Are your eyes feeling dry or scratchy? Do you suffer from irritation, burning, or constant watering? Do you feel like your eyes get blurry or fatigue while reading or working on the computer? You are not alone. It is estimated that over 20 million people suffer from some form of dry eye in the United States. Dry eye is probably the most common problem seen in the eye doctor’s office with up to 38% of patients having this condition at their visit.

Dry eye is caused by a deficiency in the tear film, a layer that coats the outer portion of the eye. This tear film is very important for the lubrication and comfort of the eye, as well as for clarity of vision. There are two main types of dry eye: aqueous deficient and evaporative. Aqueous deficient dry eye occurs when the lacrimal glands fail to produce enough of the watery (aqueous) component of tears to maintain a healthy surface. Evaporative dry eye is caused by blocked oil glands on the eyelid and is the more common form of dry eye. The oil layer is responsible for keeping our tears on the surface of the eye. When there is a lack of oil, our natural tears evaporate from the surface of the eye.

Often times, doctors choose to treat dry eye based upon a detailed history and clinical examination without any formal dry eye testing. In many cases, however, specialized tests are helpful to guide therapy and monitor treatment response. For example, a patient with a positive ImflammaDry® test, an indication of inflammation, may be more likely to respond to medications that have significant anti-inflammatory properties.

Treatment strategies are based on the type and severity of dry eye a patient may have. Many times, aqueous deficient and evaporative dry eye can be found in the same patient so it is important to customize the approach based upon testing and clinical findings.

Over-the-counter artificial tears are the mainstay of treatment for dry eye. They help soothe the eyes and give temporary relief by replacing our natural tears. Other traditional treatments include punctal plugs, which block the normal tear duct drainage system and allow tears to accumulate in the eye; and Restasis®, a prescription medication for dry eye that can help increase your eyes’ natural ability to produce tears. Omega-3 fatty acids are known to have significant anti-inflammatory properties and have also been found to be effective in dry eye management.

Although there is no cure for dry eye, newer treatment modalities offer the potential for long-term control of symptoms.

Intense pulsed light (laser) was originally developed in dermatology to treat acne and rosacea. This technology utilizes powerful bursts of light energy that changes blood vessels and raises skin temperature near the surface of the eyelid. The heat helps soften secretions in the oil glands, which can then be expressed after the procedure. LipiFlow (TearScience®) is another novel technology that applies controlled heat to the eyelids while simultaneously applying pressure to open block oil glands. Both modalities have been developed for patients with evaporative forms of dry eye and can be particularly helpful in cases that have not responded to conventional therapies.

Dr. Lazos is a comprehensive ophthalmologist specializing in medical and surgical treatments of the eye including cataract and LASIK surgery. He is the medical director of the Dry Eye Center at NH Eye Associates (www.nheye.com). His office is located at 1415 Elm St in Manchester and can be reached at 603-669-3925.