

### 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/think-about-your-approach-to-dry-eye-disease-treatment/15031/>

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## Think About Your Approach to Dry Eye Disease Treatment

### Disclaimer:

The following eye care physicians were asked to answer a series of questions related to their clinical practice, experience, and opinions regarding the treatment of dry eye disease. They were compensated for their time.

### Question:

What is your typical patient's experience before coming to see you for their Dry Eye Disease?

### Dr. McDonald:

My educated guess is that the average patient that sees me has been self-medicating with over-the-counter preparations for about seven years.

### Dr. Karpecki:

They will go over-the-counter and they will try multiple over-the-counter options and then they'll do a lot of their own research. And then eventually, they'll come into an eye doctor. And in my clinic, that's typically three to five years. I know that sounds like a long time.

### Dr. McDonald:

The number of over-the-counter preparations that they try before seeing me varies, but I would say at least four, and some people have tried 12 or more.

### Dr. Whitley:

Oftentimes, patients have tried several different artificial tears before they even came to me. And so I want to make sure I'm doing something different.

### Question:

What is your approach to treating Dry Eye Disease?

### Dr. Whitley:

And so the one thing I don't want to do is I don't want to prescribe another lubricating drop because artificial tears provide symptomatic relief, but it's temporary.

### Dr. Karpecki:

What I look for in patients who are on an artificial tear and I'm considering an Rx dry eye product, comes down to really three things. Number one, are they still experiencing symptoms while they're on the artificial tear? The second is, are there signs that are present as I look at the eye and try to evaluate what's going on with that patient? And then the third thing, really has to do with the chronicity of it. Meaning is it impacting their effects, right? Is it getting slightly worse over time?

### Dr. Donnenfeld:

Usually if a patient has tried a tear and hasn't responded, tears aren't sufficient to treat the disease. To me, that's a clear indication when a teardrop has failed therapy that the patient needs to go on to more advanced therapy.

### Dr. Whitley:

If a patient is coming to me and using artificial tears more than twice a day, then those are patients I'd know already need dry eye prescription therapy.

### Dr. McDonald:

I have a very low threshold before putting them on Rx therapy. Dry eye disease is like every other disease. The earlier you diagnose and treat it, the better the outcomes. So if you get someone early in their trajectory, then you can make a very immediate difference, very quickly.

**Dr. Donnenfeld:**

One of the most important concepts that I have really learned over the last 25 years of managing dry eye is that the earlier you treat dry eye with anti-inflammatory therapy, the better they respond.

**Announcer:**

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 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.

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