



**Shropshire, Telford
and Wrekin**
Clinical Commissioning Group

Management of Dry Eyes in Primary Care: Guidance for Clinicians

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The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin CCG website: www.shropshiretelfordandwrekinccg.nhs.uk

Printed copies or those saved electronically must be checked to ensure they match the current online version.

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1 Introduction

NHS England guidance “Conditions for which over the counter (OTC) items should not routinely be prescribed in primary care: Guidance for CCGs”¹ was published in March 2018, to support CCGs in reducing prescriptions for over-the-counter medicines.

These prescriptions include items for a condition:

- That is considered to be self-limiting and so does not need treatment as it will heal of its own accord;
- Which lends itself to self-care, i.e. that the person suffering does not normally need to seek medical care but may decide to seek help with symptom relief from a local pharmacy and use an over the counter medicine.

Dry eyes/Sore tired eyes are listed in this guidance as suitable for self-care.

Dry eye syndrome or dry eye disease is a common condition characterised by inflammation of the ocular surface that occurs when the eyes don't make enough tears, or the tears evaporate too quickly.² Symptoms of dry eye syndrome include dryness, irritation or discomfort, and intermittent blurring of vision. Symptoms typically worsen with prolonged visual tasks, exposure to wind and air conditioning.

The aims of treatment are to restore the ocular surface and improve ocular comfort. Most cases of sore tired eyes resolve themselves.

Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self- care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment.

2 Purpose

The purpose of this document is to ensure that patients with simple dry eyes/sore tired eyes are provided the correct self-care advice and treatment recommendations in line with national guidance.

This document will outline the circumstances when the prescribing of dry eye lubrication is appropriate and supported by the CCG.

It will provide clear guidance and a clinical pathway for treating patients with dry eye.

3 Procedures

3.1 New patients with symptoms of dry eye

It is often difficult to diagnose dry eye definitively in its mild form because of inconsistent correlation between reported symptoms and clinical signs as well as the poor specificity and/or sensitivity of clinical tests.³

This pathway will support clinicians in identifying if the condition is simple or complex and therefore whether self-care/OTC is sufficient or if referral is necessary.

Follow Appendix 3 - Dry Eye Treatment Pathway for new patients

This includes for tired eyes, hay fever symptoms, contact lens wearers, old age related dry eyes.¹

3.2 Existing patients with dry eye lubrication prescribed

Follow Appendix 4 - Dry Eye Treatment Review Pathway for existing patients

This includes for tired eyes, hay fever symptoms, contact lens wearers, old age related dry eyes.¹

In simple cases, if clinically appropriate, medications that exacerbate dry eye syndrome should be reviewed and where appropriate changed or stopped e.g. topical and systemic antihistamines, tricyclic antidepressants, selective serotonin reuptake inhibitors, diuretics, beta-blockers, isotretinoin, and possibly anxiolytics, anti-psychotics and alcohol.

If a recommendation to prescribe dry eye lubrication comes from optometrist/ophthalmologist for simple dry eyes – advise patient to purchase recommended product OTC.

4 Related Documents

The following documents contain information that relates to this policy:

- [NHSE's Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs](#)

5 Advice

For further advice on this document please contact:

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6 Review and Compliance Monitoring

Prescribing for dry eyes is monitored monthly by the Medicines Management Team via epact2.

This document will be reviewed every two years unless superseded by National Guidance or new evidence becomes available.

7 References

1. NHS England Guidance 'Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs' March 2018, <https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/>
2. NICE, CKS, Dry eye syndrome, Revised August 2017
<https://cks.nice.org.uk/topics/dry-eye-syndrome/#!topicsummary>
3. Shropshire Clinical Commissioning Group guidance on 'Treatment for dry eye' July 2015
4. NHS Conditions, Dry eyes, Reviewed December 2018, <https://www.nhs.uk/conditions/dry-eyes/>
5. Adapted from: <https://midessexccg.nhs.uk/medicines-optimisation/self-care-materials/3098-dry-eyes-prescribing-policy-january-2019/file> with the kind permission of the Medicines Optimisation Team, Mid Essex CCG

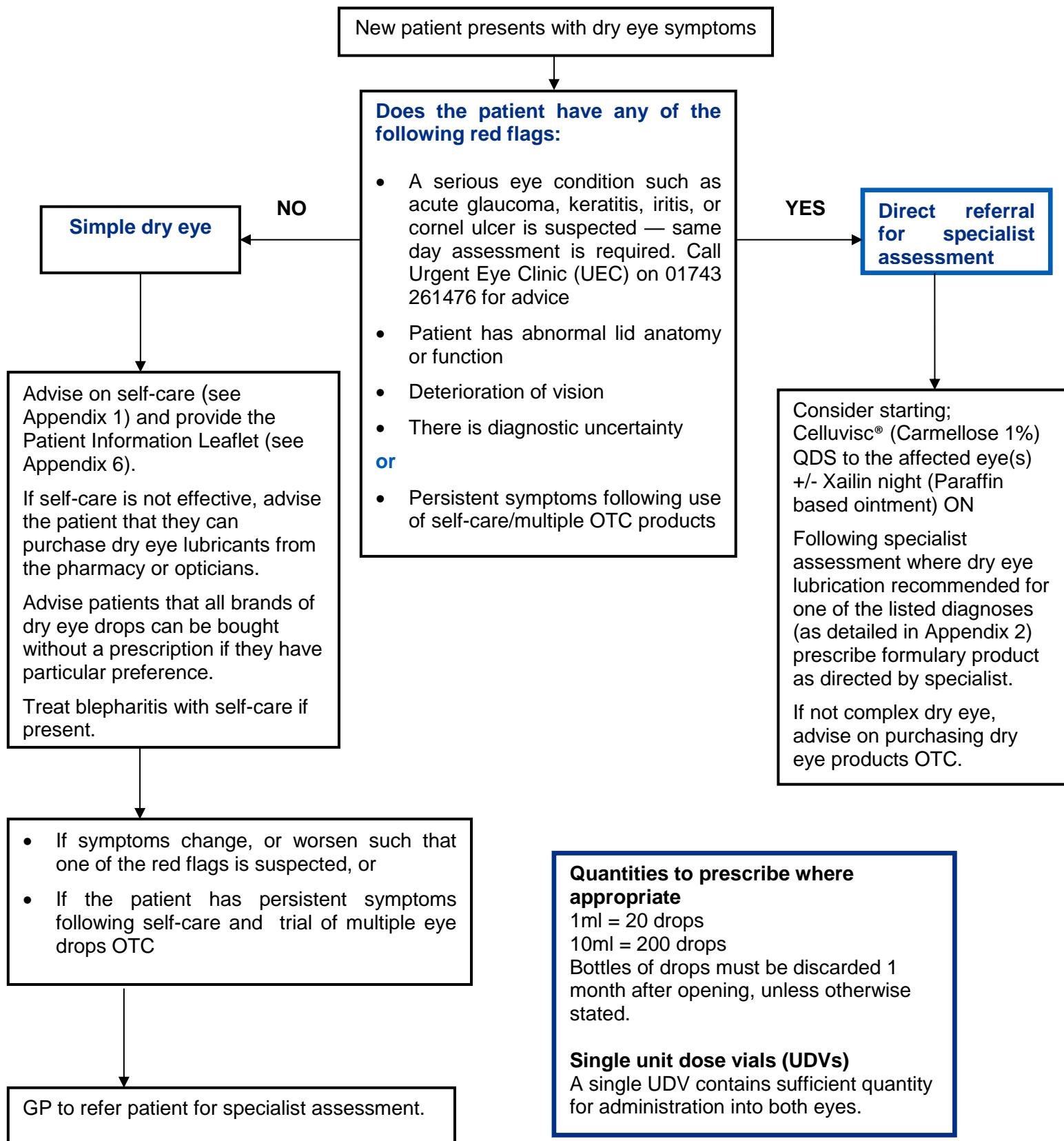
Appendix 1 - Simple dry eye (mild to moderate)

Symptoms ⁴	Itchy, sore, red, gritty, intermittently blurry, sensitive to light, more watery than normal
Causes/classification	<p>Over the age of 50</p> <p>Contact lens wear</p> <p>Low blink rate for example, looking at computer screens for a long time without a break</p> <p>Spending time in air conditioned or heated environments</p> <p>Weather conditions for example, windy, cold, dry or dusty</p> <p>Smoking or drinking alcohol</p> <p>Side effects of certain medicines (for example, some antidepressants or blood pressure drugs)</p> <p>A condition called blepharitis</p>
Treatment	<p>Self-care advice</p> <p>Advise patients that by taking suitable precautions, the symptoms of dry eye syndrome can be lessened and, in mild cases, this may be sufficient to avoid the need for treatment.</p> <p>These precautions include:</p> <ul style="list-style-type: none"> ➤ Maintain good eyelid hygiene ➤ If you wear contact lenses try reducing the amount of time wearing them ➤ Cigarette smoke impacts on dry eye syndrome - stop smoking. ➤ Use a humidifier to moisten ambient air ➤ Avoid prolonged periods in air-conditioned environment ➤ If using a computer for long periods, place the monitor at or below eye level, avoid staring at the screen for prolonged periods, take frequent breaks ➤ Oral Omega-3 supplements may reduce symptoms of dry eyes, these can be purchased OTC <p><i>See the patient information leaflet for further advice</i></p> <p>If self-care is not effective, dry eye lubricants can be purchased from the pharmacy or opticians.</p>

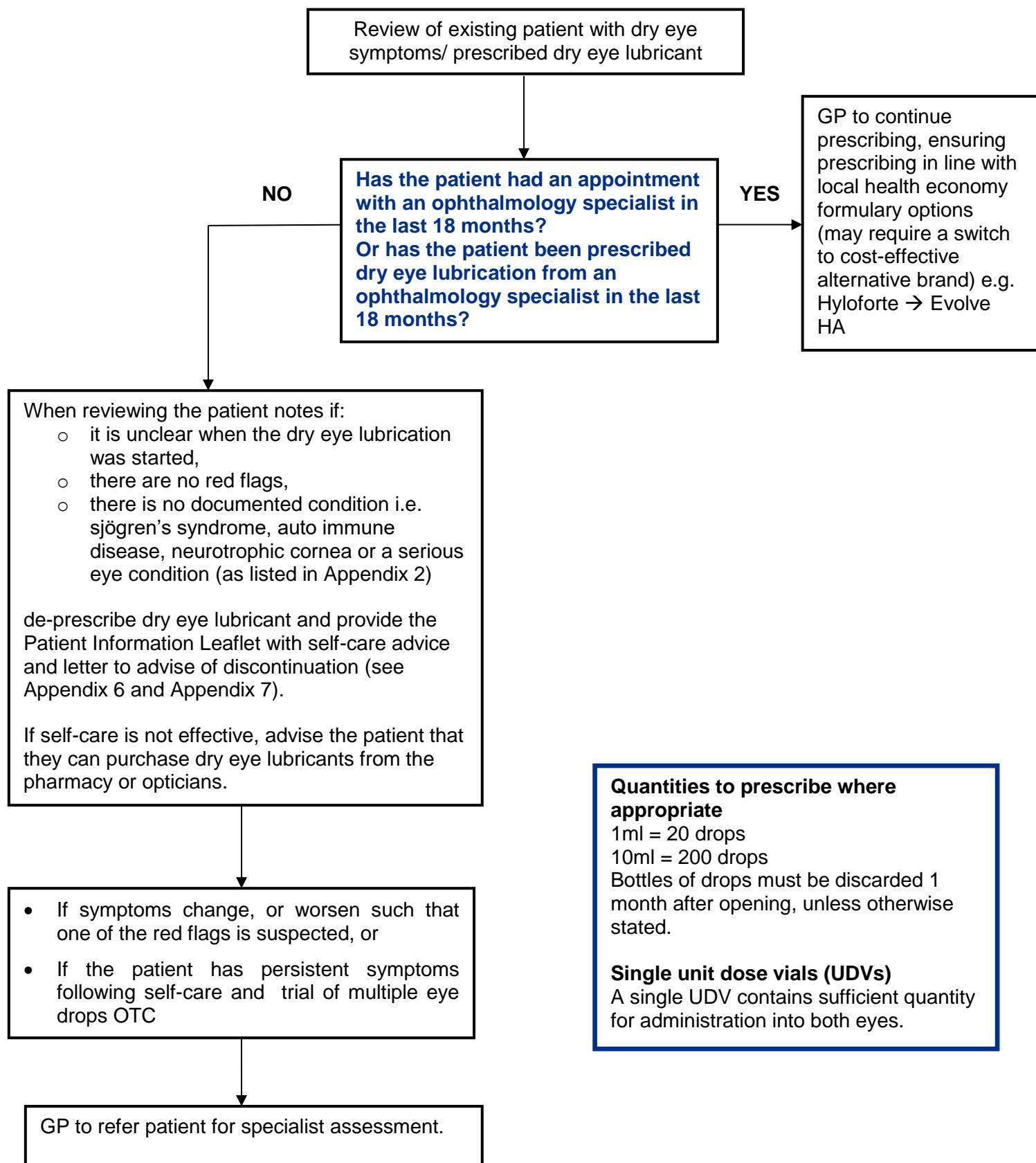
Appendix 2 – Complex dry eye (severe)

Symptoms ⁴	Decreased visual acuity not explained by other pathology Significantly sore, red, gritty, or sensitive to light <i>Increased discomfort or frequency of symptoms</i>
Causes/classification	Severe ocular surface disease (OSD) caused by systemic conditions such as <ul style="list-style-type: none"> • Sjögren's syndrome • Auto immune disease (e.g. Rheumatoid arthritis, lupus, systemic sclerosis) • Vitamin A deficiency • Mucus Membrane Pemphigoid Or ocular/corneal conditions such as: <ul style="list-style-type: none"> • Recurrent corneal erosions • Corneal injury/stem cell deficiency • Abnormal corneal architecture, e.g previous graft, scar, pterygium • Blephrokeratitis • Abnormal lid anatomy/function e.g. ectropion • Abnormal sensation i.e. neurotrophic cornea
Treatment	Self-care advice and prescription for formulary eye product.

Appendix 3 – Dry Eye Treatment Pathway for new patients



Appendix 4 – Dry Eye Treatment Review Pathway for existing patients



Appendix 5: Dry eye formulary

First line

Viscosity	Brand	Ingredients	Drug Tariff June 2021	In use expiry	Additional advice/comments
 Low High	Hypromellose 0.3%	Hypromellose 0.3%	£1.05 (10ml)	4 weeks	
	Celluvisc® (PF)	Carmellose 1%	£3.00 (30x 0.4ml)	Single use	May be used by contact lens wearers
	Clinitas®	Carbomer 0.2% eye gel	£1.49 (10g)	4 weeks	Can be administered for night time use with other drops in the daytime
	Xailin Night (PF)	Paraffin based ointments	£2.60 (5g)	2 months	Blurs vision so is normally recommended for night time use. Other drops can be administered the daytime

Second line

Brand	Ingredients	Drug Tariff June 2021	In Use Expiry	Additional advice/comments
Evolve® HA (PF)	Sodium hyaluronate 0.2% eye drops	£5.99 (10ml)	3 months	Drops containing hyaluronate have been shown to aid healing. PF eye drop in multi-dose bottle. May be used by contact lens wearers

Dry Eyes – Patient Information Leaflet

Having dry eyes is a very common condition that occurs when the eyes don't make enough tears, or the tears evaporate too quickly. This leads to the eyes drying out and becoming red, swollen and irritated. Dry eye can also be called keratoconjunctivitis sicca or simply "dry eye syndrome".

Some possible causes of dry eyes include:

- Hormonal changes
- Ageing – as you get older the body produces less tears and eyelids can't spread tears over the surface of your eyes as well as before
- Exposure to the sun, wind or a dry climate may cause tears to evaporate
- Activities such as reading, writing or working on a computer may mean you blink less often
- Side-effects of some medication
- Laser eye surgery
- Wearing contact lenses
- Medical conditions such as blepharitis, Sjögren's syndrome, contact dermatitis or rheumatoid arthritis.

NHS England guidance

NHS England have published guidance which states that dry eyes and sore tired eyes are conditions which are suitable to be managed by patients implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment.

Most cases of sore tired eyes resolve themselves and mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments which can easily be purchased over the counter.

Taking care of your eyes – self-care

Taking care of your eyes is a personal responsibility. Dry eyes are usually a chronic condition and although there is no cure there are things that you can do yourself to help your eyes feel more comfortable and ease symptoms. In mild cases self-care may be all you need.

Things you can do include:

- Keeping your eyes clean and maintaining good eyelid hygiene, particularly if you have blepharitis. (Further advice on blepharitis is available at: <https://www.nhs.uk/conditions/blepharitis/>)
- Keeping your eyes protected from wind, dust or other air which can irritate your eyes
- Avoid using eye make-up which can block glands that naturally lubricate your eyes

- Limiting contact lens use to shorter periods, especially if these cause irritation
- Avoiding smoky environments – and stopping if you smoke
- Using a humidifier to moisten the surrounding air and avoiding too much time in places with air-conditioning
- Drinking plenty of water
- If you use a computer for long periods, place your monitor at or below eye level, avoid staring at the screen, and take frequent breaks

And don't forget to blink, as this helps prevent your eyes drying out.

Taking care of your eyes – over-the-counter treatments

Treatments for dry eyes include artificial tears, tear replacement and “ocular lubricants” – usually in the form of eye drops or gels. If, after trying the self-help methods, you still have symptoms of dry eyes then you can try over-the-counter treatments.

The treatments available have different viscosity (thickness), some drops are thin like water and you may need to use them more regularly and others may be thicker gel-like drops which may last longer in the eye. Both types of drops do the same thing however you may not need to put the gel-like drops in as often.

Finding an effective treatment can vary between people. If one doesn't work then others can be tried until you find the right one for you. A proper trial of one product would be for at least 6 to 8 weeks.

If your symptoms change or worsen then you should see your GP.

How to administer eye drops and eye gels:

- ⊕ Always wash your hands before and after using eye products
- ⊕ Check the expiry date (manufacturer and/or new expiry date once opened) of your drops to ensure they are in date prior to using
- ⊕ Tilt your head back a little and pull the lower lid of your eye out to form a “pocket”
 - Administer eye drops into the pocket of the eye.
 - For gels, apply a thin line of gel along the inside of the lower eyelid.
- ⊕ Close your eyes for a moment and blink to spread the gel. Try not to rub your eyes. Repeat for the other eye.
- ⊕ To reduce contamination of the bottle, avoid touching the surface of your eye with the nozzle

Examples of over-the-counter lubrication for dry eyes				
Viscosity (thickness) of product	Thin			Thick
Type of lubrication				
Brands <small>*price from reputable retail and online pharmacies, correct as of May 2021</small>	Hypromellose 0.3% (£3.49) Isopto Plain® (£1.90)	Celluvisc® (PF) (£4.79)	Clinitas® carbomer gel (£3.65) Viscotears® (£5.49)	Hylo Night® (£3.96) (previously known as VitA-POS) Xailin Ointment 5g (£4.49)
Other useful information	<ul style="list-style-type: none"> Most people can use hypromellose Use every hour for the first day until your symptoms improve and reduce the number of times you take to 4 times a day 	<ul style="list-style-type: none"> Apply as often as required (up to 6 times a day) 	<ul style="list-style-type: none"> Use 30 minutes before putting in contact lenses Can be used in the daytime up to 3 times a day (though you might not need it that often) and at night before bed Can be used for before bed alongside eye drops if eye drops are preferred in the day. 	<ul style="list-style-type: none"> For night-time application due to blurred vision Can be administered with other drops in the daytime
Other drops available – more expensive options				
	Drops containing Hyaluronate may help with healing e.g. Blink® Intensive, Evolve® HA, Xailin® HA – although these are typically more expensive.		If there is concurrent blepharitis, then drops which help replace the natural oils in the tears may help symptoms. A number of drops have been developed specifically for this e.g. Systane® Balance and VisuEVO®, although again they are typically more expensive than the above drops.	

Appendix 7 – Example patient letter for discontinuation of dry eye lubrication

[GP Practice Name & Address]

[Date]

[Name and address of patient]

Dear Mr/Mrs/Miss [Surname],

Re: NHS no longer prescribing lubrication for patients with mild to moderate dry eye

NHS England has published guidance on '**Conditions for which over the counter medicine should not routinely be prescribed**'. It lists conditions which are either self-limiting or minor conditions which are suitable for self-care or treatment which can be purchased by patients from a pharmacy, supermarket or opticians. Dry eyes and sore, tired eyes are listed in this guidance.

Our records show that you have not required referral to a specialist/have not been seen by a specialist in the last 18 months (delete as appropriate) and you do not have any documented complex eye condition or symptoms suggestive of a more complicated eye condition, therefore it is no longer appropriate for the NHS to prescribe your dry eye lubrication.

There are simple self-care measures which can reduce the symptoms of dry eye syndrome and, in mild cases, this may be sufficient to avoid the need for treatment with eye drops.

These precautions include:

- Maintaining good eyelid hygiene
- If you wear contact lenses, take them out and wear glasses to rest your eyes
- Cigarette smoke impacts on dry eye syndrome – If you smoke, you are advised to stop smoking.
- Use a humidifier to moisten ambient air
- Avoid prolonged periods in air-conditioned environments
- If using a computer for long periods, place the monitor at or below eye level, avoid staring at the screen for prolonged periods, and take frequent breaks

If self-care is not effective, there is a wide range of dry eye lubricants which can be purchased from the pharmacy or opticians. The products can differ in thickness, some drops are thin like water and you may need to use them more regularly and others may be thicker gel-like drops which may last longer in the eye. Both types of drops do the same thing however you may not need to put the gel-like drops in as often. Finding an effective treatment can vary between people. If one doesn't work then others can be tried until you find the right one for you. A proper trial of one product would be for at least 6 to 8 weeks.

You have previously been prescribed [hypromellose 0.3% eye drops(complete with current prescription product)] therefore we would recommend purchasing [hypromellose 0.3% eye drops] which will be the same or very similar to your prescribed product. Speak to your pharmacist or optician if you are unsure.

If your symptoms change, or worsen or you do not agree with this assessment of your condition please contact the practice.

Kind regards,

Doctor/Nurse/Admin
Practice Name