



DRY EYE AWARENESS MONTH

PRESS RELEASE
FOR IMMEDIATE RELEASE
June 7, 2018

Tear Film & Ocular Surface Society
Amy Gallant Sullivan, 617-605-7128,
amy@tearfilm.org

Alliance for Eye and Vision Research
James Jorkasky, 240-221-2905,
jamesj@eyersearch.org

VISION COMMUNITY REFOCUSSES ON JULY AS *DRY EYE AWARENESS MONTH* WITH IMPACT OF MAJOR STUDY TO BE EXPLAINED AT CONGRESSIONAL BRIEFING

(Washington, D.C.) Today, the vision community and its coalition partners refocus education and communications in 2018 around July as *Dry Eye Awareness Month*. Following the landmark publication of the Tear Film & Ocular Surface Society's Dry Eye Workshop II (TFOS DEWS II™), dry eye experts return to Congress and expound upon the Report's impact in clinical practice and research. TFOS DEWS II™ updated the definition, classification, and diagnosis of dry eye; critically evaluated the epidemiology, pathophysiology, mechanism, and impact of the disease; addressed its management and therapy; and developed recommendations for the design of clinical trials to assess pharmaceutical interventions.

The Impact of the TFOS DEWS II™ will be presented at a July 11th Congressional Briefing — co-hosted by TFOS and the Alliance for Eye and Vision Research (AEVR)—to be held from 12 Noon – 1:15 pm in Rayburn 2168 (Gold Room). A panel of experts will discuss the impact of the TFOS DEWS II™ Report on Clinical Practice and Research, focusing on diseases/conditions that cause Dry Eye. The Briefing will be bookended by a “Test Your Tears” Dry Eye Screening.

How has TFOS DEWS II™ Impacted the Clinical Perspective of Dry Eye Disease (DED)?

- It is important to recognize dry eye as a *disease*.
- A global consensus updated the definition, acknowledging the role of hyperosmolarity, inflammation, and neurosensory abnormalities as etiologic pathological factors in DED.
- The classification of DED acknowledges that symptoms without signs may be due to neuropathic pain and that signs without symptoms may lead to symptomatic disease and poorer outcomes with ocular procedures.
- There is a deeper understanding of the pathophysiology of DED and the role of hyperosmolarity as the central etiologic factor in the development of the symptoms and signs of the disease.

“The treatment of dry eye remains something of an art, not easily lending itself to a rigid, evidence-based algorithm that accommodates all patients with dry eye symptoms or signs. All eye care providers who treat patients with dry eye must exercise their clinical skills to judge the significance of each of the varied pathogenic processes that may manifest similar subjective complaints and similar signs of ocular surface dysfunction,” explained Dr. David A. Sullivan, MS, PhD, FARVO, the TFOS DEWS II™ Organizer and Congressional Briefing Moderator.

The vision community is making Congressional education about dry eye a priority as it impacts healthcare policy, being one of the most frequent causes of patient visits to eye care providers, and since federal research funding from the National Institutes of Health (NIH), including its National Eye Institute (NEI), is being used to study dry eye causes and develop treatments.

Dry eye, a global problem affecting more than 30 million people in the United States alone, occurs when the eye does not produce tears properly or when the tears are not of the correct consistency and evaporate too quickly. For some people, dry eye feels like a speck of sand in the eye, or a stinging or burning sensation that does not go away. For others, dry eye can become a painful chronic and progressive condition that leads to blurred vision or even vision loss if it goes untreated due to inflammation that can cause ulcers or scars on the cornea, the clear surface of the eye. Moderate-to-severe dry eye is associated with significant pain, role limitations, low vitality, poor general health, and often depression.

Although researchers have long known about age, sex, and gender as factors, they are now discovering ethnic and racial differences, and that dry eye impacts younger patients. It can have many causes, including environmental exposure; side-effects from medications; eye surgery; lid disorders; autoimmune diseases such as Sjögren’s syndrome, lupus, or rheumatoid arthritis; contact lens wear; cosmetic use; aesthetic procedures; and an increasingly common cause—staring at computer or smartphone screens for too long without blinking.

The vision community members supporting the July 2018 educational activities include:

Alliance for Eye and Vision Research	Assoc. for Research in Vision and Ophthalmology
American Academy of Ophthalmology	Prevent Blindness
American Academy of Optometry	Research to Prevent Blindness
American Optometric Association	Tear Film & Ocular Surface Society

TFOS thanks the following industry partners who supported TFOS DEWS II™ with unrestricted donations, including: Novartis Pharmaceuticals Corporation and Alcon, a division of Novartis, Shire, Allergan, Bausch+Lomb, Akorn, CooperVision, Dompé, Horus Pharma, Lubris Biopharma, Oculeve, TearLab, Laboratoires Théa, SIFI, Johnson & Johnson Vision, Quint Health, Scope Ophthalmics, Sun Pharma, Carl Zeiss Meditec, Inc. ZEISS Group, and Senju.

About TFOS

Founded in 2000, the Tear Film & Ocular Surface Society is a world leader in eye health education headquartered in Boston. A 501(c)3 non-profit foundation, TFOS is dedicated to advancing the research, literacy, and educational aspects of the scientific field of the eye’s surface. More information about the TFOS DEWS II™ Report is available at www.tearfilm.org

About AEVR

Founded in 1993, the Alliance for Eye and Vision Research is a 501(c)3 non-profit foundation dedicated to education about the importance of federal funding for eye and vision research. Information about the July 11 Congressional events is available at www.eyeresearch.org