



Doctor, Why Have My Contact Lenses Stopped Working?!?

The Role of Nutritional Anti-Inflammatories in the Treatment of Dry Eye in Contact Lens Wearers

Sean P. Mulqueeny, OD
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SYSTEMIC DISEASE AND ITS TREATMENT; the environment in which we work and live, and of course advancing age are just a few of the contributors to the etiology of dry eye. Throw contact lens wear into this volatile mix and we've created a situation that for many is untenable. It's thus imperative that the eye care practitioner help patients find equilibrium between the tear film and contact lenses.

At its core, the treatment of dry eye is multi-factorial and dynamic. A patient may seem to be in perfect balance initially, but slips out of that balance as time moves on. We know that ocular surface diseases progress with age. It's therefore very important to monitor patients closely enough to address changes in their disease as early as possible to adequately guide an effective outcome.

It's critical to have an awareness of changes in a patient's medical status when treating dry eye. Systemic health is as important a factor in dry eye treatment as is any other component, primarily because many of the medical treatments are as deleterious to the tear film as are the systemic disease states themselves. Factors such as hydration and nutrition become key factors in the proper treatment of this group.

As we know, inflammation is the underlying factor in dry eye disease. Offering treatments that reduce this inflammatory state are key. This philosophy can particularly apply to contact lens wearers. Since soft lens materials are hydrophilic, the appropriate balance of the tear film is vital to successful wear. Since using topical anti-inflammatory medications is many times contraindicated in lens wearers, the role Omega 3s play in contact lens wearers becomes invaluable. Their use increases the likelihood of comfortable wear by quelling ocular surface inflammation and regulating meibomian gland function without unwanted side effects noted with topical agents.

How are contact lenses wearers impacted by dry eye? Recently it's been noted that 52.7% of contact lens wearers suffer from dry eye; a much higher percentage than in the general population. Discomfort is the primary complaint of contact lens related dry eye, most notably; burning, transient blur and lens awareness. Artificial tears and rewetting drops may temporarily reduce symptoms, but this is only palliative and in many cases, topical medications such as steroids require that the patient discontinue lens wear during treatment. Frustration at the lack of resolution often leads to contact lens dropout.

So we know that contact lens related problems leading to dropout adversely impacts our patients. Their confidence in us is also negatively impacted, but let's explore a truly bottom-line issue; the financial impact of dropout on our practices. In a 2010 issue of Review of Optometry, John Rumpakis, O.D., reported survey results that found 50% of contact lens wear dropout is due to comfort/fit issues, which translates to about \$275.00 loss in annual revenue from each contact lens patient. Furthermore, it suggested the average dropout rate is about 16% in the United States, which results in about \$45,000 of lost annual revenue.

Oral agents have the advantage of offering an effective treatment without cessation of contact lens wear. Specifically, nutritional supplements have been noted to reduce ocular surface inflammation and in my practice, have increased patient's ability to successfully wear their contact lenses. As an example of this, please see the case study below:

A 52 YEAR-OLD WHITE FEMALE presented to the office with a complaint of increasing dissatisfaction with her contact lenses. She'd been a successful contact lens wearer for 35 years. Ultimately, the onset of new symptoms over the previous many months made lens wear increasingly difficult. Upon slit lamp examination, she was found to have markedly diminished tear meniscus with along with meibomitis. Tear break up time was 5 seconds in both eyes and there were some areas of conjunctival staining with lissamine green. My primary concern in her case was that she began developing episodic conjunctivitis and more importantly, had periodic infiltrative keratitis secondary to her surface disease.

She and I had a long discussion about the likely association of her symptoms with menopause. I explained that the diminishment of the tear film and its associated inflammation were likely the root cause of poor success with her soft contact lenses. Since the lenses required the support of an ample tear film, treating the dryness was likely to increase her success with them.

We attempted multiple topical medical therapies, but found them to be only of limited value. Topical antibiotics and steroids also prohibited her from wearing her contact lenses during treatment and once the therapy was discontinued, she would return for follow up with the

same complaints. Ultimately, treatment with EZ Tears showed marked improvement within three weeks. She no longer used topical medications and she's not had any reoccurrences of the infectious disease.

Thorough education of the patient is the key. I recommend EyePromise EZ Tears because of the quality of its Omega 3 source; its highly concentrated and pure formulation of DHA/EPA and its seven other anti-inflammatories components that act as an anti-inflammatory “booster” to this high quality Omega 3. Most patients believe that all essential fatty acid products are the same; or that these products all deliver the same results. I’ve found this to be far from the case.

Many times, patients are overwhelmed by the litany of different products making it very important for clinicians to make specific recommendations. However, it’s first incumbent upon us as practitioners to educate ourselves about the advantages of each of the various essential fatty acid products. Telling a patient “they need an Omega 3” without a specific recommendation is no different than what they could have done on their own. Our knowledge about the differences in these products allows us to make appropriate recommendations. Our patients come to us for our expertise and they want specifics... we should not disappoint.

To properly address contact lens dropout, one of the first places we need to look is the tear film. Most of us initially implicate the lens design/materials or contact lens solutions as the underlying etiology of lens intolerance or dropout. We need to first consider building a solid foundation on the ocular surface. If this is done, our success with contact lens patients will increase significantly. That’s why I recommend EZ Tears to my contact lens patients.

