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DRY EYES

Scratchy, burning eyes, or the feeling of sand paper in them? You may have dry eyes—a relatively common condition, experienced more as we age—especially in post menopausal women.

To begin, we should talk about the composition of the tear film itself. That's a boring discussion, but it helps us understand what's going on.

The front structures of the eye—the cornea and conjunctiva—need constant lubrication. The tear film is designed for that with 3 liquid layers. Closest to the cornea is a mucus layer which allows overlying tear layers to spread out evenly. Over that, the aqueous (salt water) layer is the thickest part of the tear film. And over everything is the lipid (oil) layer which reduces evaporation. If there are deficiencies in any of these three layers, you will lose good tear function.

WHAT CAUSES LOSS OF GOOD TEAR VOLUME?

One, hormonal changes such as those in menopause. Also, certain medications (examples: Certain antidepressants, antipsychotics, Parkinson's meds, antihistamines, anti-acne medications, and some blood pressure meds can do this).

Blepharitis (commonly known as granulated eyelids) can produce inflammation of the eyelid glands and interfere with tear production. If I see blepharitis in examinations I recommend warm compresses applied five minutes per application twice daily. The warm compress should be a sock partly filled with uncooked rice kernels well warmed in a microwave or similar. Some patients can also manage scrubbing their eyelid margins with a Q-tip moistened with water and a few drops of baby shampoo.

Of course, environmental factors can produce dry eye symptoms. If it's windy, hot, or dry out it can produce dry eye problem. Usually artificially heated or cooled air is simultaneously dehumidified so that can produce trouble.

Finally, the way we use our eyes can bring dry eye symptoms. Computer users are at risk, not because of the monitor viewing itself but because of the fact that commonly computer users tend to suspend blinking. This brings transient dry feelings of the sensitive cornea of the eye.

WHAT TO DO

First, an eye exam or office visit to establish the reasons for the dry eye. Sometimes the root cause, such as eyelid trouble, can be corrected. Other factors such as aging, obviously cannot. Beyond that, treatment consists of either increasing the quantity of tears or restricting tear drainage away from the eye. We generally increase tear availability by use of eye drops.

Artificial tears are a familiar treatment. Usually used twice a day, they can provide relief. I usually recommend name brand products such as Systane Ultra or Refresh Optive. These products differ from store brand "artificial tears" in that the higher priced products have the benefit of more modern preservatives. Older preservatives, notably benzalkonium chloride, are relatively harsh on the very tissues they are supposed to protect. Chlorhexidine is another problem preservative.

I do not recommend GenTeal as I believe that it is harsh. Also, I typically do not recommend “gets the red out” types of products. Visine and its generics are examples of this type of eyedrop. They are directed at allergy, not dry eye.

There are several viscosities of artificial tears. Solutions are the least viscous and the shortest acting. The next higher viscosity is the gel-drop.

Above that, the gel, which is the longest lasting of the daytime drops.

You would think, just go for the highest viscosity and take care of business. I know I would! But as you increase viscosity you increase chance of blur. Blurring with gels can last a few minutes. That can be worth it if you have severe dry eye, but if you don't really require it why use it?

The most viscous of all eye treatments is the ointment. This causes so much blur it can only be used at bedtime. If you use an ointment and arise in the night don't be alarmed if your vision is filmy.

In ointment products, I have just two recommendations: One, the generic “Retaine” ointment my office sells, or else Refresh PM, a brand name product. Do not confuse “Refresh PM” with “Refresh Lacrilube”. The latter is an obsolete, harsh product kept in production since the 70's or so. The manufacturer, in an attempt to present to consumers an integrated “Refresh” line somehow decided to stick the “Refresh” label, which is otherwise modern, on the archaic Lacrilube. Just avoid it. You use ointments by putting a ¼” to 1/2” long strip of it in the lower cul-de-sac of your eye and retiring.

OTHER TREATMENTS FOR DRY EYE

Omega 3 oils such as fish oil, flaxseed oil, etc, taken by mouth, can reduce inflammation in the tear production glands and enhance tear production. As long as your primary doctor does not object (omega 3's have an anticoagulant effect) about 2–3 grams per day can, with time, help. One capsule is usually 1000 mg or one gram.

Restasis is a perscription product (cyclosporine) which can reduce inflammation of tear glands and enhance tear production. You must allow as much as 6 months for the benefit to be realized. The long delay in effectiveness and the cost have influenced me to avoid doing much with Restasis. Also I have some reservations about long term use of an RX product if I think that over the counters can work. But it is a valid treatment option.

Punctal plugs reduce tear outflow. The aqueous layers of the tears are produced in the lacrimal glands, which are at the outside corners of the eyes. The tears are drained away at the inner eye corners via the lacrimal puncta, which conduct tears away from the eye and drain them into the nasal cavity. These puncta can be purposely blocked (occluded) by tiny silicone plugs, inserted into the puncta. The plugs are considered permanent although they are removable. Occasionally they fall out on their own and must be replaced. Punctal plugs are inserted in the office with eyedrop anesthesia.

Those interested in punctal plugs first receive a pair of temporary collagen plugs which dissolve away in a few days. This allows a test run of punctal plugs. Thus a person can preview if they would help.

Eye dryness—a common but fortunately treatable condition.