

Dry Eye

Dry eye represents one of the most common clinical entities encountered by eye care professionals. Although the prevalence of dry eye is not known, a recent Japanese study found 17% of more than 2,000 consecutive visits for eye care were necessitated by dry eye.¹ In 1990 there were an estimated 33 million eye sufferers in United States and the incidence of dry eye increased to 59 million by 1997.²

Dry eye is a general classification given to a variety of ocular conditions. These include tear film abnormalities, ocular surface disease, lid-related abnormalities, autoimmune disease, and those secondary to environmental or toxic exposures. The literature on dry eye is extensive. It covers diagnosis, drug therapies, and the biophysical effects of tear supplements.

Dry eye may cause redness of the eyes but is different from 'Red Eye' and each requires different treatment.

For most presentations, dry eye is characterised by ocular irritation and blurred vision. It is associated with increased risk of infection, medication toxicity, contact lens intolerance, reduced quality of life and in severe cases, progressive ocular surface disease, scarring and corneal morbidity.

Until recently treatments for dry eye have remained largely palliative,³ however there is some good news with several innovative dry eye advances being made in the last few years.

The most common 'treatment' for dry eye is use of an artificial tear supplement but new developments include autologous serum tears which offer greater benefits for healing epithelial defects.⁴⁻⁶

Menopause, dry eye and HRT

After menopause, women experience more dry eye than men.⁷ A recent study found that 53% of females on HRT and 47% of females not on HRT had at least some symptoms of dry eye and 34% of menopausal women had abnormal tear function.⁸

Another recent study of 25,665 postmenopausal women, concluded that women who use HRT, particularly estrogen alone, have an increased risk of developing dry eye syndrome (9.1% for estrogen alone vs 6.7% estrogen plus progesterone/progestin regimens vs 5.9% for woman who have never used HRT).

The risk of dry eye syndrome appears to increase with the duration of HRT, with each three year increase in the duration of HRT being associated with a significant 15% elevation in risk of clinically diagnosed dry-eye syndrome or severe symptoms.⁹

References:

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