

DRY EYE AND CONTACT LENSES

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TFOS published approximately 2 years ago the DEWS II report, which is a major revision of the first version. One of the principal highlights of the workshop is the new definition, where the key words are homeostasis, osmolarity, inflammation. The signs and symptoms of dry eye did not change over the years, however our structured approach allows better and more structured diagnosis. Special attention should be given to the history, as most of the patients have severe complains, even without clinical signs on standard examination. There are number of questionnaires, but looks like that OSDI is still the most widely used one. There are some new highlights on the comfort – visual, perceptual and cosmetic, and related specific questions to reveal the problems. Meibomian glands and their anatomical and functional characteristics are very hot topic with special attention payed to Demodex. When the diagnosis is clear a proper management is required. A range of measures are presented in diagrams and tailor made treatment approach is advised in order to manage every specific case.

The purpose of presentation is to highlight the key points to guide the busy contact lens practitioner in the everyday clinical practice. The highlights are as follows:

History: precise the character and presentation of the symptoms of CL wearers.

Clinical examination: Meibomian glands/lid margins, anterior ocular surface with TBUT (Schirmer's if needed), additional methods if required and available.

Therapeutic decision: tailor made approach with good combination of drops and/or contact lenses, for each individual patient.

Hopefully the clinical interpretation of DEWSII will facilitate a new prospective and provide several take home messages how to diagnose, manage and follow up patients with dry eye of any kind.