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/medical-industry-feature/dry-eye-disease-assessment-and-treatment-plans/24202/

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Dry Eye Disease Assessment and Treatment Plans

ReachMD Announcer:
You're listening to ReachMD. This medical industry feature, titled "Dry Eye Disease Assessment and Treatment Plans" is sponsored by Bausch + Lomb.

Here's Dr. Christopher Starr.

Dr. Starr:
Hello, my name is Christopher Starr and I'm a Cornea Cataract Refractive and Ocular Surface Disease Specialist at Weill Cornell Medicine in New York City. Let's discuss how we can effectively and efficiently identify and diagnose dry eye patients.

I've heard from colleagues that dry eye evaluations can feel complicated or time consuming. However, clinical assessments of dry eye can be straightforward with the implementation of a protocol.

The preliminary evaluation of dry eye in my office starts with visual tests and refraction, as well as a thorough patient history on medication use, past ocular surgery, therapies for ocular conditions, and noting chief complaints or symptoms. Further assessment of potential dry eye symptoms can be done by administering a questionnaire, such as the OSDI or SPEED questionnaires, or in the case of the preoperative patient, the SPEED 2 preoperative OSD questionnaire. TFOS DEWS II recommends a validated symptom questionnaire be administered at the beginning of the patient interaction.

In my opinion, while these preliminary assessments may be done by a physician, they can also be done by technicians and other members of our office staff. In my practice, consistency in how these assessments are conducted among appropriate staff members is critical because the results of these assessments at the initial visit can serve as the baseline for comparison with follow up visits.

In my practice, clinical assessments include a review of the preliminary assessments, such as patient history and questionnaire responses, an external exam focusing on the lid and blinking, and the slit lamp exam with vital dye staining.

According to TFOS DEWS II, symptoms and at least one positive result of one of three homeostasis markers may constitute a diagnosis of dry eye disease. These homeostasis markers include non-invasive tear breakup time less than 10 seconds, osmolarity, and ocular surface staining. If a patient has symptoms, dry eye disease may be diagnosed when at least one of these test results is positive.

It is recommended to first diagnose patients accurately with respect to recognizing the major cause behind their dry eye disease before crafting a treatment plan.

According to TFOS DEWS II, tear replacement with ocular lubricants is traditionally considered a mainstay of dry eye disease therapy, and there are numerous topical formulations available. In general, over the counter products are often termed artificial tears which attempt to replace and or supplement the natural tear film. The TFOS DEWS II aim of dry eye disease management is to restore ocular surface homeostasis by breaking the vicious disease cycle.

Several dry eye management guidelines recommend prescription treatment first or second-line. For instance, the ASCRS algorithm for the preoperative diagnosis and treatment of ocular surface disorders recommends prescription therapy as part of the first-line approach, and TFOS DEWS II recommends prescription treatment as part of the second-line, or step 2 treatment. According to TFOS DEWS II, the management of dry eye disease remains something of an art, not easily lending itself to a rigid evidence-based algorithm that accommodates all patients with dry eye symptoms and signs.

In my practice at a big academic center on the Upper East Side of New York City, Manhattan, you know, I tend to see a lot of patients

for second, third, fourth opinions, often regarding their ocular symptoms – dry eye symptoms. And a lot of those patients have seen multiple doctors and have been told to use artificial tears as needed for any symptoms, and that's fine. But the reason why those patients are coming to see me is that treatment is not necessarily satisfactory for their dry eye disease. And while I do do point of care objective testing in my practice routinely, and that usually does include osmolarity testing, tear osmolarity, tear MMP-9 testing often, meibiography, as well, and various other ocular surface tests, I usually almost don't even need those tests when a patient presents to me with that scenario. I've seen a bunch of other doctors, I'm taking these tears and putting them in, you know, X number of times a day. I'm having a hard time, you know, doing my work in my office or at home on my computer, whatever it may be, and you know, I need something more. And that, to me, barring the objective test, but in this patient, usually the osmolarity test is high and the MMP-9 is positive. So, knowing that there's dry eye – significant dry eye and ocular surface inflammation, and to me that is the perfect scenario for using Xiidra.

Voiceover:
Indication
Xiidra® (lifitegrast ophthalmic solution) 5% is indicated for the treatment of signs and symptoms of dry eye disease (DED).

Important Safety Information

- Xiidra is contraindicated in patients with known hypersensitivity to lifitegrast or to any of the other ingredients.
- In clinical trials, the most common adverse reactions reported in 5-25% of patients were instillation site irritation, dysgeusia, and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritis, and sinusitis.
- To avoid the potential for eye injury or contamination of the solution, patients should not touch the tip of the single-use container to their eye or to any surface.
- Contact lenses should be removed prior to the administration of Xiidra and may be reinserted 15 minutes following administration.
- Safety and efficacy in pediatric patients below the age of 17 years have not been established.

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Please see Full Prescribing Information at Xiidra-ecp.com

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