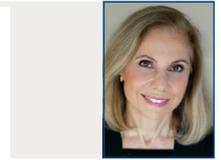


By Cynthia Matossian, MD



Cynthia Matossian, MD, FACS, is the founder of Matossian Eye Associates. Her e-mail is cmatossian@matossianeye.com

Dry eye: Stay ahead of this curveball

Minor league? No: This syndrome is an important trend in patient care and practice revenue.

It seems most of our patients have symptoms of dry eye disease. Because of this, our technicians test each of our patients for dry eye syndrome based on various questionnaires our patients complete during the screening process. Some tests are performed before any drops are instilled into the eye.

The reasons for testing vary. We always test patients pre-cataract surgery; I strongly believe the ocular surface must be optimized before any pre-operative measurements are performed for more reliable keratometry and topography data.

And, like other ophthalmology practices, we see younger, symptomatic patients, possibly because of their frequent use of smartphone and tablet-based technologies.

To those ophthalmologists who think of dry eye syndrome as a minor league event: Consider that you are not fully serving your patients. And, you are missing out on an important revenue stream — which includes reimbursement.

THE ORAL EXAM

Our technicians begin the screening process with questions taken from the OSDI and SPEED questionnaires; we have incorporated these into our EMR system.

Besides the normal questions — do your eyes tear a lot? Are they light sensitive? Do they itch, burn, sting? Our techs are trained to recognize that conditions, including allergies, diabetes, thyroid problems and rheumatoid arthritis, could impact ocular surface disease.

And yes, they profile patients! If the patient is older, the tech might ask about hours spent in front of the computer or TV. If the patient is younger, the tech asks about the hours spent playing video games.

THE PREP SET-UP

With a yes response to enough questions, the tech begins with tests such as tear osmolarity or InflammDry (RPS). These must precede any drop instillation.

The physicians use lissamine green and fluorescein stain-

ing to assess the ocular surface, measure tear break-up time and examine the meibomian glands. Is the issue one of meibomian gland dysfunction, or is something else causing blepharitis?

TREATMENT

The list of medications and treatments for dry eye continues growing. Again, depending upon its cause and severity, we use a stepwise approach. Oral omega 3 supplements, micro-waveable hot masks, eyelash scrubs or lid cleansers, cyclosporine solution or intense pulsed light to improve meibomian gland dysfunction, are prescribed and treatment is started immediately.

We see the patient at appropriate intervals to assess progress, to offer encouragement and evaluate the prescribed regimen's effectiveness until the ocular surface is stabilized.

Why not diagnose and treat those with dry eye whose lives are adversely affected? Inconsistent patient education and delayed physician response are both troubling and puzzling. **om**