



Dry Eye Definition: TFOS DEWS II

Centre for Eye Health

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Dry eye is a multifactorial disease of the ocular surface characterised by a loss of homeostasis of the tear film and accompanied by ocular symptoms in which tear film instability and hyperosmolarity, ocular surface inflammation and damage, and neurosensory abnormalities play aetiological roles.

Examination and differential diagnosis workflow



Centre for Eye Health Chair-side Reference: Dry Eye – TFOS DEWS II



Risk Factors: Modifiable			Risk Factors: Non-Modifiable		
Consistently shown	Probable	Inconclusive	Consistently shown	Probable	Inconclusive
Androgen deficiency Computer use CL wear Hormone replacement therapy Haematopoeitic stem cell transplantation Environment (pollution, low humidity)	Low intake of FFA Refractive Surgery Allergic Conjunctivitis	Smoking Alcohol Pregnancy Demodex Botox injection	Age Female Asian MGD Connective tissue disorder Sjögren's syndrome	Diabetes Rosacea Viral infection Thyroid disease Psychiatric conditions Pterygium	Hispanic Menopause Acne Sarcoidosis
Medications Antihistamines, Antidepressants, Anxiolytics, Isotretinoin	Anticholinergics, Diuretics, Beta-blockers	Multivitamins / Oral contraceptive			
	TFOS D	EWSII staged managemen	t and treatment recommen	dations	
Notes: 1. These steps are not designed to be a rigid, fixed process, but more an organisational tool 3. It is possible and likely that one or more option within each step will be needed/utilised			 Options within a step are not ranked by importance Earlier steps should be continued if moving to higher steps 		
STEP 1					
Education Modification of local environment Dietary modifications including oral essential fatty acid supplementation			Identify and potentially modify offending systemic and topical medications Ocular lubricants of various types: if MGD is present, then consider lipid containing supplements Lid hygiene and warm compresses of various types		
STEP 2					
Non-preserved ocular lubricants Tea tree oil treatment for Demodex (if present) Tear conservation (Punctal occlusion / Moisture chamber goggles) Overnight treatments (ointment or moisture chamber devices) In-office, physical heating and expression of the meibomian glands (including device-assisted therapies) In-office intense pulsed light therapy for MGD			Prescription drugs to manage dry eye disease Topical antibiotic or antibiotic/steroid combination applied to the lid margins for anterior blepharitis (if present) Topical corticosteroid (limited-duration) Topical secretagogues Topical non-glucocorticoid drugs (such as cyclosporine) Topical LFA-1 antagonist drugs (such as Lifitegrast) Oral macrolide or tetracycline antibiotics		
STEP 3			STEP 4		
Oral secretagogues Autologous/allogeneic serum eye drops Therapeutic contact lens options Soft bandage lenses Rigid scleral lenses			Topical corticosteroid for longer duration Amniotic membrane grafts Surgical punctal occlusion Other surgical approaches: tarsorrhaphy, salivary gland transplantation		