

**The Optometric Trends Discovery Group's
2023 Report on**

Demodex
Blepharitis:
INSIGHTS &
TRENDS

By Melissa Barnett, OD, FAAO, FSLs, FBCLA



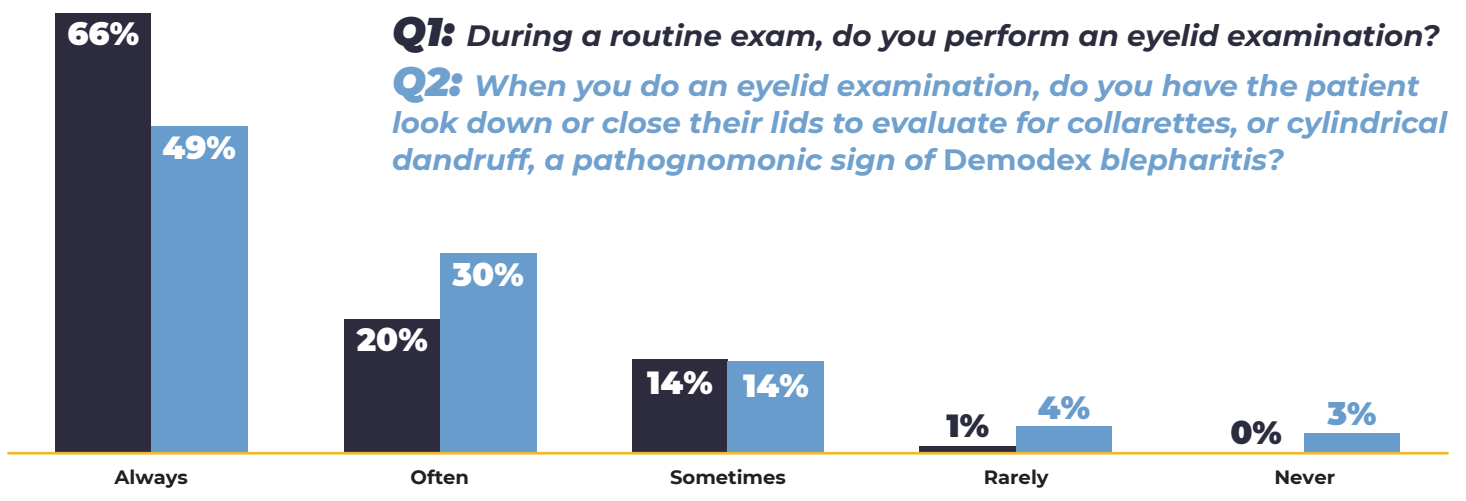
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Demodex blepharitis is a condition caused by the presence of *Demodex* mites on the eyelids, which can lead to inflammation, itching, and redness of the eyes. It is a common condition that can affect patients of all ages, including those with cataracts, dry eye, and contact lens wearers. As many as 80% of patients with *Demodex* blepharitis report a negative impact on daily life in an observational study of adult *Demodex* blepharitis patients from 8 US ophthalmic and optometric centers.¹

Proactive Screening for *Demodex*

The OTDG Survey revealed that 66% percent of practitioners perform an examination of the eyelids. Since all patients, 100%, have eyelids, this number should be 100%! The eyelids serve many important functions for ocular health. It is important to evaluate the eyelids for all patients. The majority (79%) of respondents always or often recommend that the patient look down or close their lids to evaluate for collarettes, keeping *Demodex* blepharitis top of mind in an eye examination. While this percentage is higher than anticipated, my hope is that it will continue to grow as novel treatment options for *Demodex* blepharitis are introduced. The goal is for all practitioners to routinely incorporate this step into their examinations, ensuring a thorough examination for signs of *Demodex*.

The survey also showed that on average, practitioners believe that 31% of their patients have collarettes on their eyelids. The literature suggests, however, the number is much higher. Approximately 25 million adults in the United States, 62% to 69% of those with a blepharitis diagnosis, have *Demodex* blepharitis². Patients of all ages may have *Demodex* blepharitis and it can be present in patients with cataracts, dry eye, and contact lens wearers. Since *Demodex* has a significant psychosocial burden, it is important to eradicate *Demodex* mites, the root cause, rather than simply addressing symptoms. It is important to evaluate for collarettes, the pathognomonic sign of *Demodex* blepharitis, in all patients.



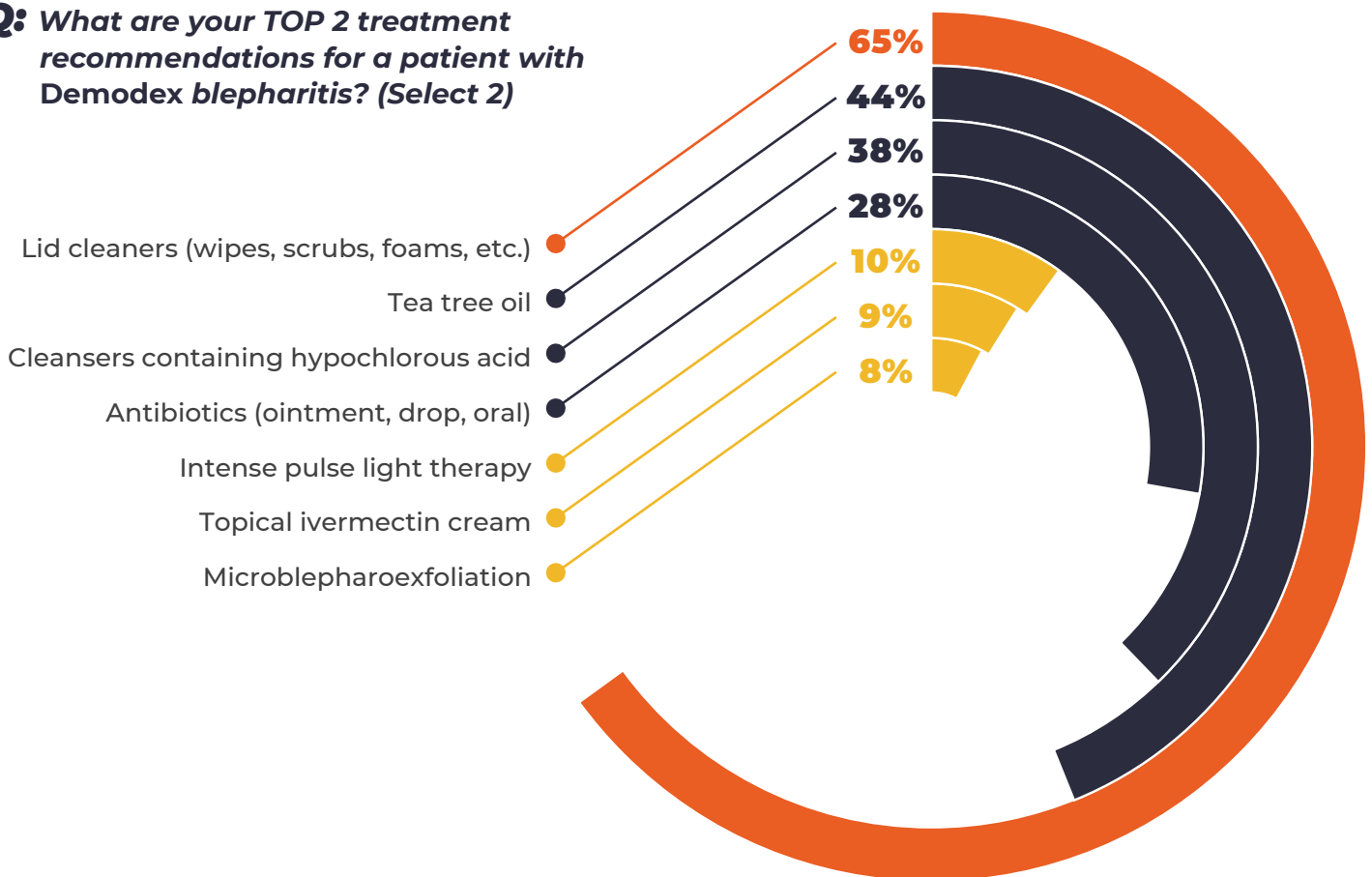
1. Teo A, Rosenberg E, Jacobson A. Prevalence of *Demodex* colonization in patients presenting to an outpatient clinic. *Invest Ophthalmol Vis Sci.* 2021;62:1236-1236.

Treating *Demodex*

Since there is not an approved treatment for *Demodex* blepharitis at this time, it is not surprising that a variety of treatments are being used for *Demodex* blepharitis. The majority, 65%, recommend various lid cleaners including lid wipes, scrubs and foams. The second most recommended is tea tree oil at 44%, followed by hypochlorous acid cleaners at 38%, and then antibiotics. This is followed by a group of treatments only used by 10% or fewer respondents. With novel pharmaceutical options on the horizon, we have the opportunity to provide targeted treatment for *Demodex* blepharitis in the near future.

*“With novel pharmaceutical options on the horizon, we have the opportunity to provide targeted treatment for *Demodex* blepharitis in the near future.”*

Q: What are your TOP 2 treatment recommendations for a patient with *Demodex* blepharitis? (Select 2)



2. Trattler, W., Karpecki, P., Rapoport, Y., Sadri, E., Schachter, S., Whitley, W. O., & Yeu, E. (2022). The Prevalence of *Demodex* Blepharitis in US Eye Care Clinic Patients as Determined by Collarettes: A Pathognomonic Sign. *Clinical ophthalmology* (Auckland, N.Z.), 16, 1153–1164.

The Optometric Trends Discovery Group

(OTDG) Survey was launched on February 4, 2023. The survey included 141 questions developed and reviewed with the OTDG leadership board. The survey questions explored doctors' understanding and current practice patterns across a number of areas of optometric care, including presbyopia, astigmatism, corneal therapeutics, ocular surface disease, glaucoma, lid management, corneal refractive surgery, dry AMD and geographic atrophy, and myopia management.



Nearly 300 optometrists responded to the survey which was closed in mid-March 2023. You can access interpretive reports on additional OTDG topics as they are released by visiting otdg.tfgeducation.com or scanning the QR code.



Meet the Board

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Meet the Author

Melissa Barnett

OD, FAAO, FSLs, FBCLA



Dr. Melissa Barnett is Director of Optometry at the University of California, Davis. She is an internationally recognized key opinion leader, specializing in dry eye disease, specialty contact lenses, and presbyopia.

Dr. Barnett lectures globally and publishes extensively on topics including dry eye, anterior segment disease, contact lenses, presbyopia, and creating a healthy balance between work and home life for women in optometry.

She is Past Chair of the American Optometric Association Contact Lens and Cornea Section, a Fellow of the American Academy of Optometry, a Diplomate of the American Board of Certification in Medical Optometry, a Fellow and Global Ambassador of the British Contact Lens Association, serves on the Board of the Gas Permeable Lens Institute, International Society of Contact Lens Specialists and is Past President of The Scleral Lens Education Society.

Dr. Melissa Barnett and Lynette Johns authored and edited the book *Contemporary Scleral Lenses: Theory and Application* with the unique perspectives and contributions of international experts. Dr. Barnett most recently chaired the BCLA CLEAR report on scleral lenses. She is currently serving on the Tear Film & Ocular Surface Society (TFOS): A Lifestyle Epidemic Ocular Surface Disease Workshop.

Dr. Barnett was awarded the inaugural Theia Award for Excellence for Mentoring by Women in Optometry. She was granted the Most Influential Women in Optical from Vision Monday.

In her spare time, she enjoys cooking, yoga, hiking and spending time with family.