

# 1 QUESTION

## *MY PATIENT HAS DRY EYE AND BLEPHARITIS. HOW AND WHEN DO I NEED TO TREAT THESE CONDITIONS BEFORE CATARACT SURGERY?*

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Dry eye affects millions of Americans and is one of the most frequent reasons for seeking eye care. The prevalence of dry eye has been studied in a variety of populations and is more common in older adults and women.<sup>1,2</sup> The prevalence of dry eye has been reported to be greater than 10% of the population.<sup>3</sup>

Similar to dry eye, blepharitis and meibomian gland dysfunction are also highly prevalent and underrecognized. A large interview-based study by Lemp and Nichols<sup>4</sup> found that 32% of their study-population patients reported at least 1 symptom of blepharitis or dry eye and experienced this at least 50% of the time in the prior 12 months. Clearly, there is significant disease burden in our general population. Early recognition and treatment are the keys to success.

Dry eye can be classified into 2 major categories: aqueous-deficient and evaporative dry eye.<sup>5</sup> Identifying which type of dry eye your patient suffers from is necessary to choose the correct treatment.

Aqueous-deficient dry eye is secondary to poor production of tears from the lacrimal gland. In my clinical experience, I find this to be less common than evaporative dry eye syndrome. Often, patients with aqueous deficiency have a coincident autoimmune or systemic inflammatory condition.

Evaporative dry eye syndrome is secondary to poor secretion and altered composition of meibum from the meibomian glands. The thick secretions do not flow readily into the tear film, resulting in excessive evaporation and hyperosmolarity of the tears, thus increasing ocular surface inflammation.

Given the above, odds are that a patient above the age of 65 years who is coming to see you for cataract surgery has some degree of dry eye or blepharitis. However, both dry eye and blepharitis are often overlooked and undertreated by physicians.<sup>6</sup> I believe that, in the era of refractive cataract surgery, where patients have high expectations with respect to refractive outcomes, it is vital to identify and address these conditions prior to pursuing cataract surgery.