

## Management of Dry Eye in Blepharospasm

Presented by Charles Soparkar, MD, PhD

In his second presentation, Dr. Soparkar reminded all patients that, “Nobody will care about you as much as you care about yourself.” He added that it is the patient’s responsibility to, “understand your own disease, [and] understand your own treatment.” He noted how important the information shared by his patients is to his decisions relative to their treatment.

He then went on to detail the four vital reasons tears are important. First, “they bathe and protect the surface cells of the cornea.” Next, they “bring essential nutrients to the surface cells of the eye and take away metabolic waste.” Third, they “bring important cells and factors to fight off bacteria, viruses, etc. to protect against disease.” And lastly, “they maintain clarity of vision.”

In order to have clarity of vision it is necessary to have cornea, water, and air in proper balance. He then focused on the anatomy of the tear film itself—the lipid (oil) layer, the water layer, and finally the mucin layer. These three different layers are each produced by a different gland, either in the eyelids or on the eye surface itself.

In most people with dry eye, their eyes compensate by having watering eyes. Patients with blepharospasm do not seem to compensate in this way. Tear film problems have many causes including some medications, eye drops with preservatives, and chemotherapies. When tears become “toxic,” he recommended using an eye rinse first and then supplementing the tears. Rather than the commonly used term of “dry eye” for the diagnosis, Dr. Soparkar suggested the use of “dysfunctional tear syndromes” – noting this could refer to “too little tears, unstable tears, and toxic tears.” To test for a tear film problem, the doctor can test with a topical anesthetic.

He further explained our blinks have a purpose. They “lubricate the cornea...clear debris from vision, and activate tear production from multiple glands.” For the patient with dry eye and blepharospasm, there seems to develop a vicious cycle. In addition to the two conditions exacerbating one another, sometimes the very treatment that helps one seems to worsen the other. He shared a list of types of lubricants, suggesting a trial of different types. He also shared some lifestyle changes that can offer relief.

The ultimate goal of treatment is to interrupt the pattern while creating a delicate balance. This can be done through a variety of treatments, many of which were referenced by Dr. Soparkar in his presentation. He noted the optimum effect often requires a combination of treatments, sometimes calling for trials but all requiring patience and communication with your doctor.

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