CONDITION

Dry eye syndrome

Dry eye syndrome is a condition in which unstable or insufficient tears leave the eyes irritated and uncomfortable.

WHAT IT IS
Poor tear-film protection of the eye surface

BODY SYSTEM
Eyes

MAIN SYMPTOMS
Burning, grittiness, redness, blurred vision

WHAT CAUSES IT
Tear-film imbalance, inflammation, reduced production or excess evaporation

HOW IT IS DIAGNOSED
Eye examination, surface staining and tear tests

MAIN TREATMENT
Lubricating drops and cause-directed eye care

CAN IT BE CURED?
Sometimes - removable triggers can resolve symptoms

IS IT AN EMERGENCY?
Sometimes - sudden pain or vision loss needs urgent care

LONG-TERM OUTLOOK
Usually manageable, though symptoms may recur or persist

Overview

Dry eye syndrome happens when your tears do not protect the surface of your eyes well enough. You may not produce enough tears, your tears may evaporate too quickly, or both.

Healthy tears contain oily, watery and mucus-like layers that keep the eye surface smooth, comfortable and protected against infection. They also support clear vision. If this tear film becomes unstable, dry patches and inflammation can develop.

Despite its name, dry eye can make your eyes water. Irritation may trigger a rush of watery tears, but these may drain away before restoring a stable protective layer.

Symptoms range from mild irritation to pain and blurred vision. They can affect reading, driving, screen use and contact lens wear. Dry eye usually does not threaten sight, but severe

or untreated cases can damage the clear front surface of the eye, called the cornea.

Symptoms

Dry eye may affect one or both eyes. Symptoms often change during the day and become worse during prolonged visual tasks.

Common symptoms include:

Blurred vision from dry eye may clear temporarily after blinking because blinking spreads tears across the eye and briefly restores a smoother surface.

Symptoms may worsen with computer or phone use, reading, driving, air conditioning, wind, smoke or dry air. People often blink less fully and less often while concentrating on a screen.

Severe pain, strong light sensitivity or a sudden change in vision is not typical of mild dry eye. These symptoms need prompt assessment because another eye problem may be responsible.

- Burning, stinging, soreness or itching
- A gritty or sandy feeling
- Redness or watering
- Stringy mucus around the eyes
- Sensitivity to light
- Tired or heavy-feeling eyes
- Blurred or fluctuating vision
- Difficulty wearing contact lenses

Causes and risk factors

Dry eye has two main patterns. In aqueous-deficient dry eye , the tear glands do not produce enough of the watery part of tears. In evaporative dry eye , tears dry up too quickly. Many people have both.

A frequent cause of evaporation is meibomian gland dysfunction. The meibomian glands are tiny oil glands along the eyelids. If they become blocked or inflamed, the tear film lacks enough oil to slow evaporation.

Contributing factors include:

Some medicines can contribute, including certain antihistamines like cetirizine or loratadine ,

decongestants, antidepressants like sertraline or fluoxetine , acne medicines, blood pressure medicines and hormonal treatments.

Do not stop a prescribed medicine because you suspect it is causing dry eye. A clinician or pharmacist can assess whether it may be contributing and whether a suitable alternative exists.

- Increasing age and hormonal changes
- Blepharitis, or inflammation around the eyelid edges
- Long periods of screen use or close work
- Contact lens wear
- Wind, smoke, low humidity, heating or air conditioning
- Previous eye surgery, including laser vision correction
- Eyelids that do not close or blink fully
- Autoimmune conditions such as Sjögren syndrome, rheumatoid arthritis or lupus
- Conditions affecting the cornea, eyelids or nerves involved in tear production

Diagnosis

There is no single test that confirms every case of dry eye. Diagnosis usually combines your symptoms with an examination of the eyelids, tear film and eye surface.

An eye care professional may use a slit lamp, a microscope with a bright light, to examine the eyes. Harmless dyes can reveal dry areas or damage on the cornea and the white covering of the eye.

Other tests may measure:

The examination also helps rule out allergy, infection, eyelid problems, contact lens injury or inflammation inside the eye. Symptoms and test results do not always match closely.

Blood tests are not routinely needed. They may be considered if your symptoms or medical history suggest an autoimmune condition such as Sjögren syndrome.

- How quickly the tear film breaks apart after blinking
- How much tear fluid your eyes produce
- The concentration of the tears
- The quality and flow of oil from the eyelid glands

- Whether your eyelids close and blink normally

Treatment and management

Treatment aims to improve comfort, protect the eye surface and address why the tears are not working properly. Finding an effective combination may require trial and review.

Lubricating eye drops, often called artificial tears, add moisture and reduce friction. They come in different formulations and thicknesses. Preservative-free products may be preferred if you need drops frequently or preservatives cause irritation. Thicker gels and ointments last longer but can blur vision, so they are often used at night.

If blocked eyelid oil glands contribute, warm compresses and gentle eyelid cleaning may improve oil flow. Heat should feel comfortably warm, not hot. Persistent gland blockage or eyelid inflammation may require treatment in a clinic.

Practical measures include:

An eye care professional may recommend prescription anti-inflammatory drops. Some treatments take weeks or months to have their full effect. Steroid eye drops may be used for selected cases under close supervision because prolonged or inappropriate use can raise eye pressure and contribute to cataracts or infection.

Tiny plugs can be placed in the tear drainage openings to keep tears on the eye longer. Severe cases may need specialist options such as protective lenses, treatments made from components of the person's blood, or procedures to reduce tear drainage.

Evidence for nutritional supplements, including omega-3 products, is mixed. Supplements do not replace an eye assessment and may interact with medicines or be unsuitable for some people.

- Take regular breaks during screen use or reading
- Blink fully and deliberately when concentrating
- Keep fans and air vents from blowing at your face
- Use wraparound glasses outdoors in wind
- Consider a humidifier in a dry room
- Remove eye makeup thoroughly and replace old products
- Follow contact lens cleaning and replacement instructions

Complications

Most dry eye causes discomfort rather than lasting damage, but symptoms can interfere with work, driving, reading and contact lens use.

Ongoing inflammation can make the eye surface more sensitive and unstable. Small damaged areas may develop on the cornea. In severe cases, this can lead to a corneal ulcer, scarring or infection. These complications are uncommon but need urgent treatment.

Frequent rubbing can worsen irritation. Wearing contact lenses on a damaged eye surface can also increase infection risk.

Dry eye may be associated with anxiety, low mood or sleep problems when pain persists. Pain severity does not always reflect visible damage. Persistent eye pain needs reassessment rather than simply using more lubricating drops.

Prevention

Dry eye cannot always be prevented. Age-related changes, autoimmune conditions, eyelid structure and necessary medicines may continue to affect the tear film.

You may reduce flare-ups by protecting your eyes from wind and smoke, avoiding direct airflow, taking breaks during screen use and managing eyelid inflammation as advised.

Use contact lenses according to professional guidance. Do not sleep, swim or shower in lenses unless your specific lenses and care plan allow it. Stop wearing them if an eye becomes painful, very red or unusually sensitive to light.

After eye surgery, follow the recommended aftercare and report symptoms that worsen rather than improve.

Living with it and what to expect

Dry eye may be temporary, recurring or long-lasting. Symptoms caused by a short-term environmental trigger or removable medicine effect may settle once that factor is addressed. Dry eye linked with ageing, autoimmune conditions or chronic eyelid gland problems is more likely to need ongoing management.

Symptoms often rise and fall. Weather, heating, illness, sleep, screen use and contact lens wear can affect how your eyes feel, so treatment may need adjusting over time.

Many people control symptoms with lubricants, eyelid care and environmental changes. Others need prescription treatment or regular specialist follow-up. Improvement may be gradual,

particularly when inflammation or eyelid glands are involved.

Arrange routine follow-up if symptoms persist, treatment is not helping, you need drops more often than before, contact lenses remain uncomfortable, or blurred vision keeps returning.

Dry eye does not usually prevent work, driving or screen use. Planned breaks and adjustments to airflow or lighting may help. If your vision is blurred, wait until it clears before driving or using machinery.

When to get medical help

Arrange a routine appointment with an optometrist, ophthalmologist or primary care clinician if:

Seek urgent same-day eye care for severe pain, marked redness, strong sensitivity to light, rapidly worsening symptoms, or a painful red eye while wearing contact lenses. These may indicate infection, corneal injury or inflammation rather than uncomplicated dry eye.

Get emergency help for sudden loss of vision, a chemical splash, a penetrating eye injury or a major blow to the eye. After a chemical splash, begin rinsing the eye immediately with clean lukewarm water while arranging emergency care.

- Dryness or irritation continues despite self-care
- Symptoms regularly interfere with reading, work or sleep
- Your vision repeatedly blurs
- You cannot comfortably wear contact lenses
- You have persistent eyelid crusting or swelling
- You also have a very dry mouth, joint symptoms or unexplained fatigue

Common questions

Why are my eyes watering if they are dry?

Irritation can produce a sudden flow of watery tears. These reflex tears may lack the balanced oil and mucus layers needed to remain on the eye, so watering and dryness can happen together.

Can dry eye cause blurry vision?

Yes. An uneven tear film can make vision fluctuate, particularly during reading, driving or screen use. Vision may improve after blinking or using a lubricant. Persistent, sudden or severe

blurring needs an eye assessment.

Does dry eye go away permanently?

Sometimes. Symptoms linked to a temporary trigger may resolve. Dry eye related to ageing, autoimmune conditions or eyelid gland dysfunction often needs continuing management, although its severity may change.

Can I keep wearing contact lenses?

Some people can continue after changing their lens type, wearing time or dry-eye treatment. Remove your lenses and seek urgent care if you develop pain, marked redness, light sensitivity or worsening vision.

Are preservative-free eye drops better?

They can be useful if you need drops frequently, have a sensitive eye surface or react to preservatives. The best formulation depends on whether your main problem is low tear production, rapid evaporation or both.

Can screen use permanently damage my tears?

Screen use does not usually permanently damage the tear glands. It can worsen symptoms because you blink less often or incompletely while concentrating. Breaks, full blinking and reducing direct airflow may help.

Sources

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