

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/eye-on-ocular-health/overcoming-barriers-in-dry-eye-disease-care-current-and-emerging-options/37275/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Overcoming Barriers in Dry Eye Disease Care: Current and Emerging Options

Announcer:

Welcome to *Eye on Ocular Health* on ReachMD. On this episode, we'll explore the limitations of current treatments for dry eye disease and strategies for addressing them with Dr. Houman D. Hemmati. He's an Adjunct Assistant Clinical Professor of Ophthalmology at USC Keck School of Medicine and an attending physician at LA County USC Medical Center. Here's Dr. Hemmati now.

Dr. Hemmati:

So the treatment options that currently exist for dry eye disease have been limited by several factors. First, I would say, is tolerability, and we see lots of products, including some of the cyclosporine products, can cause stinging or burning upon installation. Some can cause a bad taste in the mouth as the tears get drained into the nasopharynx and oropharynx, and then are tasted on the tongue. On top of that, steroids are limited in terms of the duration that they can be used for, which is about four weeks, and the reason behind that is intraocular pressure increase, cataracts, as well as even bacterial or fungal infection risk, so there are many of these limitations. And beyond that, there's the limitation of dosing route, and by that I mean patients very frequently don't really like putting something on their eye and don't like putting something in their nose. Those things all come with different forms of irritation, inconvenience, and difficulty, and so additional routes of administration as well would be welcomed by patients given the fact that they may be simpler to use, more tolerable, more convenient, etc.

So there's a huge opportunity now to really improve how dry eye is treated by addressing some of the limitations that I just talked about, and one of those would be in terms of delivery route. We've talked about intranasal and we've talked about what everyone knows, which are eye drops, but there are other ways of doing it, and one way that a company that I've been advising for some time has approached this problem is by using a very novel route of delivery, which is an eyelid wipe. And what's interesting is that part of the neural feedback loop that's involved in tear production actually involves receptors that are not just on the eyeball but on the eyelid, and specifically, the eyelid margin. And what's very interesting about that is that the presence of these TRPM8 receptors on the eyelid margin gives an opportunity to target the eyelid margin through the skin of the eyelid, not the eye itself, with a pharmacologic agent. And what's interesting is that the easiest way of targeting that area on the eye is to do so with an eyelid wipe: a simple, pre-moistened eyelid wipe that has the active drug in it. And with a single wiping motion from toward the nose toward the temples, sufficient amounts of drug can be delivered to the eyelid margin in order to see a physiologic response.

Announcer:

That was Dr. Houman D. Hemmati talking about the current unmet needs in dry eye disease care. To access this and other episodes in our series, visit *Eye on Ocular Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!