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TRANSCRIPT

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Sjögren's-Related Dry Eye: Examining Targeted Treatment Strategies

ReachMD Announcer:
You're listening to *Living Rheum* on ReachMD. On this episode, we'll hear from Dr. Michelle Hessen , who's an Assistant Professor of Ophthalmology at the Wilmer Eye Institute and a member of the Ocular Surface Disease and Dry Eye Team. She'll be discussing the management of dry eye in patients with Sjögren's disease.

Here's Dr. Hessen now.

Dr. Hessen:
I typically structure my treatment approach for patients with Sjögren's-related dry eye, many doctors would say, in a more aggressive nature. These patients have an underlying inflammatory autoimmune condition, so the dry eye typically will present as more severe in nature and certainly require a lot of lubrication, but also anti-inflammatory-related treatments, such as, sometimes, a short course of a topical steroid like Lotemax tapered over a month or longer, perhaps. In addition, there are a lot of great topical drops that are anti-inflammatory in nature, such as the cyclosporin drops that are now commercially available, as well as lifitegrast. So I typically recommend a heavy lubrication as well as making sure to introduce an anti-inflammatory-based approach.

I oftentimes will utilize punctal plugs to help retain any sort of tears that they are producing and/or to allow the drops to stay on the ocular surface for a longer period of time. In addition, further in the treatment process, I introduce serum tears, which are a topical treatment approach, but they oftentimes help with anti-inflammatory and healing cytokines in the patient's own blood serum, and I use that as an eye drop to try to further reduce inflammation and promote healing of the epithelium. I also sometimes need to explore therapeutic contact lens modalities, such as sclera lenses or PROSE lenses, which are a large, hard, contact lens that is filled with a preservative-free, sterile saline. When customized for the patient's eye, it not only can provide excellent vision, but it alleviates the patient's signs and symptoms, actually, by having the sterile saline being held against their eye, and then this large sclera lens is now protecting their eye from the eyelids constantly rubbing over it and the external environment to allow and promote healing of the ocular surface staining, as well as having a dramatic impact on the patient's quality of life and everyday symptoms.

In addition to these things, I think it's very important to also evaluate the eyelids for blepharitis and meibomian gland dysfunction and also treat those appropriately. As we all know, when a patient has evaporative dry eye or poor meibum production, their tears are evaporating at a fast rate, and so this needs to be treated in addition to just treating the ocular surface and the reduced aqueous production that is a part of Sjögren's disease. So oftentimes I will recommend things like hot compresses. Sometimes we also use in-office procedures like BlephEx, IPL, LipiFlow, or EyeLux—these sorts of things to try to help improve the patient's quality of meibum, therefore reduce the tear evaporation.

ReachMD Announcer:
That was Dr. Michelle Hessen talking about how we can optimize dry eye treatment for patients with Sjögren's disease. 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!

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