

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/living-rheum/diagnostic-testing-and-treatment-of-dry-eye-in-sjogrens-disease/54363/>

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Diagnostic Testing and Treatment of Dry Eye in Sjögren's Disease

Announcer:

Welcome to *Living Rheum* on ReachMD. Today, Dr. Esen Akpek will be talking about diagnostic testing and treatment strategies for dry eye in Sjögren's disease. Dr. Akpek is Professor of Ophthalmology, Director of the Frances and C. Stephen Foster Center for Ocular Immunology and Inflammation, and Chief for the Division of Ocular Immunology at Duke University School of Medicine in Durham, North Carolina. Let's hear from her now.

Dr. Akpek:

It is definitely a challenge to recognize Sjogren's-related dry eye timely enough, before ocular or other system damage occurs. There's usually a period of a decade between the onset of dry eye and the diagnosis of Sjogren's. This might be due to under-recognition and under-appreciation of Sjogren's amongst eye care practitioners.

I suggest that all dry eye patients undergo a routine battery of clinical testing irrespective of symptom severity, which includes tear film osmolarity, Schirmer tear production test, tear film breakup time, corneal epithelial staining using fluorescein, and conjunctival epithelial staining using Lissamine green dye. In patients with high staining score, a blood test for SSA antibody can be useful. However, in up to 50 percent of patients, this test might be falsely negative. Ultrasound examination of the parotid glands is the next step before a minor salivary gland biopsy is performed for definitive diagnosis.

Unfortunately, currently, there are no medications specifically approved to treat Sjogren's related dry eye. This is definitely an unmet need. Management commonly includes topical anti-inflammatory agents such as cyclosporine, short courses of topical steroids for acute inflammatory flares, punctal plugs or permanent punctal occlusion to reduce tear drainage, and sometimes in-office procedures to address meibomian gland dysfunction and evaporative dry eye. In severe or refractory cases, systemic immunomodulatory therapy may also warrant consideration, particularly when ocular disease is associated with significant inflammation or other systemic manifestations of Sjogren's. I believe treatment should be escalated according to physician-measured tear film and ocular surface parameters and should not only rely on patient-reported symptoms.

This minimum battery of dry eye clinical testing should be performed at every visit, on every patient. Many patients with Sjogren's have a neuropathy of the cornea and impaired pain sensation, which complicates the situation. Therefore, appropriate detailed examination of ocular surface and tear film parameters is essential. Treatment of dry eye in Sjogren's should be tailored according to severity and type and the chronicity of the disease.

Announcer:

You just heard Dr. Esen Akpek explaining how to recognize and manage Sjögren's-related dry eye. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!