Management of Dry Eye

Initial Management and Self-Care Advice

This guidance only applies to patients who need **regular, frequent** eye lubrication. Patients with **mild to moderate dry eye** (e.g. intermittent irritation, soreness, burning, or mild gritty sensation with little or no visual impact), and no complicating pre-existing condition, can be **managed without prescription** via OTC routes such as purchased via **self-care**, Wales General Ophthalmic Service **(WGOS)** or the Common Ailments Service **(CAS)**.

WGOS

First-line service for symptomatic or undiagnosed eye conditions. Provides free eye examinations for acute problems - see QR code.

Optometrists can issue signed orders:

- For acute treatments to be dispensed by pharmacies
- To indicate when **ongoing GP prescribing** is needed for **long-term, regular, and frequent** use in chronic conditions e.g.:
  - Severe ocular surface disease unresponsive to OTC treatment
  - Autoimmune conditions
  - Corneal damage
  - Dry eye secondary to essential prescription-only medication
  - Structural abnormalities of eyelids or cornea

CAS

- Mild, short-term irritation linked to transient factors e.g. hay fever
- Access free, simple ocular lubricants without seeing a GP
- WGOS referral recommended but if unable to access WGOS promptly, supply via CAS is appropriate until WGOS appointment
- Acute, short-term basis only (usually 2 issues)

WGOS / CAS Referral Guidance

Symptom(s)	Route	Clinical Reasoning
Dry eye with pain, photophobia, visual disturbance or unilateral symptoms	WGOS (Urgent)	Red flag symptoms requiring urgent optometric assessment
First presentation of dry, gritty eyes	WGOS	Diagnosis and tear film assessment
Dry eye in contact lens wearers	WGOS	Exclude corneal complications
No improvement with standard dry eye treatments	WGOS	Assess treatment resistance or alternative diagnosis
Dry eye needing a short-term supply	CAS (Acute)	Acute, formulary-based management

If Choosing to Prescribe

- Consider whether **prescribed or OTC medicines** may be contributing to dry eye symptoms
- Recommend **non-pharmacological measures**:
  - Lifestyle advice e.g. smoking cessation, avoiding eye make-up during flares
  - Daily eyelid hygiene and warm compresses
  - Blepharitis products are recommended as OTC, self-care products rather than routinely prescribed treatments. The main treatment remains regular eyelid cleaning
- Further self-care guidance - see QR code

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Pathway & Product Recommendation

10ml bottle contains approximately 200 drops.

Dry Eye Pathway

If lubricant use is infrequent - consider stopping prescribing

If symptoms are worse in the morning, or eyelids don't fully close e.g. in Bell's Palsy, consider also using a **paraffin-based eye ointment** at night

1st Line

Hypromellose Preservative-Free

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Preference for a product with higher viscosity e.g. more moderate symptoms

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Carbomer or Carmellose Preservative-Free (possibly more blurring of vision)

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If course fails, try alternative for 8 weeks
Confirm frequency of use before escalation

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2nd Line

Frequent use of 1st-line options ineffective

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Sodium Hyaluronate Preservative-Free

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3rd Line

Refer to Ophthalmology if second line treatment insufficiently effective

Product Rationale

- Most dry eye products are appliances, rather than generic medicines
- Branded prescribing is preferred to ensure cost-effective products are supplied
- The products within the price points suggested below offer cost-effectiveness whilst enabling flexibility to liaise with local dispensaries on availability
- A note on preservatives:
  - Frequent exposure to the preservatives used in eye drops may increase the sensations of burning or stinging associated with dry eye, contribute to conjunctival inflammation, or delay corneal healing
  - To be effective, ocular lubricants must be applied frequently and regularly; hence, preservative-free products are recommended
  - Patients who do not use ocular lubricants frequently enough to need preservative-free products should be considered for OTC self-care

Recommended Products

See https://powformulary.wales.nhs.uk/ for up to date products within recommended price points

Hypromellose Preservative-Free <£4

Carbomer Preservative-Free <£4

Carmellose Preservative-Free <£3

Paraffin based preservative-free eye ointment <£3

Sodium Hyaluronate Preservative-Free <£5
Higher cost drops with a longer in-use shelf-life e.g. Hylo-forte, DO NOT add value when used regularly at typical doses.

Administration

1-2 drops into the affected eyes as needed. Consistent application 3-4 times a day is typically needed for effective symptom relief (hypromellose is least viscous and may need more frequent use). Consider OTC self-care if use is infrequent.

Product Strength

Evidence is limited for the relative benefits of the various strengths available within each product class. Hypromellose 0.3%, Carbomer 0.2%, Carmellose 1%, and Sodium Hyaluronate 0.2% generally offer the best cost-effectiveness for the NHS.

Eye Drop Administration Aids

- Must be listed in Drug Tariff Part IXA to prescribe
- Use only where clinically needed to support eye-drop administration
- Supply as a one-off prescription; replace only if broken, worn, or clinically indicated

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