

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/patient-case-study-targeting-ded-inflammation/32270/>

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Patient Case Study: Targeting DED Inflammation

ReachMD Announcer:

You're listening to ReachMD. This Medical Industry feature, titled: Targeting DED Inflammation, is sponsored by Bausch + Lomb. Eye care professionals in this video received compensation for their time. Joining us for this program are Dr. Nathan Lighthizer and Dr. Cecilia Koetting.

Dr. Lighthizer:

And in a minute or two, before we get to our questions here, 55-year-old cab driver, Nicholas, and his chief complaints: tearing, redness, and fluctuating vision. So, we've got that fluctuating vision, again, that immediately makes me think unstable corneal surface, as Cecilia said. Evaporative dry eye, MGD. But also, I highlight the redness.

When I have patients complaining of redness with dry eye, or I'm seeing redness is on their ocular surface, I'm immediately thinking inflammation. I think that redness is associated with an inflamed ocular surface. I don't know what it's from yet, but I am thinking inflammation. So, look at that redness and link that to the inflammation. We're diabetic, sleep apnea, cigarette smoker, risk factor, risk factor, risk factor right there.

And we've got some conjunctival injection. We've got some moderate central SPK, some mild conjunctival staining. I might argue that's a little bit more than mild conjunctival staining, but we've got elevated osmolarity and a strong point of care testing saying we've got some inflammation. So, inflammation in the point of care, osmolarity is elevated. We've got some injection, among other symptoms. This patient is telling you, and we are seeing that they need an anti-inflammatory with all of these tests that we are seeing.

So, that's a treatment regimen of Xiidra, probably among other things as well. But when you've got that redness, as we've said, we are looking at an anti-inflammatory. Why? Because we've got dry eye symptoms and signs of inflammation. And again, you're going to see this patient back in 4 to 6 weeks. And again, remember those, kind of, four different pillars, that's how I talk about it. Different ways to think about it, as Cecilia said.

But are we addressing this? Are we addressing inflammation? Are we addressing evaporation in meibomian glands, the biofilm, etcetera, etcetera? If you got inflammation there, we have to address it. And Xiidra is going to do that twice a day.

Voiceover:

Please see the transcript for important notes, references and safety information.

Indication:

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

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 to 25% of patients, were installation 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 pruritus 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.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see full Prescribing Information at Xiidra-ecp.com

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