

Ahh... *Relief*

From experience, doctor knows the discomfort of dry eyes—especially for women

Suzanne Offen, OD, of Westfield, N.J., realizes now that the discomfort she felt most of her life from wearing contact lenses was likely due to dry eye. “Nobody recognized dry eye back then,” she says. Once she determined to treat her own dry eye, she focused on providing that same relief to her patients.

“Dry eye is so much more prevalent than I realized. In the stressed world we live in, it’s huge,” she says. While dry eye symptoms are a known factor in contact lens discomfort for post-menopausal women, Dr. Offen says the condition is more widespread than that. “I’ve seen teenagers who have dry eyes from spending so much time on the computer, BlackBerry or other PDA. Young adults and athletes often report symptoms, and stress and medications are contributing factors.”

While treating patients for their dry eye symptoms helps them immediately, there’s a benefit for her, as well. “These are often the patients who have stopped wearing contact lenses or their wearing time has decreased.” Keeping them as satisfied contact lens wearers is better for her bottom line and her appointment book, she says, noting that contact lens wearers are more frequent visitors and more profitable to the practice.

In her experience, dry eye symptoms are the leading cause of dropout, especially with soft toric lens wearers. These are patients she’d like to keep in specialty lenses through presbyopia. Losing them in their early 40s is not part of her plan.

So she begins each exam with questions about the patient’s contact lens wear. “Do you have dry, gritty-feeling eyes? Have you reduced the amount of time you

can wear the lenses? How many hours do you sleep each night? Do you have allergies or are you on medications?” She also asks eyeglasses wearers if their vision feels less crisp by the end of the day, an indication that they may be suffering from dry eye symptoms, too.

What she finds is that a large number of patients provide answers that raise a red flag for dry eye.

Testing for dry eye is important so she can prescribe the

therapy that will work best. “There are so many causes, and there can be different issues with the three separate layers of the tear film. Many patients don’t realize that they have dry eye until they have started on a dry eye regimen and feel the relief,” she says.

Her recommendations are holistic and include advice to drink more water, take Omega3 supplements found in fish oil, scrub the eyelids and use medication. For many patients, she’ll recommend the Natural Ophthalmics homeopathic line of dry eye drops, differently formulated for men and women (naturaleyedrops.com). “I personally use the OrthoK day-time drops, which I think is the greatest drop for contact lens wearers.”

Dry eye is a great referral source, she says. Once she treats a patient, she often sees friends and family. “They sometimes tell me that a previous doctor told them to use an over-the-counter

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Dr. Offen likes to help dry eye patients before they drop out of contact lens wear.

eye drop without giving any further guidance. They tried five or so and gave up,” she says. They appreciate that Dr. Offen took the time to find a regimen that worked.

Since dry eye is a medical condition, Dr. Offen can bill a patient’s medical insurance for the treatments. “Initially, I see them at least three or four times in the first year, and we stay with it until the issue is resolved,” she says. So relieving patients’ dry eye symptoms has the short-term financial benefit of providing the service and the long-term benefit of keeping her contact lens practice strong.

Plus, it’s a growing field. “We have only just begun to touch the full scope on dry eyes and ocular surface disease,” she says, encouraging other practitioners to incorporate the treatment into their practices sooner rather than later. **WO**