A New View of MGD:

The Leading Cause of Dry Eye Can be Treated!

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How Significant is Dry Eye?

- Among the most prevalent chronic conditions presenting to U.S. eyecare professionals
  - 3.23M women/1.68M men > age 50*
- Primary cause of CL intolerance leading to discontinuation of wear 50%=approx. 17M Americans
  - 12% discontinued w/in 5 years of initial fitting (Prichard)
- Can significantly affect the outcomes in our refractive and cataract surgery patients
  - Degradation of VA, CS, topo and biometry

*2007 Report of the Dry Eye WorkShop (Ocul Surf 2007;5[2]:65-204)

Clinical Relevance

TearLab Study:

1,019 subjects selected sequentially (16 sites EU and US phase IV)
n= 647 female, 372 male, age = 55.4 ± 18.4 (range = 11–97 years)

- Contact Lens Wearers (n=227)
  - 42% were hyperosmolar ≥ 308 mOsm/L
- Prior cataract surgery (n=188)
  - 44% were hyperosmolar ≥ 308 mOsm/L
- Using glaucoma drops (n=73)
  - 48% were hyperosmolar ≥ 308 mOsm/L
- Prior LASIK (n=66)
  - 42% were hyperosmolar ≥ 308 mOsm/L

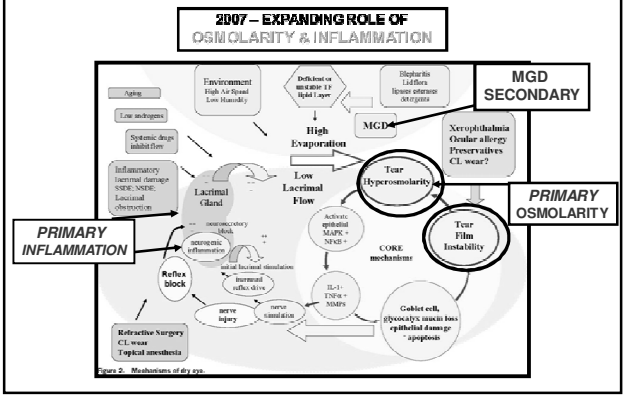
2007 Report of the Dry Eye WorkShop

"Dry eye is a multifactorial disease of the tears and ocular surface that results in **symptoms** of discomfort, **visual disturbance**, and **tear film instability** with potential **damage** to the ocular surface."

"It is **accompanied** by increased **osmolarity** & **inflammation of the ocular surface**."

(Ocul Surf 2007;5[2]:65-204)

Mechanisms of Dry Eye – DEWS 2007



2011 International Workshop on MGD

MGD DEFINED

"Meibomian gland dysfunction is a chronic, diffuse abnormality of the meibomian glands, commonly characterized by terminal duct obstruction and/or qualitative/quantitative changes in the glandular secretion.

This may result in alteration of the tear film, symptoms of eye irritation, clinically apparent inflammation, and ocular surface disease."