Encouraging self-care with respect to managing symptoms of dry eyes

Self-care measures should be encouraged for the treatment of mild to moderate dry eyes. By taking self-care measures, the symptoms of dry eye syndrome can be lessened, and, in mild cases, this may be sufficient to avoid the need for treatment.¹

Most cases of sore tired eyes resolve themselves. Patients should be encouraged to manage both dry and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment.

Symptoms can be treated using lubricant drops, gels and ointments that can easily be purchased over the counter at a pharmacy, healthcare shop or supermarket.

As per guidance 'Conditions for which over the counter items should not routinely be prescribed in primary care' a prescription for treatment of dry or sore eyes should not routinely be offered in primary care as the condition is appropriate for self-care. (General exceptions for self-care can be found on page 11 of this guidance).²

Prescribing of dry eye lubrication is not supported for the comfort and relief of simple dry eye syndrome. This includes for tired eyes, hay fever symptoms, contact lens wearers, or old age-related dry eyes.

Self-care measures

- Maintaining good eyelid hygiene. Eyelids should be cleaned in a stepwise manner twice-daily initially, then once-daily as symptoms improve:
 - Apply a warm compress to closed eyelids for five to ten minutes. The compress should be a clean cloth warmed in hot water (but not so hot as to burn the skin), reheated frequently.
 - Massage closed eyelids in a circular motion across the length of each lid.
 - To clean the eyelid, wet a cloth/cotton wool pad with cleanser (such as baby shampoo diluted 1:10 with warm water) and wipe along the eyelid margins.³
- Limiting contact lens use to shorter periods, especially if this causes irritation.
- Stopping smoking.
- Using a humidifier to moisten ambient air and avoiding prolonged periods in airconditioned environments.
- If using a computer for long periods, placing the monitor at or below eye level, avoiding staring at the screen, and taking frequent breaks.
- Avoiding makeup.

People with mild to moderate levels of dry eye syndrome can usually seek advice on choosing an appropriate product from their community pharmacist, without the need for referral to their GP.

Formulary choice and cost-effective prescribing

- Review patients who receive < 10 issues per year (for 28 day expiry products), as Dorset usually prescribes quantities for 28 days, their symptoms would indicate being less severe if they don't need a repeat prescription every month.
- Patients should not use more than one type of formulation. For example, two types of eye drop. A drop and longer lasting gel or ointment is acceptable.
- Products are usually used 3-4 times a day or as required. Needing to use more often than 4 times a day should prompt a review/change of product.
- Treatment should be tried for 4-6 weeks before assessing benefit or trying a different product.
- If frequency >6 daily use products with 28-day expiry.
- It is only more cost-effective to start with a preparation with a 6-month expiry if patient uses it less than four times a day.
- Review patients who are taking medication which could impact dry eye symptoms. For example, antihistamines, anticholinergics, TCAs, SSRIs, diuretics, beta-blockers.
- Some higher strength products are more cost effective than the lower strengths. For example, sodium hyaluronate 0.4% PF drops are lower cost than 0.1% and 0.2% PF drops.
- If prescribing by brand consider changing to a more cost effective alternative. For example, Hylo-Forte costs £9.50, whereas VIZhyal 0.17% costs £5.70 and Evolve HA 0.2% costs £5.99.⁴
- A single UDV is sufficient for administration into both eyes.

1. Dry eyes - NHS (www.nhs.uk) Dry eye syndrome | Health

otc-guidance-for-ccgs.pdf (england.nhs.uk) Accessed

https://www.nhs.uk/conditions/blepharitis/ Accessed

4. NHS Electronic Drug Tariff (nhsbsa.nhs.uk) Accessed March

Dry Eye Prescribing Guidelines.pdf (dorsetccg.nhs.uk)

syndrome-guidance-pdf/ Accessed March 2021

https://awmsg.nhs.wales/files/guidelines-and-pils/dry-eye-

topics A to Z | CKS | NICE Accessed March 2021

References

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2.

3.

5.

6.

Preservatives⁶

- Eye drops containing preservative are usually well tolerated when using drops 4-6 times daily for patients with mild dry eye.
- However, for moderate to severe symptoms, preservatives can exacerbate ocular surface inflammation. If the patient is using more than one product as their potential exposure is increased. Benzalkonium chloride can cause this problem.
- Preservative free drops are appropriate for patients with a true preservative allergy; evidence of epithelial toxicity from preservatives, severe dry eye syndrome with ocular surface disease and impairment of lacrimal gland secretion, multiple eye preparations, prolonged daily administration frequency > 6 times daily, and contact lens wearers.
- Hypromellose, carbomers, polyvinyl alcohol, sodium chloride, carmellose sodium, hydroxyethylcellulose, and sodium hyaluronate are available without preservatives.⁶

Deprescribe where possible

Useful links

See Dorset formulary dry eye prescribing guidelines <u>here</u>.

This <u>NPA guidance</u> gives information regarding drug, brand, preservative and shelf life after opening of eye drops. Currently this material is open access as a patient safety resource.

Contact us

Medicines Optimisation Team Medicine.question@dorsetccg.nhs.net