

# Prescribing guidelines for Dry eye management and Ocular Lubricants in Primary care (Oct2021)

**Symptoms and signs** : Irritation, itching , soreness, ocular discomfort, burning, intermittent blurred vision which improves with blinking, worsens through the day , may get “tired” eye when watching TV or reading, watering of eye especially when exposed to wind and sensitivity to light (not photophobia). Classified as mild, moderate and severe with symptoms becoming more constant.

**Red Flags:** Refer for same day specialist assessment if acute glaucoma, keratitis, or iritis suspected – moderate to severe eye pain, photophobia, marked redness in one eye only and visual acuity.

**Refer to secondary care:**

- If known to have systemic underlying condition Sjogren’s, connective tissue disorder, thyroid disorders
- Has persistent symptoms that do not respond (3 different drops each for 4-6 weeks)
- Abnormal lid anatomy or function e.g. trichiasis, lid malposition or poor blink
- Have a low threshold for referral of young people with dry eye symptoms
- Refer children with blepharokeratitis

**Rule out:** Bacterial conjunctivitis, seasonal or allergic conjunctivitis. Some medications may exacerbate dry eyes e.g. antihistamines, beta blockers, antispasmodics, anti-depressants and antipsychotics. Antimuscarinics can cause blurred vision.

**Prevention & Patient Education:** Important for successful management. Explain chronic nature of dry eye and set realistic expectations for therapeutic goals.

**Preventative options** may be sufficient to avoid the need for treatment. e.g. limiting use of contact lenses to shorter periods, avoiding smoking, avoid using computer for long periods, place monitor at or below eye level, take frequent breaks, maintaining effective lid hygiene, using humidifier.

**For dry eye caused by blepharitis,** [effective lid hygiene](#) is the main treatment. Tear replacement products are used if lifestyle changes do not relieve symptoms. Treatment is frequently unsuccessful when used as a sole treatment if additional causative factors are not concomitantly addressed.

**Patient information leaflets can be found at** [Nottingham APC Self care Dry eye Guidance](#), [NHS A-Z Dry eye syndrome](#) and [Royal College of Ophthalmologists: Understanding dry eye](#).

**Self Care: If preventative measures alone for mild/moderate cases are not sufficient then patients should be advised to purchase a suitable product over the counter.**

Mild to moderate cases can usually be treated with lubricant eye treatments that can easily be purchased over the counter. No routine exemptions are included in the [NHSE guidance](#). Please note that an exemption from prescription charges does not exclude a patient from the NHSE guidance.

**If prescription is required, please prescribe as per APC Guidance – [Click here for flow chart](#)**

## References:

- Clinical Knowledge Summaries : Dry eye syndrome (NICE 2017) [Dry eye syndrome | Health topics A to Z | CKS | NICE](#) (Accessed Aug 2021)
- Conditions for which OTC items should not be routinely prescribed : Guidance for CCG : NHS England [otc-guidance-for-ccgs.pdf \(england.nhs.uk\)](#) (Accessed Aug 2021)