

Review of: "Recent Trends in Dry Eye Disease Treatment in Asia"

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Potential competing interests: No potential competing interests to declare.

Dry eyes is an under-recognised and under-treated disease. As most ophthalmologists try managing the symptoms with a cocktail of tear substitutes, your article gives an insight to new drug therapies and the pathophysiology. In my experience, dry eye treatment should begin with tear substitutes, with increased retention time or with a lipid layer supplementation in cases where tear film break up time is short. Next in line are the anti-inflammatory agents- short course of mild steroids or cyclosporine therapy which helps to improve the ocular surface and goblet cell health. Secretagogues may be added in cases of severe dry eye cases. Intense pulse light therapies and meibomian gland probing are reserved for patients who have a primarily evaporative etiology and helps in stabilising the tear film. Punctal plugs help in aqueous deficient dry eyes with low schirmer test and normal meibomian function, also helps with non-compliance.