

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

**OSD and MGD:
INSIGHTS &
TRENDS**

**By Dr. Gloria B. Chiu
OD, FAAO, FSLs
&
Dr. Marc R. Bloomenstein
OD, FAAO**



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Optometrists play a crucial role in diagnosing and managing **ocular surface diseases (OSD)** and **meibomian gland dysfunction (MGD)**. We are responsible for identifying these conditions, offering treatment options, and educating patients on effective management strategies to improve ocular comfort and maintain eye health.

We'll review data from the 2023 Optometric Trends Discovery Group (OTDG) Survey to gain insights into the clinical practice patterns and opinions of U.S. optometrists as they relate to OSD and MGD.

Diagnosing OSD and Dry Eye

On average, respondents see 16 dry eye patients each week. More so than the overall average, both doctors were surprised by the number of respondents seeing very few dry eye patients, with 45% saying they see less than 10 dry eye patients weekly. Dr. Bloomenstein posits that this discrepancy might stem from the varied definitions of dry eye across the field. If the question were to specify "asymptomatic OSD or dry eye," we would see much higher numbers. Yet, it may not solely be about definition. Dr. Chiu suggests that sometimes our professional haste in prescribing corrective measures might over-

shadow a thorough investigation of a patient's symptoms, potentially overlooking a significant number of dry eye cases.

In our experience, we've recognized the invaluable role of the dry eye questionnaire (DEQ) in gauging the extent and influence of dry eye symptoms. This brief self-assessment tool enables a targeted inquiry into the matter. As shown in Figure 1, a majority (64%) of practitioners have implemented a DEQ in their practice though among these most are doing so inconsistently. We, Dr. Bloomenstein and Dr.

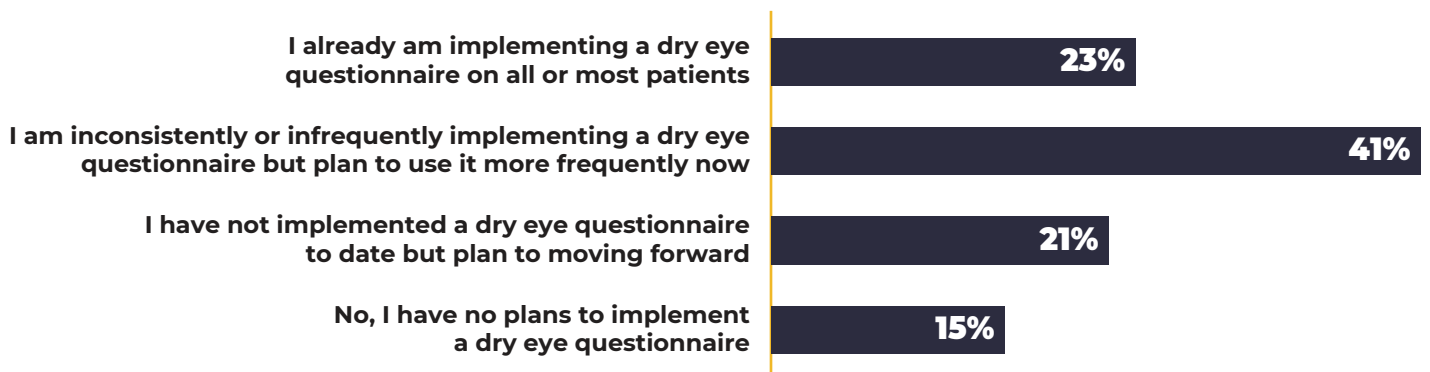


FIGURE 1. Do you plan to implement a dry eye questionnaire in your practice?

Chiu, concur on the significance of the DEQ and note that effective management of dry eye requires the ability to evaluate patients' subjective feelings in addition to objective signs as a healthcare practitioner. The DEQ stands as a cost-effective method for technicians to assess patients' symptoms and provides a quantitative benchmark to track the effectiveness of the treatment you're administering.

Of course, the subjective assessment of the symptoms goes hand in hand with more objective testing for OSD biomarkers. Dr. Chiu emphasizes that, frequently, it's imperative to present patients with tangible evidence—whether it's showcasing the aberrant structure of their meibomian glands or revealing abnormal readings from tear osmolarity or MMP-9 tests. Such concrete data serves as a crucial motivator, nudging patients to adhere to their treatment regimens.

Drawing from Figure 2, one can observe the diverse array of tests at our disposal and their application in diagnosing OSD. Corneal and conjunctival staining is the most popular test used at the initial point of care test used in most patients. This, along with tear-break up time, meibomian gland evaluation, and tear meniscus height make up the most commonly used, whereas the remaining tests are either used on a case-by-case basis, not seen as having value, or the respondent lacks access to that test. A recurring observation among respondents is the lack of accessibility to three pivotal tests—meibography, tear osmolarity, and MMP-9. Dr. Bloomenstein doesn't see this situation changing anytime soon. Having a single, reimbursable measurement could boost participation. However, access remains a major issue for both ODs and patients alike.

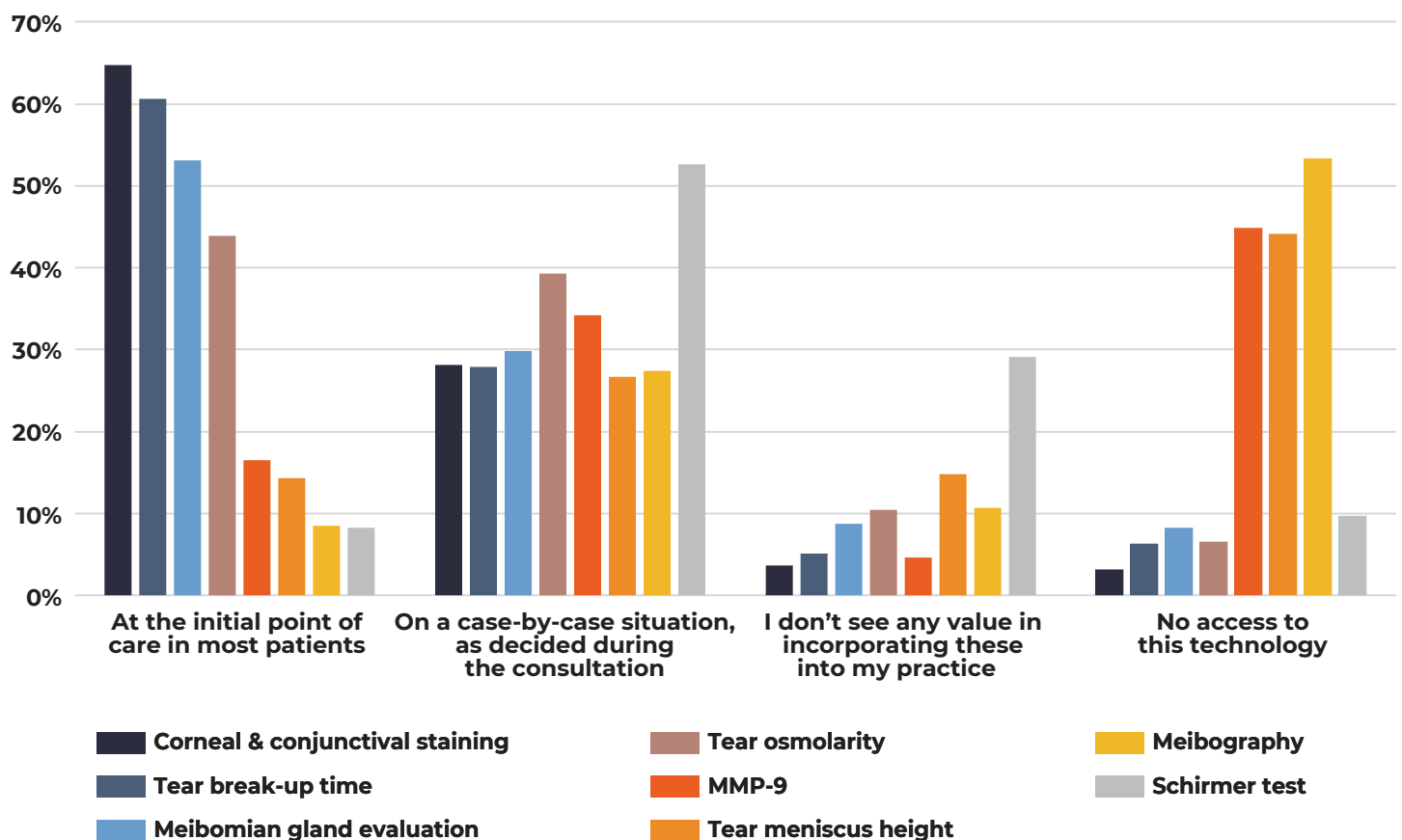


FIGURE 2. When do you use the following tests in the diagnosis of ocular surface disease?

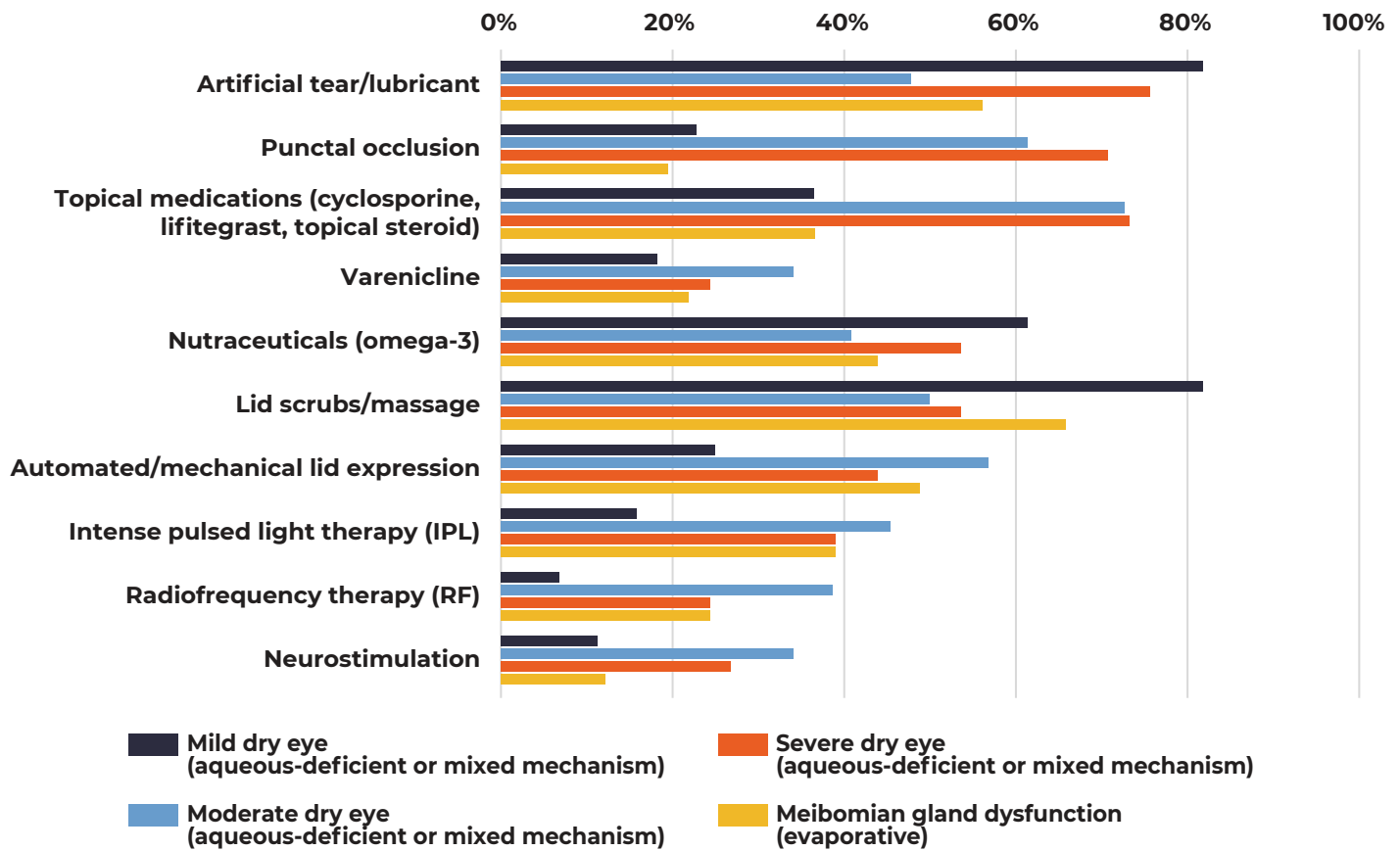


FIGURE 3. Indicate your primary therapies and treatments for managing mild, moderate, or severe dry eye or MGD.

Treating OSD and MGD

There are many methods for diagnosing OSD and likewise, there are many different options used to treat OSD and MGD, as shown in Figure 3. Interestingly, both ends of the spectrum, mild dry eye and MGD, are most commonly treated with artificial tear/lubricant and lid scrubs/massage. This is not surprising, Dr. Bloomenstein suggests, as these methods are cost-effective and low-risk. However, he posits these should be seen as adjunctive measures for short-term relief, emphasizing the crucial role of obstructive treatments (like home moist heat and lid scrubs or in office procedures) and inflammation management to address root causes. Dr. Chiu, on the other hand, highlights the economic and time constraints associated with some advanced treatments, and applauds doctors who prioritize more basic, accessible interventions.

Both doctors agree that patient education is key here. As Dr. Chiu asserts, it's not merely about prescribing treatments but instructing on their proper application. Patients need to be educated on the amount of time to microwave warm compresses, how to massage the lids, how many times a day to apply these treatments, etc. If not done correctly, these patients will be back in your office complaining of the same symptoms. Likewise, Dr. Bloomstein believes that optometrists should emphasize the lack of therapeutic effect that lubricating drops have on our patients. A comprehensive approach targeting the fundamental mechanisms of OSD, coupled with explaining the rationale behind each step, is essential.

To Delay or Not Delay

Survey results showed that 70% of respondents agreed or strongly agreed that it is important to delay cataract surgery when there is any ocular surface issue. Despite this prevalent stance, we both have reservations. Dr. Chiu underscores that an impeccable ocular surface is rarely achievable, especially in patients with chronic ocular surface compromise related to systemic disease. When confronted with a significant cataract impairing vision, it's often prudent to act promptly. Dr. Bloomenstein added that current literature doesn't convincingly advocate for delaying surgeries under such circumstances, highlighting an absence of conclusive benefits.

Nevertheless, it's vital not to sideline ocular surface challenges in these cases. As Dr. Chiu further explains, you need be transparent about the potential risks and really weigh whether it is clinically necessary. You also want to try to optimize the surface as much as possible before and especially after surgery when the incision has been made, and then follow them more closely than some of your more normal ocular surface patient.

Did you KNOW?



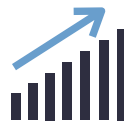
100%

of respondents recommend preservative-free options-when suggesting drops to their dry patients, and 73% do so always or often



84%

of respondents agreed or strongly agreed that moderate dry eye can significantly impact cataract surgery outcomes



83%

of respondents agreed or strongly agreed that managing the ocular surface is an important element in growing surgical comanagement in their practice



64%

of dry eye patients are believed to have meibomian gland dysfunction



70%

of respondents agreed or strongly agreed that it is important to delay cataract surgery when there is any ocular surface issue

Meet the Author

Dr. Gloria B. Chiu
OD, FAAO, FSLs



Dr. Gloria Chiu is an Associate Professor of Clinical Ophthalmology at the USC Roski Eye Institute, Department of Ophthalmology, at the University of Southern California Keck School of Medicine. She received her Doctor of Optometry at the University of California, Berkeley, School of Optometry and completed a residency in Cornea and Contact Lenses at the Southern California College of Optometry, where she still serves as an adjunct faculty member.

Her clinical interests include contact lens fittings and treatment for patients with ocular surface disease and irregular corneas. Her research interests include microbial contamination in contact lens-related solutions and effects of scleral lens wear on the ocular surface and optic nerve.

She is a fellow of the American Academy of Optometry and the Scleral Lens Education Society, and a member of the California Optometric Association. She is a regular contributor to *Contact Lenses Today* and *Contact Lens Spectrum*, and publishes frequently in ophthalmic journals.

She was named one of America's Best Eye Doctors in 2021 by *Newsweek* and GP Practitioner of the Year by the Gas Permeable Lens Institute in 2023.

Meet the Author

*Dr. Marc R.
Bloomenstein
OD, FAAO*



Dr. Marc Bloomenstein is the Director of Optometric Services at the Schwartz Laser Eye Center in Scottsdale, Arizona and President of MRB Eye Consultants. He is the Chairman of the Education Committee for Vision Expo. Dr. Bloomenstein served as the Chairman of the AOA Continuing Education Committee and served on the board of the Ocular Surface Society of Optometry (OSSO), as well as a founding member of the Optometric Cornea, Cataract, and Refractive Society (OCCRS). Dr. Bloomenstein has served as the President of the Arizona Optometric Association, Legislation Chair and President of the Board of the Arizona Optometric Charitable Foundation. Dr. Bloomenstein has delivered over 1500 invited lectures worldwide and serves as a consultant to numerous industry-leading pharmaceutical, biomedical and information technology companies.

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.



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