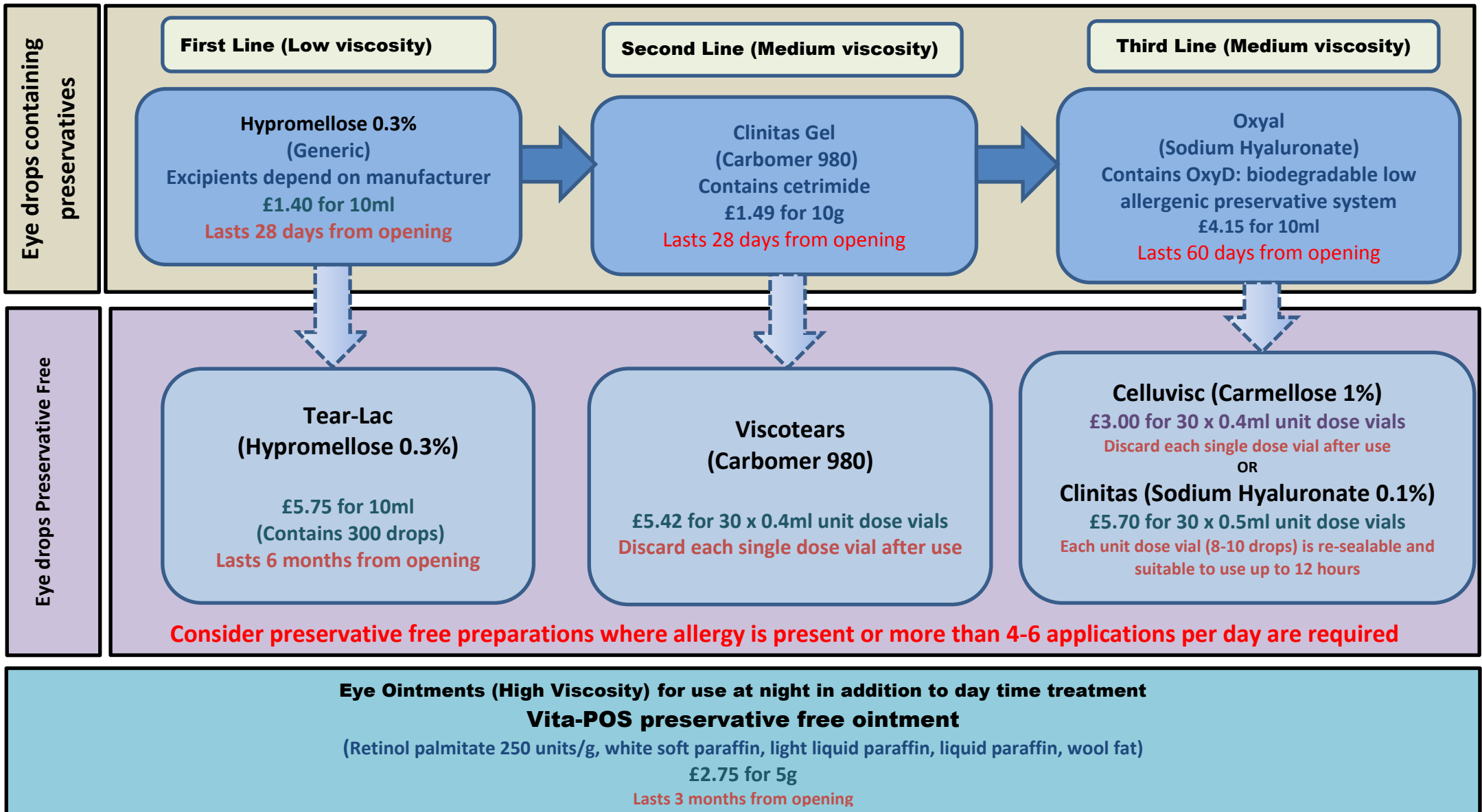


Ocular Lubricant Prescribing Guidance



This document is intended to guide the choice of first and subsequent line therapy for patients requiring ocular lubricants, taking account of patient choice and any allergies to preservatives etc. It is important that patients are happy with the choice of their ocular lubricant and are able to use it effectively in order to gain maximum benefits

Considerations before prescribing

- Dry eyes is a common problem, with prevalence in the >65yrs is reported as between 15-33% and increases with age. Women are typically affected more than men
- Prognosis depends on underlying causes but generally most patients with dry eyes only have discomfort without loss of vision but rarely the corneal ulcers can develop.
- Consider Precipitating factors before prescribing ocular lubricants, including; allergy, infection, blepharitis, medication (e.g. diuretics, drugs with anticholinergic effects, β -blockers) and environmental factors. Long sessions of reading, TV watching and computer use reduce blink rate and exacerbate the problem.
- Ocular lubricants should be prescribed by **BRAND** where stated to ensure the most cost effective preparations are used.
- Each type of eye drop should be prescribed for 4-6 weeks before a different type is prescribed.
- Patients should be asked what products (if any) they have already tried and for how long they have used them so that suitable alternatives can be tried next.
- If a patient needs to use hypromellose 0.3% **more frequently than 4 times daily**, a more **viscous** lubricating eye drop should be prescribed.
- If a patient needs to use Carbomer 980 **more frequently than 3 times daily**, a lubricating eye drop should be prescribed.
- If a patient has tried 3 different types of eye lubricants or third line options and continues to have symptoms of dry eye the patient should be considered for referral.
- Some patients may develop sensitivities to preservatives and if confirmed, the name must be documented so that any future products used do not contain this preservative. Preservative-free preparations should only be considered where;
 - the patient has a documented allergy or evidence of epithelial toxicity to the preservatives contained in a preparation
 - the patient needs to use more than 4-6 applications of eye drops containing preservative a day and the next line lubricating choices are not appropriate
 - Immediately following eye surgery, until healing is confirmed
- Single use Unit Dose Vials (UDVs) should be discarded after each use unless otherwise stated by the manufacturer.
- 10ml of eye drops normally contains approximately 200 drops (~20 drops in 1ml)
- Eye ointments are used for local treatment of lids, for prolonged treatment at night and to reduce the number of drops given.
- If drops and ointment are used at the same time, drops should be given first.
- Paraffin based ointments are flammable and care should be taken to avoid burns, e.g. smoking, close contact with naked flames etc.
- A number of products are available 'Over the Counter' (OTC) for purchase at less than the cost of an NHS prescription, through a community pharmacy and this may be an option for some patients who pay for their prescriptions.