



## Daydreaming in clinic – think about night-time dry eye...

- Mr. Saj H. Khan

The awareness of the high incidence, impact on daily life, and challenges of treating dry eye disease (DED) has increased exponentially over the past 2-3 decades.

The most significant developments in achieving consistency of approach in the understanding of the fundamental causes of the condition, systematic strategies for diagnosis, and stepwise approaches to treatment, have undoubtedly come from the two landmark Tear Film and Ocular Surface Society (TFOS) Dry Eye Workshop – DEWS I and II – reports.

However, with such strength of guidance, it is also easier for some practitioners to fall into a generic blanket approach, resulting in less focussed history taking and less attention to more subtle clinical findings.

Due to the robustness of the fundamental recommended treatment steps, the majority of patients are still likely to experience significant benefit, often accepting the improved but residual symptoms as inevitable. However, this is not the same as providing the most comprehensive and appropriate care.

A proportion of DED patients will experience worsening of symptoms overnight, or on waking, even with effective warm compresses, lid massage/cleaning, preservative free lubricants, and oral omega 3 supplements. Although this may just be an unavoidable component of their dry eye condition, it is imperative to proactively consider night-time dryness as a separate entity.



Differentiate between worsening of dry eyes later in the day, typically associated with visual concentration tasks, and worsening of symptoms once the patient has gone to sleep/wakes in the morning. The former is common in all dry eye patients, whilst the latter more commonly related to night dryness.

The dropping of body temperature and slowing of metabolism that occurs at night, combined with lower tear production and lack of active blinking may result in less nutrients reaching the ocular surface. In young healthy patients, most will cope with this, but in those with existing DED, or in older patients, there is likely a reduced reserve to be able to tolerate that same drop, thus resulting in increased symptoms.

In patients with inferior localised, linear corneal+/- conjunctival staining, despite compliance with treatment, it is important to consider two key elements. In patients with significant, poorly controlled lid margin inflammation, this staining may be the result of direct contact toxicity from the lower lid margin to the ocular surface; but the possibility of nocturnal lagophthalmos is something that must be proactively considered and evidence of the same specifically looked for.

Although more severe lagophthalmos may require surgical intervention, the majority of patients we see in practice will not. Simple exercises to encourage active and firm blinking, and massage of the upper lid to enhance closure can very quickly translate to subjective and objective improvements.

The use of tape to keep the lids closed at night can be very effective, but not particularly practical in older populations who will more likely require the need to get up during the night.



It is with these patients that the use of ointments at night can tip the balance of control back in our favour – but must make you consider the optimal qualities desired. The fact that ointments are thick and viscous provides prolonged dwell times in the eye, coating the ocular surface and also aiding the lids to ‘stick’ together – but this same positive quality can also create further problems if the wrong substances are kept in contact with an already compromised ocular surface for extended periods.

Choosing a preservative free option is obvious. The majority of ointments are paraffin based which provides effective lubrication with a very low risk of adverse reactions. Some may contain lanolin, which is believed to aid aqueous absorption and reduce evaporation, but is also avoided by others due to it being a potential allergen. Phosphate must be avoided as calcification risk would be even greater with the prolonged contact time of an ointment, whilst the addition of vitamin A, as a natural component of the tear film important for mucosal and goblet cell health, is likely to aid recovery of the compromised ocular surface.

Finally, I always reiterate to patients the importance of a consistent and effective lid hygiene regime, specifically in the context of using an ointment, to minimise the risk of build-up of deposits on these compromised lid margins, and thus further optimise long term success and tolerance.



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## Scope unveils newly rebranded VitA-POS® as HYLO NIGHT® with all the same features and benefits, but now under the trusted HYLO® brand of ocular lubricants

Scope Eyecare is pleased to announce the launch of its new night-time dry eye ointment HYLO-NIGHT® (formerly VitA-POS).



Scope is the UK's exclusive supplier of HYLO® ocular lubricants for the treatment and management of all forms of dry eye disease. Now, with the addition of HYLO NIGHT®, Scope offers a complete 24-hour treatment regime.

HYLO NIGHT® is a sterile, preservative & phosphate free eye ointment, also containing Vitamin A, liquid paraffin, light liquid paraffin, wool fat and white soft paraffin. Due to its smooth, gel-like texture, it provides optimal moisturisation during the night and keeps eyelids feeling smooth.

The HYLO® range is part of a wider catalogue of products supplied by Scope, a leader in dry eye, blepharitis and meibomian gland dysfunction (MGD) management. Other products include the OPTASE range, consisting of Moist Heat Mask, TTO Eyelid Cleansing Gel, TTO Eyelid Wipes, Dry Eye Spray and Omega-3 supplement OPTASE Omega Vision.

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