SYMPTOM

Photophobia

Photophobia is discomfort or pain caused by light that would not usually feel too bright.

WHAT IT FEELS LIKE
Light feels painfully bright or makes you look away

WHERE IT IS FELT
The eyes, sometimes with discomfort around the head

MOST COMMON CAUSES
Migraine, dry eyes, corneal irritation

WHEN IT IS URGENT
Painful red eye, sudden vision loss, or headache with fever

USUALLY LASTS
Minutes to days, or longer with an ongoing cause

SEE A DOCTOR IF
It persists, recurs, or interferes with daily activities

Overview

Photophobia means that light feels uncomfortable or painful. It is sometimes called light sensitivity. Despite its name, it is not a fear of light.

Sunlight, fluorescent lighting, headlights, and screens may all trigger symptoms. Light that seems normal to other people may feel harsh or overwhelming to you.

Photophobia is a symptom rather than a disease. It can happen with migraine, dry eyes, or irritation of the clear front surface of the eye, called the cornea. Less often, it can be linked to an eye condition, infection, injury, medicine, or problem affecting the brain or nerves.

The pattern can offer useful clues. Sensitivity in both eyes is common with migraine. Symptoms mainly in one eye, especially with redness or pain, may be more likely to come from the eye itself. These patterns are not enough to determine the cause without an examination.

What it may feel or look like

You may notice that you:

Symptoms may begin suddenly or build gradually. They may affect one or both eyes. Some

people are sensitive only to bright light, while others struggle with normal indoor lighting.

Photophobia can occur before, during, or after a migraine headache. It may also happen during migraine without much head pain.

- Squint, blink, or close your eyes in ordinary light
- Need to dim lights or wear a hat outdoors
- Develop aching, burning, or sharp eye discomfort
- Find screens, headlights, or reflections difficult to tolerate
- Have headache, nausea, blurred vision, or watery eyes at the same time

Common causes

Common causes

Migraine is a frequent cause of light sensitivity. Photophobia may occur alongside throbbing head pain, nausea, or sensitivity to sound and movement. Some people have visual changes, called an aura, before or during a migraine.

Dry eyes can make the eye surface sore and sensitive. Symptoms may include grittiness, burning, watering, or vision that clears after blinking.

Corneal irritation can follow dust exposure, a small scratch, prolonged contact lens wear, or inflammation. The cornea contains many sensitive nerves, so even a small problem can make light uncomfortable.

Eye strain, lack of sleep, and prolonged screen use may worsen existing light sensitivity, especially when they also contribute to dry eyes or migraine.

Less common causes

Photophobia can occur with inflammation inside the eye, known as uveitis, or inflammation of the optic nerve, which carries visual signals to the brain. Certain medicines can also increase light sensitivity. Examples include medicines that enlarge the pupils, though many other factors may be involved.

Previous eye surgery, concussion, traumatic brain injury, and some neurological conditions can cause persistent or recurring sensitivity.

Causes needing urgent assessment

A painful red eye with blurred vision may be caused by serious inflammation, a corneal infection, or a sudden rise in pressure inside the eye. Contact lens wear increases concern when pain, redness, discharge, or reduced vision is present.

Photophobia with fever, a severe headache, stiff neck, confusion, or unusual drowsiness can occur with meningitis, an infection of the tissues around the brain and spinal cord. This combination needs emergency assessment.

When to seek medical care

Seek emergency help now if photophobia occurs with:

Begin rinsing an eye immediately after a chemical splash while arranging emergency help. Do not wait for the discomfort to increase.

Arrange same-day medical or eye care for a new painful red eye, cloudy or blurred vision, halos around lights, vomiting with eye pain, or marked sensitivity in one eye. You also need prompt assessment if symptoms begin while wearing contact lenses or soon after eye surgery.

Book a routine appointment if the sensitivity keeps returning, lasts longer than expected, is getting worse, or limits work, driving, reading, or time outdoors. Mention any new medicine and whether you also have headaches or vision changes.

- Sudden loss or major reduction of vision
- A chemical splash, penetrating injury, or significant eye trauma
- Severe headache with fever, stiff neck, confusion, fainting, or seizure
- New weakness, trouble speaking, or loss of balance

How the cause is found

A healthcare professional will ask when the sensitivity began, whether it affects one or both eyes, and which types of light trigger it. They may ask about headache, nausea, eye discharge, injury, contact lens use, recent surgery, and medicines.

An eye assessment may include checking your vision, pupils, eye movements, and response to light. The front of the eye may be examined under magnification. A coloured dye called fluorescein can reveal scratches or damage on the cornea. Eye pressure may be measured when appropriate.

If your symptoms suggest migraine or a problem involving the brain or nerves, the assessment may also include strength, balance, reflexes, and other neurological checks. Scans or blood tests are only needed when the history or examination points to a particular concern.

Treatment and self-care

Treatment depends on the cause. Migraine treatment may reduce both headache and light sensitivity. Dry-eye care or treatment of inflammation, infection, or an injury may be needed when the eye itself is involved.

For short-term comfort, you can:

A pharmacist or eye-care professional can advise whether lubricating eye drops are suitable for dry-eye symptoms.

Do not use leftover antibiotic like amoxicillin or doxycycline , steroid like prednisone or hydrocortisone , or numbing eye drops. These may delay healing, hide worsening symptoms, or cause harm when used for the wrong condition.

Resting in a dim room can help during a migraine attack. For ongoing photophobia, staying in complete darkness for long periods may make normal light harder to tolerate. A gradual return to comfortable lighting is often more practical. Some people benefit from specially tinted lenses, but the tint should be chosen with professional advice rather than assuming darker is better.

- Reduce glare and use softer, indirect lighting
- Adjust screen brightness and take regular visual breaks
- Wear a brimmed hat and suitable sunglasses outdoors
- Avoid driving when light sensitivity affects your vision
- Remove contact lenses if the eye becomes painful or red

What to expect

Photophobia caused by a temporary migraine, dry-eye flare, or minor irritation may improve as that problem settles. Symptoms linked to ongoing migraine, eye inflammation, or a previous injury can last longer or return.

Keep track of triggers, duration, affected eyes, and related symptoms. This can help identify patterns and guide an assessment. Seek review sooner if the pattern changes, pain develops, or your vision becomes worse.

Common questions

Can photophobia happen without a headache?

Yes. Migraine can cause light sensitivity with little or no head pain. Dry eyes, corneal irritation, eye inflammation, medicines, and other conditions can also cause it.

Does photophobia damage the eyes?

Photophobia itself does not usually damage the eyes. However, the condition causing it may need treatment, especially when there is pain, redness, injury, or reduced vision.

Should I wear sunglasses indoors?

Sunglasses may provide brief relief, but very dark lenses used indoors for long periods can increase adaptation to darkness. Softer lighting, glare reduction, or professionally selected tinted lenses may be better for ongoing symptoms.

Is photophobia contagious?

The symptom is not contagious. Some infections that cause red, irritated eyes can spread to other people, so wash your hands and avoid sharing towels if you also have discharge.

Sources

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