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Dry eye- some review and details for success

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Dry eye disease is a multifactorial disease of the tears and ocular surface that can result in ocular discomfort and visual impairment. Dry eye is generally due to decreased tear production and/or excessive evaporative loss. Most patients present symptoms of chronic eye irritation, such as eye dryness, red eyes and burning. However, there is considerable variability in patient reported symptoms over time. There is no single definitive diagnostic test to identify or classify the severity of dry eye disease. The diagnosis is based primarily on patient symptoms and supportive findings of dry eye from examination. The tear break-up time test, the Schirmer's test, the evaluation of corneal sensation, the tear osmolarity testing and the questionnaires can help us to improve our causative diagnosis from each kind of dry eye. Based on that diagnosis, we can direct our treatment correctly for each cause of dry eye. In general, some strategies are the best choice for initial treatment. We recommend artificial tears for the initial treatment of all patients with dry eye disease. When appropriate, environmental strategies should be undertaken, including discussing the importance of frequent blinking and minimizing exposure to air conditioning or heating. Other treatment options include topical cyclosporin, other topical medications, oral medications, scleral contact lenses, punctual occlusion and surgery. For all of them, specific measures including local hygiene, changing diet with more water and less fatty foods, treating blepharitis or other ocular local conditions, changing oral medications, talking to the patient about the condition and counting with their compliance are fundamentals for success.

Biography

Daniela Roehe has completed her specialization in anterior segment of the cornea in 2008 in Fundação Altino Ventura, Recife, Pernambuco. She did the Glaucoma fellowship in Hospital de Clínicas de Porto Alegre – Porto Alegre, Rio Grande do Sul, Brazil in 2004. She worked with residents during the last years with glaucoma and cataract monitoring and attended nearby 1500 patients per month, big amount of them claiming of dry eye just because of continuous use of anti-glaucomatous drops. Having tried different kinds of approaches for each case and having some success with difficult ones, we felt the necessity to spread the knowledge about dry eye and support the importance and impact that a good result of that treatment will give in a patient life, culminating to the doctor's life and joy and patients confidence and fidelity to the doctor's office.

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