



Dr. Mila Ioussifova Dry Eye Q&A

Dr. Mila Ioussifova, Founder and Owner of South Waterfront Eye Care in Portland, Oregon, is a practicing optometrist and certified nutrition specialist. In this article, she discusses the results of the new State of Dry Eye Harris Poll Survey commissioned by Bausch + Lomb, which explores dry eye understanding and experiences among American adults. She also discusses the challenges of managing dry eye and diagnosing dry eye disease, and treatment options available.

What are some of the most surprising things found in the survey results?

The new State of Dry Eye Harris Poll results were both surprising and reflective of my clinical observation. The survey showed that most dry eye disease sufferers are unaware that the symptoms they experience are related to dry eye. Seven in 10 surveyed (70%) of all survey responders admitted they don't know much about preventing or treating dry eye, and over half of those who are suffering from it (52%) believe it is difficult to treat. Another striking finding was that three in four sufferers (75%) find dry eye extremely or very bothersome, with three in 10 (31%) saying their symptoms have worsened over time. The study defined "sufferers" as those who often or always experience eye dryness and/or have been diagnosed with dry eye disease.

These results confirm what we have long believed: dry eye is under-identified, and those experiencing it are not always receiving treatment. As a result, many individuals are unnecessarily suffering in silence.

Approximately 150 million U.S. adults experience occasional or frequent symptoms of dry eyes, with around 38 million living with dry eye disease. Are there any demographic trends in the survey that stand out to you?

The survey highlights a growing incidence of dry eye among younger adults due to modern-day factors like digital devices, environmental

impacts, stress, and anxiety. Most survey respondents (66%) were unaware that dry eye symptoms are becoming more common in younger people. I'm certainly seeing this trend in my practice, and this emphasizes the importance of screening younger patients for meibomian gland dysfunction (MGD) and ocular surface disease during routine appointments. Educating patients about the symptoms can help to identify the issue and implement treatments early to prevent the progression of the disease.

Many patients view early dry eye symptoms as a condition they must endure, not realizing that symptoms can become more frequent and severe, potentially progressing to dry eye disease. Individuals often mistake their symptoms as a normal part of aging or attribute itchy or gritty eyes to allergies. If untreated, signs of dry eye such as inflammation can progress and cause damage on the ocular surface, including the corneal nerves, leading to more severe dry eye disease. These changes can have serious consequences for ocular health and vision, potentially altering life significantly and negatively impacting quality of life.

While most providers recognize the prevalence of dry eye, we may be underestimating its true extent and seriousness. The good news is that we now have substantial research and innovations to help us address patients' symptoms, treat the underlying causes of dry eye and slow down the progression of the disease.

How can we help patients identify symptoms of dry eye, and how can you determine if there is progression?

Everyone's journey with dry eye is different. In addition to eye dryness, nearly all sufferers of dry eye (98%) also experience other eye symptoms like tiredness (46%), itching (54%) and watering (37%). Other common symptoms of dry eye may include redness, fluctuating vision, a scratchy or gritty feeling, overall eye irritation, pain, foreign body feeling, excessive blinking and light sensitivity.

Some patients arrive at appointments with classic symptoms, while others exhibit far fewer symptoms. Utilizing standardized dry eye questionnaires can help identify patients who may not readily report symptoms. Some patients may believe they need a new or stronger prescription for their glasses or contacts, but an examination might reveal that an unstable tear film is causing their blurry and fluctuating vision. As providers, we should use our expertise to look for these signs with tools like vital dyes and meibography to identify patients who have signs of dry eye without reporting symptoms. This is especially crucial for patients who wear contact lenses.

It's important that we educate patients of all ages about dry eye symptoms during routine appointments, emphasizing the importance of early intervention to reduce the risk of progression. Once the signs and symptoms are identified, determine the cause and severity of the condition and

develop a personalized treatment plan for each patient. Patient- and consumer-friendly information and resources are available at KnowYourDryEye.com

What do you think is the biggest challenge in identifying and addressing dry eye symptoms?

I believe the biggest challenge is that we aren't screening enough for dry eye. Every eye care provider screens their patients for glaucoma, which is far less prevalent than dry eye disease. We routinely check eye pressure to screen for glaucoma; similarly, we need to screen for dry eye using fluorescein dye to stain the ocular surface and assess tear stability or employ other methods. So, screen and screen often – at every routine checkup for younger and older adults.

Another challenge may be determining the best treatment for a patient. My approach is straightforward: stabilize the tear film, reduce inflammation, and protect or help heal the corneal nerves.

If a patient progresses to dry eye disease, it can significantly impact their eye health and vision. What do you believe are the most promising treatment options available for dry eye disease and what lifestyle changes can optometrists suggest to patients to help them?

Unlike previous years, we now have a number of treatment options that can help address the symptoms of dry eye disease. We offer several in-office treatments, such as intense pulsed light (IPL), low-level-light therapy (LLLT), thermal pulsation, cryopreserved amniotic membranes, blood draw and preparation of autologous serum and platelet-rich plasma, as well as prescription medications such as MIEBO® (perfluorohexyloctane ophthalmic solution) and Xiidra® (lifitegrast ophthalmic solution).

Xiidra is a great option for patients who have underlying dry eye inflammation. For helping to stabilize the tear film to improve homeostasis, I use MIEBO, even if I'm treating meibomian gland dysfunction with a thermal treatment or IPL treatment.

For my patients with dry eye disease, we always discuss diet and lifestyle modifications to enhance overall eye health. We encourage patients to adopt a balanced diet rich in vegetables, manage stress through exercise and self-care, and establish a regular sleep routine. These lifestyle changes can help dry eye sufferers care for their bodies, stimulate their meibomian glands, and regulate their parasympathetic nervous systems for better eye and overall health.

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WHAT IS XIIDRA?

Xiidra® (lifitegrast ophthalmic solution) 5% is indicated for the treatment of signs and symptoms of dry eye disease (DED).

IMPORTANT SAFETY INFORMATION

- Xiidra is contraindicated in patients with known hypersensitivity to lifitegrast or to any of the other ingredients.
- In clinical trials, the most common adverse reactions reported in 5-25% of patients were instillation site irritation, dysgeusia and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritus and sinusitis.
- To avoid the potential for eye injury or contamination of the solution, patients should not touch the tip of the single-use container to their eye or to any surface.
- Contact lenses should be removed prior to the administration of Xiidra and may be reinserted 15 minutes following administration.

- Safety and efficacy in pediatric patients below the age of 17 years have not been established.

Patients are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Click [here](#) for full Prescribing Information for XIIDRA.

WHAT IS MIEBO?

MIEBO® (perfluorohexyloctane ophthalmic solution) is indicated for the treatment of the signs and symptoms of dry eye disease.

IMPORTANT SAFETY INFORMATION

- MIEBO should not be administered while wearing contact lenses. Contact lenses should be removed before use and for at least 30 minutes after administration of MIEBO
- Instruct patients to instill one drop of MIEBO into each eye four times daily
- The safety and efficacy in pediatric patients below the age of 18 have not been established
- The most common ocular adverse reaction was blurred vision (1% to 3% of patients reported blurred vision and conjunctival redness)

Patients are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Click [here](#) for full Prescribing Information for MIEBO.

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