

Dry Eye Disease: It's More Common Than You Think – Part 1

BY DR. THOMAS P. FINLEY, *Optometrist*

Dry eye disease is a condition when we do not produce enough tears and/or the quality of our tears are insufficient to lubricate and nourish the eye.

Tears are necessary for maintaining the health of the front surface of the eye and for providing clear vision. Dry eye is a common and often chronic problem, particularly in older adults. Women tend to be more affected than men due to hormonal changes, oral contraceptives, hormonal replacement therapy, and menopause. Unfortunately, there is no cure for dry eye disease so it must be continually managed.

We produce normal tears every time we blink. Blinking is something we do without thinking. It just happens. We blink our eyes approximately once every five seconds. Blinking produces tears that are spread evenly across the front surface of the eye called the cornea. Tears provide lubrication, reduce the risk of eye infection, wash away foreign matter in the eye, and keep the surface of the eyes smooth and clear. Blinking is extremely important for our eye health and vision.

People with dry eyes may experience symptoms of irritated, gritty, scratchy, or burning eyes, a feeling of something in their eyes, excess watering, and blurred vision. Advanced dry eyes may damage the front surface of the eye and impair vision.

In addition to aging, dry eye can result from:

- **Blinking Problems**-or failure to blink regularly and completely, such as when staring at a computer screen for long periods of time.

- **Medications**-certain medicines, including antihistamines, decongestants, blood pressure medications, birth control pills, hormone replacement therapy, glaucoma medications and antidepressants, can reduce the amount of tears produced in the eyes.

- **Medical conditions**-people with rheumatoid arthritis, diabetes, Sjogren's syndrome, lupus, Bell's Palsy, and thyroid problems are more likely to have symptoms of dry eyes. Problems with inflammation of the eyelids and eye surfaces, Rosacea, or the inward or outward turning of eyelids can cause dry eyes.

- **Environmental conditions**-exposure to smoke, wind and sun can increase tear evaporation resulting in dry eye symptoms. Allergies are often associated with dry eye. Our eyes become dry in arid climates and cold dry winters when we heat our homes and use hot air in our car defrosters. Many office buildings use dehumidifiers to keep air moisture at a minimum. Our eyes are driest when we sleep since we don't blink. Bedroom ceiling fans can compound this dryness.

- **Other factors**-long term use of contact lenses and refractive eye surgery (LASIK) can be factors in the development of dry eyes.

Computer Users: According to a recent study, more than 75 percent of women who routinely use a computer at work may suffer from dry eye disease. For male workers, it was 60 percent. Our eyes strain even more with other digital devices like smart phones and tablets. These electronic devices are designed to be used and held close to the eyes. Other studies have demonstrated we tend to blink less frequently and do not blink



completely during sustained computer use. This all contributes to dry eyes. And the drier the eyes, the more your vision will fluctuate and the more difficulty you'll have reading.

In addition to decreased vision and comfort from dry eyes, reports also demonstrate a significant decrease in work production. Losses are estimated to be several thousand dollars per employee per year. Dry eye disease is here and becoming worse. There is no cure. The better we treat and manage it, the less negative impact it will have on our lives.

In the next issue, I'll report on the many treatment options available to combat dry eye disease.



Dr. Thomas P. Finley received his Bachelor of Science degree from St. Francis University in Pennsylvania, and his Doctorate of Optometry from the Pennsylvania College of Optometry. Following graduation, he served as an optometry officer in the United States Air Force and was awarded the Meritorious Service Medal and the Commendation Medal.

Dr. Finley has served as an adjunct clinical professor for three optometry schools, and has been a clinical investigator for two major contact lens companies. He has published several articles in professional and trade journals and local newspapers and has also lectured at educational conferences.

Dr. Finley is a Fellow of the American Academy of Optometry, a Fellow of the Virginia Academy of Optometry, and a member of the American Optometric Association, Virginia Optometric Association, and Northern Virginia Optometric Society. He is an Advisory Board member for TLC Laser Eye Centers.

Locally, Dr. Finley serves as an active member of the Herndon Rotary Club (past president), Chamber of Commerce (past board member), Optimist Club (youth sports' coach), and Knights of Columbus (past board member). He serves on the board of the Jeanie Schmidt Free Clinic. He was awarded Herndon's "Distinguished Service Award," the Chamber of Commerce's "Small Business of the Year Award," and The Times Newspapers "Best Eye Doctor Award." He has owned his Herndon optometry practice since 1989.

Dr. Finley was recently recognized by the Virginia Optometric Association as Distinguished Optometrist of the Year.



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