

Dubai Standards of Care - 2017

(Blepharitis)



Preface

Eye diseases are the most common problem dealt with in daily practice. In Dubai, the management of eye disorders were done through various different strategies. The following guidelines were established in order to create a unified approach to the management of these disorders. In addition to that, these guidelines were developed to act as a guide for clinical practice, based on the best available evidence at the time of development. Adherence to these guidelines may not necessarily guarantee the best outcome in every case. Every health care provider is responsible for the management of his or her unique patient based on the clinical picture presented by the patient and the management options available locally.

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Acknowledgment

“Dubai standards of care – Ophthalmology”

These guidelines were established in order to achieve effective management of eye diseases as well as increase awareness and prevention. In addition to that, these guidelines aim to improve evidence based approaches especially appropriate medication prescribing.

These guidelines were prepared and approved by the Dubai Standard of Care (Ophthalmology)Taskforce.

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Dubai Standards of Care- Blepharitis

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Dubai Standards of Care- Blepharitis

Introduction

Blepharitis is a common condition that causes inflammation of the eyelids and can affect people of all ages. It will usually affect both eyes at the margin of the eyelids and the eyelashes. It is rarely serious, but can be an uncomfortable persistent and irritating problem.

It causes scaly crusty and red eyelids that also feel tired and gritty, or become uncomfortable in sunlight or a smoky environment. It can be associated with skin conditions like rosacea and conjunctivitis. It is a remitting and relapsing disease, but can usually be dealt with at home with minimal risk to eyesight.

Diagnosis

The patient will often complain of problems with both eyes, including redness, irritation, burning, tearing, itching, crusting of eyelashes, loss of eyelashes, eyelid sticking, contact lens intolerance, photophobia, or increased frequency of blinking. Symptoms may be exacerbated by contact with smoke, allergens, wind, contact lenses, low humidity, retinoids, diet and alcohol consumption, eye makeup . There may be a history of styes and/or chalazia, as well as rosacea, or allergy and on occasion, exposure to an infected individual, for example pubic lice (*Pthirus pubis*).

Examination

Examination of the eye and adnexa includes measurement of visual acuity and an external examination performed of the eyelids and skin, in a well-lit room.



Treatment

Warm compresses, eyelid hygiene, antibiotics (topical and/or systemic), topical anti-inflammatory agents may be used. An initial step is to recommend warm compresses and eyelid hygiene using lid wipes or cotton will buds dipped in warm water with a tiny amount of bicarbonate of soda or baby shampoo in it. If these measures are effective, they may be required long term, because the symptoms often recur if treatment is discontinued.

For patients with meibomian gland disease, whose chronic symptoms and signs are not adequately controlled with eyelid hygiene, oral tetracyclines, azithromycin (250 mg to 500 mg, one to three times a week), or oral erythromycin, (250 mg to 500 mg daily), can be prescribed. A brief course of topical corticosteroids may be helpful for eyelid or ocular surface inflammation such as severe conjunctival injection, marginal keratitis, or phlyctenules. The minimal effective dose of corticosteroid should be used, and long-term corticosteroid therapy should be avoided.

Follow-up

Patients with blepharitis should be advised to return to their ophthalmologist at regular intervals that are determined by the severity of the disease and the treatment given. This allows re-evaluation of the condition to assess response to therapy, intraocular pressure measurements if steroids have been used, and treatment compliance.

Referral

Patients with blepharitis who are evaluated by nonophthalmologist health care providers should be promptly referred to an ophthalmologist if there is visual loss, moderate or severe pain , severe or chronic redness, corneal involvement, recurrent episodes, or a lack of response to therapy



Advice

One of the most important aspects of caring for patients with blepharitis is educating them about the chronicity and recurrence of the disease process. Patients should be informed that symptoms can frequently be improved but are rarely eliminated.

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