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Closing the Loop: Structured Follow-Up and Patient Communication

Announcer:
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Dr. Devries:
This is CE on ReachMD. I'm Dr. Doug Devries and I'm joined today with Dr. Cecilia Koetting, and we're going to talk about closing the loop on treatment of *Demodex* blepharitis and the importance of communication and talking to our patients and educating them on the treatment that we're going to have.

Cecilia, the whole communication aspect, do you find that really plays a big role in treating *Demodex* blepharitis?

Dr. Koetting:
Yeah, I think there's two parts to that, right? There's the communication with the patient of what is the problem. People are more aware of *Demodex*, but I think it's important so that they understand it's also normal, right? Hey, guess what? I'm seeing an overgrowth of something called *Demodex*. It's part of our natural flora and fauna. Just like we have bacteria, we also have mites. They live in our hair follicles and oil glands. You didn't do anything wrong. They're just there, right? And we're going to get it under control. I created a problem, I normalized the problem, and then I'm going to solve the problem. And that's why I think communication is really key, because patients want to know what are we going to do about this?

The other thing is obviously there's pushback sometimes from people where they come in, they haven't done their homework, started the medication or their cleaning, and then you take it the next step and kind of making sure that they understand what the longer-term ramifications are. As far as some of the studies we've seen with the correlation between meibomian gland atrophy rates and the collarette density. So those are things that we can have a conversation with a patient, but honestly I don't find myself getting that far most of the time.

I think the other thing is making sure that you have patients come back, right, follow up, see them. How are they doing? How are they doing with the treatment? How are they doing with the at-home lid hygiene and maintaining after the lotilaner? And that's also good for us.

Doug, you and I are the early adopters, right? We probably were that first 10 people who probably prescribed this because we were so excited. And that's just us, but everybody else isn't there. And we gain confidence by prescribing and bringing people back so that we

can see the improvement that they have, and can feel confident that the next time I see that same problem I know what to do. I've got the button, I can hit it and I can fix it.

Dr. Devries:
Yeah, absolutely. That confidence plays such an important role. And you gain the confidence by bringing the patient back, explaining it to them. And something I think is very important, Cecilia—and correct me if I'm wrong—but clinicians cannot be afraid to say, you have a *Demodex* mite. You need to use that word, because as soon as you say that, you have the patient's undivided attention. They are absolutely listening to what you have to say. And typically what I will say to a patient is, during the course of my examination I've seen a microscopic mite called *Demodex*, and this mite causes irritation, inflammation, and bacteria, and it's actually some of the reasons that you're as uncomfortable as you are. The good news is we can take care of it very easy with a medication called lotilaner, and it was nothing you did wrong. I think normalizing it, like you said, is so important because you don't want to alienate the patient and they want to sneak out of the exam room. Tell them very, very normal to have that.

But calling it a mite, I think that's important, and that'll take somebody from becoming just a dabbler and treating the grade 4s to really looking and realizing that a grade 1 or a grade 2 is significant, and you can actually help that patient's quality of life by addressing that real early. But I think that, yeah got to call it what it is to get the patient's attention.

Dr. Koetting:
Yep, I think there's maybe one patient where I came back and said I probably wish I hadn't said mite in the last 3 years. But overall, I think that it just, it gives seriousness to a serious problem, right? And people will do whatever they can to get rid of a mite.

Dr. Devries:
And once you've explained that, the patient is going to be likely compliant with the treatment, and again explaining you have to go through the whole life cycle and finish all 6 weeks. I think that's important. But it's so interesting when you see patients back, they come in and they're going to tell the technicians whatever in the workup, but when they get you in front of them they go, 'I want to see if they're gone.'

Dr. Koetting:
I use my cell phone. I take a picture through the optics, because I don't usually have a camera in every room, and then I show the patient. And that's their question is, 'Okay, what does it look like now?'

Dr. Devries:
Yeah, 'Are we doing better? Did we get them?'

Dr. Koetting:
Yeah. Yep.

Dr. Devries:
Good. Well, Cecilia, thank you so much. And I'd like to thank the audience for joining us. I think we've thrown out some different tips that somebody can really use and utilize in clinical practice.

Announcer:
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