blepharitis or Meibomian Eyelid Gland Dysfunction (MGD)

Because excess evaporation of the tear film can occur when there is irritation of the eyelids, conditions known as **blepharitis or meibomian eyelid gland dysfunction (MGD)**, it is often helpful to maintain eyelid hygiene. In addition to traditional management strategies for meibomian gland dysfunction or blepharitis include warm compresses, eyelid massage and eyelid scrubs. There are many promising in-office manual and mechanical treatments that may provide the potential of symptomatic relief for patients with meibomian gland dysfunction. In addition, topical azithromycin may be prescribed for those with MGD.

Additionally, ocular allergies and certain skin disorders, such as rosacea, also can aggravate dry eye and should be treated appropriately.

Scleral Lenses

A scleral lens is a large-diameter contact lens that vaults across the entire corneal surface and rests on the white part of the eye, known as the sclera. Liquid fills the space between your eye and the back surface of the scleral lens. This liquid bandage protects the cornea from the ongoing mechanical shearing effect of the eyelids that occurs when you blink. It also continuously bathes your sensitive corneal tissue. If you have Sjögren's and also require vision correction, the scleral lens is additionally helpful because other contact lens options may be limited by the compromised state of your ocular surface.

Omegas

There is accumulating evidence to suggest that taking essential fatty acid supplements (Omegas) by mouth may improve dry eye symptoms and signs. Although research is not conclusive on this, many believe that Omegas may still be beneficial. Essential fatty acids are also available in food, flaxseed oil, blackcurrant seed oil, fish oil supplements and in some over-the-counter products.

The Sjögren's Foundation encourages patients to visit www.sjogrens.org to print, review and bring our Clinical Practice Guidelines to your healthcare providers. These peer-reviewed and endorsed guidelines will give them a roadmap for potential treatment and management options.



Scan this QR code to view, print or download our Clinical Practice Guidelines.