

"The "DEWS" and Don'ts of Modern Dry Eye Management"

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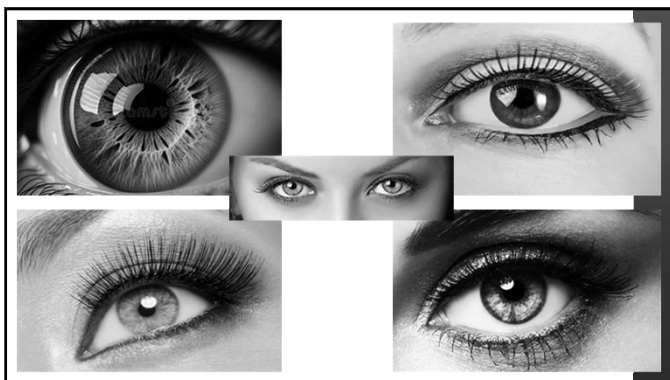
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Disclosures

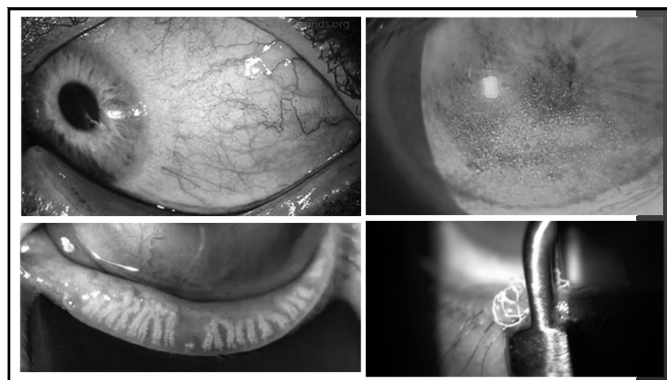
Dr. Wood:

- LKC Technologies – Clinical Advisory Board
- Alcon – Contact Lens KOL/Speaker
- Bausch & Lomb – Contact Lens Expert/Speaker
- Essilor Instruments – LLLT/IPL Speaker
- Euclid Vision Group – Speaker/Consultant
- Orasis Pharmaceuticals – Speaker/Consultant
- Pure & Clean – Research/Speaker
- Vision Source Administrator – San Antonio
- Vision Source Vendor Relations Consultant – Equipment/Contact Lens

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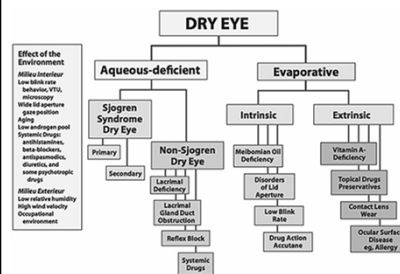
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Tear Film & Ocular Surface Society (TFOS) Dry Eye Work Shop III (DEWS III) Management and Therapy Report Abstract

This report provides an evidence-based review of current strategies to manage dry eye disease (DED). First-line management focuses on methods to replenish, conserve and stimulate the tear film, with an emphasis on ocular supplements, which remain the cornerstone of DED treatment. Meibomian gland dysfunction, a primary contributor to DED, is typically treated with warm compresses and a wide variety of in-office treatments, including device-driven technologies to warm the eyelids, intense pulsed light therapy, low-level light therapy and other new and emerging technologies. Lid hygiene treatments include lid wipes, anti-Demodex therapies, blepharoxfoliation and topical antibiotics. DED caused by certain etiological drivers can benefit from anti-inflammatory therapies, including corticosteroids, T-cell immunomodulatory topical drugs and a wide variety of pharmacological agents, in addition to biologic tear substitutes such as autologous serum and platelet-rich plasma. Emerging therapies, such as neuromodulation via nasal neurostimulation and novel pharmacological treatments offer potential future options. Advanced options, including amniotic membrane grafts and complex surgical methods, provide options for severe or refractory cases. Lifestyle modifications, including optimized blinking, dietary supplementation and environmental adjustments, play a crucial role in long-term management. Patient education and adherence to treatment regimens remain essential for sustained symptom relief. The TFOS DEWS III prescribing algorithm provides an evidence-based framework to offer guidance to clinicians in selecting relevant interventions based on disease etiology that aim to provide targeted management of the subtype of DED that an individual is experiencing.

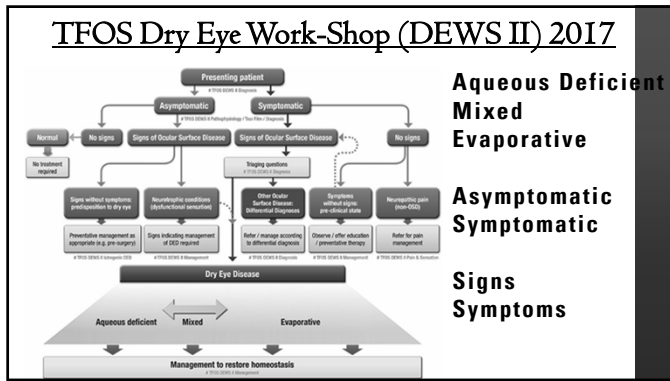
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TFOS Dry Eye Work-Shop I (DEWS I) 2007



Aqueous Deficient
 vs
 Evaporative
 Dry Eye Disease

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TFOS Dry Eye Work-Shop III (DEWS III) 2025

SUBTYPES:

- Tear Deficiency
- Evaporative Dysfunction
- Neurosensory Anomalies
- Inflammatory Pathways

MANAGEMENT

- Tear Conservation
- Lipid Layer Enhancement
- Surface Regeneration
- Inflammation and Lid Hygiene

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TFOS DEWS III Management & Therapy Algorithms

Tear Film Deficiencies: LIPID

ETIOLOGIC DRIVER TESTS	TEAR FILM DEFICIENCIES	EVIDENCE-BASED INTERVENTIONS
Lipid	Lipid layer	Lipid
Tear film lipid layer thickness / interferometry	Muco-aqueous phase	Tear supplementation / stabilization (lipomimetics)
Meibomian gland expressibility		Tear conservation devices (moisture-retaining spectacles)
Meibum quality	Glycocalyx	Pharmacological tear stimulation / restoration
Aqueous		Cornea epithellia
Tear meniscus height		Blink therapies
Meniscometry / Schirmer* / phenol red thread test*		Topical lid hygiene
Mucin / glyocalyx		Aqueous
Lissamine green / rose bengal staining		Oral nutrition (Omega 3)
Conjunctival impression cytology		Tear supplementation / stabilization
		Tear conservation devices
		Pharmacological / device tear stimulation / restoration
		Topical anti-inflammatories
		Ocular surface regenerators
		Surgical options
		Mucin / glyocalyx
		Tear supplementation / stabilization (HP guar)
		Topical anti-inflammatories
		Pharmacological tear stimulation
		Device tear stimulation (neurostimulation)

Tear Film Deficiencies: Lipid **Aqueous** **Mucin**

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TFOS DEWS III Management & Therapy Algorithms

Tear Film Deficiencies: LIPID

ETIOLOGIC DRIVER TESTS	EVIDENCE-BASED INTERVENTIONS
Tear Film Lipid Layer Thickness/Interferometry	Tear Supplementation (Lipomimetics)
Meibomian Gland Expressibility	Tear Conservation Devices (Specs)
Meibum Quality	Pharm Tear Stimulation
	Device Tear Stimulation
	Blink Therapies
	Topical Lid Hygiene

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TFOS DEWS III Management & Therapy Algorithms

Tear Film Deficiencies: AQUEOUS

ETIOLOGIC DRIVER TESTS	EVIDENCE-BASED INTERVENTIONS
Tear Meniscus Height	Oral Nutrition (Omega 3)
Meniscometry	Tear Supplementation
Schirmer Test	Tear Conservation Devices (Specs)
Phenol Red Thread Test	Pharm Tear Stimulation
	Device Tear Stimulation
	Topical Anti-inflammatories
	Amniotic Membranes
	Punctal Plugs

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TFOS DEWS III Management & Therapy Algorithms

Tear Film Deficiencies: MUCIN/GLYCOCALYX

ETIOLOGIC DRIVER TESTS	EVIDENCE-BASED INTERVENTIONS
Lissamine Green/Rose Bengal	Tear Supplementation
Conjunctival Impression Cytology	Pharm Tear Stimulation
	Device Tear Stimulation
	Topical Anti-inflammatories

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TFOS DEWS III Management & Therapy Algorithms

Eyelid Anomalies: Blink/Closure Ant.Bleph MGD

ETIOLOGIC DRIVER TESTS	EVIDENCE-BASED INTERVENTIONS
Blinking / lid closure	Blinking / lid closure
Incomplete blinking	Blink exercises
Anterior blepharitis	Anterior blepharitis
Eyelid biomicroscopy - greasy (seborrheic) or flaky (staphylococcal)	Topical lid hygiene
Eyelash base - cylindrical dandruff / Demodex	Oral antibiotics
Meibomian gland dysfunction	Meibomian gland dysfunction
Pouting, missing, displaced gland orifices	Oral nutrition (vitamin D3)
Meibomian gland expressibility	Tear supplementation / stabilization (lipid-based, androgen)
Meibography - truncated, dilated glands, 'drop out'	Pharmacological tear stimulation / restoration (topical azithromycin, selenium sulfide)
Telangiectasia	Device tear stimulation / restoration (internal and external lid heating; IPL; LLLT; QMR; radio-frequency)
Lid margin keratinization	Lid margin debridement for significant keratinization
	Oral antibiotics

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TFOS DEWS III Management & Therapy Algorithms

Eyelid Anomalies: BLINKING/LID CLOSURE

ETIOLOGIC DRIVER TESTS	EVIDENCE-BASED INTERVENTIONS
Incomplete Blinking	Blink Exercises

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TFOS DEWS III Management & Therapy Algorithms

Eyelid Anomalies: ANTERIOR BLEPHARITIS

ETIOLOGIC DRIVER TESTS	EVIDENCE-BASED INTERVENTIONS
Eyelid Biomicroscopy: Greasy - Seborrheic Flaky - Staphylococcal	Topical Lid Hygiene
Eyelash Base: Cylindrical - Demodex	Oral Antibiotics

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TFOS DEWS III Management & Therapy Algorithms

Eyelid Anomalies: MGD

ETIOLOGIC DRIVER TESTS	EVIDENCE-BASED INTERVENTIONS
Pouting/Missing/Displaced Meibomian Gland Orifice	Oral Nutrition (Vit D3)
Meibomian Gland Expressibility	Tear Supplementation (Lipids)
Meibography	Pharm Tear Stimulation
Gland Truncation/Dilation/Drop Out	Topical Azithromycin, Selenium
Telangiectasia	Device Tear Stimulation
Lid Margin Keratinization	IPL/LLLT/RF/QMR
	Lid Margin Debridement
	Oral Antibiotics

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TFOS DEWS III Management & Therapy Algorithms

OSD: Anatomical Neural Cellular Inflammatory

ETIOLOGIC DRIVER TESTS	EVIDENCE-BASED INTERVENTIONS
Anatomical misalignment	Anatomical misalignment
Biomicroscopy e.g. pterygium, LPCCF / conjunctivochalasis, ectropion / entropion, lagophthalmos	Surgical options
Normal Evaporation	Tear supplementation / stabilization
Cellular damage / disruption	Surgical options (punctal occlusion)
Cornea (fluorescein)	Cellular damage / disruption
Bulbar Conjunctiva (lissamine green)	Oral nutrition (vitamin D3)
Lid wiper epitheliopathy (lissamine green)	Tear supplementation / stabilization
Bulbar conjunctival hyperemia	Pharmacological tear stimulation / restoration
Inflammatory markers	Device tear stimulation / restoration
	Topical lid hygiene
	Topical anti-inflammatories
	Ocular surface regenerators
	Surgical options (punctal occlusion)
	Inflammation / oxidative stress
	Oral nutrition (omega 3 / vitamin D3)
	Pharmacological tear stimulation / restoration
	Device tear stimulation / restoration (IPL)
	Topical lid margin hygiene / debridement
	Topical anti-inflammatories
	Ocular surface regenerators (amniotic membrane)
	Surgical options (punctal occlusion)

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TFOS DEWS III Management & Therapy Algorithms

OSD: Anatomical Misalignment:

ETIOLOGIC DRIVER TESTS	EVIDENCE-BASED INTERVENTIONS
Pterygium	Surgical Repair
Conjunctivochalasis	
Ectropion	
Entropion	
Lagophthalmos	

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TFOS DEWS III Management & Therapy Algorithms
OSD: Neural Dysfunction

ETIOLOGIC DRIVER TESTS

Corneal Sensitivity Testing
 In vivo Confocal Microscopy

EVIDENCE-BASED INTERVENTIONS

Tear supplementation
 Punctal Occlusion

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TFOS DEWS III Management & Therapy Algorithms
OSD: Cellular Damage (Staining)

ETIOLOGIC DRIVER TESTS

Cornea (fluorescein)
 Bulbar Conjunctiva (lissamine green)
 Lid wiper epitheliopathy (lissamine green)

EVIDENCE-BASED INTERVENTIONS

Oral Nutrition (vit D3)
 Tear Supplementation
 Pharm Tear Stimulation
 Device Tear Stimulation
 Topical Lid Hygiene
 Topical Anti-Inflammatories
 Amniotic Membranes
 Punctal Occlusion

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TFOS DEWS III Management & Therapy Algorithms
OSD: Inflammation/Oxidative Stress

ETIOLOGIC DRIVER TESTS

Bulbar Conjunctival Hyperemia
 Inflammatory Markers

EVIDENCE-BASED INTERVENTIONS

Oral Nutrition (Omega 3/Vit D3)
 Tear Supplementation
 Pharm Tear Stimulation
 Device Tear Stimulation
 Topical Lid Hygiene/Debridement
 Topical Anti-Inflammatories
 Amniotic Membranes
 Punctal Occlusion

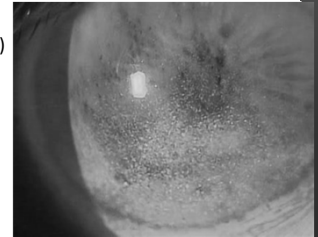
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Sjogren's Syndrome Dry Eye (SSDE)

Primary (singular diagnosis)

Secondary (associated with other auto-immune conditions)

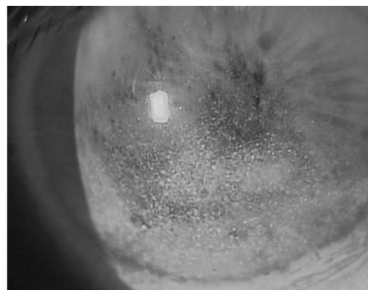
- Rheumatoid arthritis (RA)
- System Lupus erythematosus (SLE)
- Raynaud disease
- Scleroderma
- Primary biliary cholangitis
- Autoimmune hepatitis



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Sjogren's Syndrome Dry Eye (SSDE): Ocular manifestations

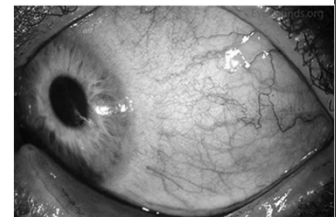
Blurry vision
 Foreign Body sensation
 Burning sensation
 Photophobia
 Red Eyes



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Sjogren's Syndrome Dry Eye (SSDE): MILD/MODERATE

Corneal punctate epithelial erosions (PEK)
 Decreased Tear Break Up Time (TBUT)
 Conjunctival hyperemia
 Conjunctival staining
 Decreased meniscal height



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Sjogren's Syndrome Dry Eye (SSDE): ADVANCED

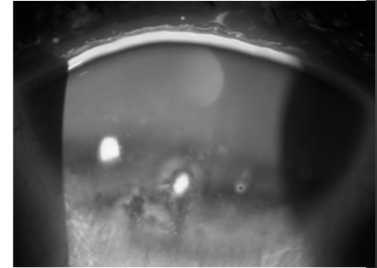
Meibomian Gland Dysfunction (MGD)
 Keratinization of corneal and conjunctiva
 Mucous discharge
 Filamentary keratitis
 Mucous Plaques
 Corneal calcification



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Sjogren's Syndrome Dry Eye (SSDE): SEVERE

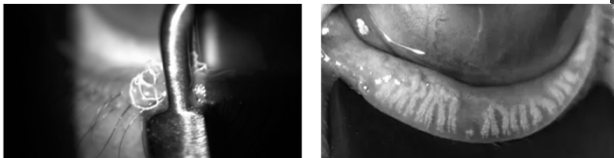
Neurotrophic keratitis
 Corneal perforation
 Scleritis
 Uveitis
 Optic neuropathy
 Retinal vasculitis



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Meibomian Gland Dysfunction (Evaporative Dry Eye)

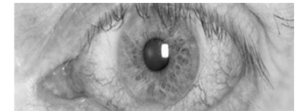
Abnormal Meibomian Glands
 Terminal Duct Obstruction
 Poor Gland Secretion



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Meibomian Gland Dysfunction (Evaporative Dry Eye)**RISK FACTORS:**

Age related Gland Atrophy
 Contact Lens Wear
 Hormones (androgens)
 Medications (isotretinoin, Prostaglandin glaucoma drops)
 Inflammatory conditions (Rosacea, Demodex)
 Facial products (wrinkles creams, moisturizers)



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Meibomian Gland Dysfunction (Evaporative Dry Eye)**CLINICAL SIGNS:**

Thickened, turbid meibum or absent expression
 Gland Atrophy (confirm with Meibography)
 Capped or inspissated MG orifices
 Lid Margin Telangiectasia
 Frothy tears/Unstable Tear Film



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Meibomian Gland Dysfunction (Evaporative Dry Eye)**SYMPTOMS:**

Eye Burning and Grittiness
 Fluctuating vision
 Eye Dryness and Irritation
 Worse in the morning and during prolonged visual tasks



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Meibomian Gland Dysfunction (Evaporative Dry Eye)**ASSOCIATED OCULAR FINDINGS:**

- Rapid Tear Break Up Time (<5 secs)
- Telangiectasia of lid margins
- Lid Wiper Epitheliopathy
- Hordeolum/Chalazion
- Madarosis
- Punctate Keratitis



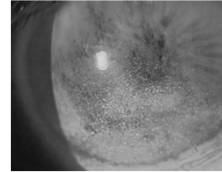
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Neurotrophic Keratitis: (Corneal Neurosensory Loss)

Degenerative corneal disease associated with Severe DED

Caused by Trigeminal Nerve Dysfunction (CN V)

Result is CORNEAL SENSITIVITY and impaired epithelial healing



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Neurotrophic Keratitis: (Corneal Neurosensory Loss)**ETIOLOGIES:**

- Herpes Simplex/Herpes Zoster
- Surgical Injury
- Diabetes mellitus
- Auto-Immune Disease (RA, SLE)
- Long Term Contact Lens Wear
- Stroke, MS, Tumors, Aneurysm (affecting Trigeminal Nerve)
- Topical Medications (Aesthetics, Preservatives)

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Neurotrophic Keratitis: (Corneal Neurosensory Loss)

PATHOPHYSIOLOGY: Loss of Corneal Innervation

LEADS TO:

- Reduced Blinking/Tear Secretion
- Impaired epithelial maintenance/wound healing
- High risk epithelial breakdown, ulceration, stromal melt

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Neurotrophic Keratitis: (Corneal Neurosensory Loss)**CLINICAL STAGES (MACKIE CLASSIFICATION)**

STAGE 1: Punctate Epithelial Keratitis/Epithelial Irregularity

STAGE 2: Persistent Epithelial Defect w/o infiltrate

STAGE 3: Corneal ulceration, Stromal thinning, Perforation

SYMPTOMS:

Disproportionately mild or absent despite severe SIGNS

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Neurotrophic Keratitis: (Corneal Neurosensory Loss)**DIAGNOSIS:**

Reduced/Absent Corneal Sensitivity

TEST: Dental Floss, Cotton Wisp, Cochet-Bonnet Esthesiometer

Chronic/Non-healing corneal epithelial defects

TEST: Biomicroscopy, NaFL dye



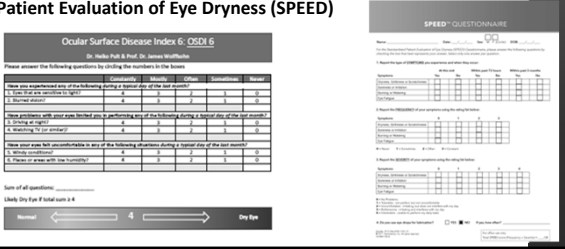
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DIAGNOSTIC ADVANCES IN DRY EYE DISEASE

Dry Eye Questionnaires

Ocular Surface Disease Index 6 (OSDI-6): DEWSIII Recommended Test

Standard Patient Evaluation of Eye Dryness (SPEED)



The image shows two questionnaires. On the left is the Ocular Surface Disease Index 6 (OSDI-6), which includes a table with 19 questions and a visual scale from 0 to 100. On the right is the SPEED questionnaire, which includes a table with 10 questions and a visual scale from 0 to 100.

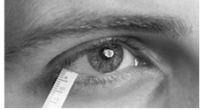
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DIAGNOSTIC ADVANCES IN DRY EYE DISEASE

Tear Production Tests

Schirmer's Test

Phenol Red Thread Test

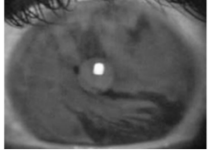


Tear Film Stability Tests

Tear Break Up Time (TBUT)

Non-Invasive Tear Break Up Time (NIBUT)

Tear Meniscus Height (Slit lamp, OCT)



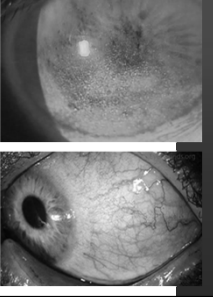
The image shows a close-up of an eye with a white strip (Schirmer's test) and a red thread (Phenol Red Thread test) placed near the eye. Another image shows a close-up of the tear meniscus being measured.

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DIAGNOSTIC ADVANCES IN DRY EYE DISEASE

Ocular Surface Staining:

- Fluorescein Staining: Corneal Damage
- Lissamine Green: Conjunctival Damage
- Rose Bengal Staining: Conjunctival Damage



The image shows two close-up photographs of an eye. The top image shows fluorescein staining of the cornea, and the bottom image shows lissamine green staining of the conjunctiva.

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DIAGNOSTIC ADVANCES IN DRY EYE DISEASE

Osmolarity Testing

Scout Pro (B&L/Trukera/TearLab)

Inflammatory Biomarkers

InflammaDry (MMP-9)




The image shows a Scout Pro osmolarity testing device and a close-up of an eye being tested with the InflammaDry device.

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DIAGNOSTIC ADVANCES IN DRY EYE DISEASE

Advanced Imaging Techniques

- Tear Meniscus (OCT)
- Meibography (Infrared imaging)
- Lipid Layer Thickness (Interferometry)



The image shows a close-up photograph of a tear meniscus, which is the curved line of tears at the edge of the eye.

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DIAGNOSTIC ADVANCES IN DRY EYE DISEASE

Lab Work Up: Auto-antibody Testing:

Sjö Test

- Anti-Ro/SSA and Anti-La/SSB
- ANA (Antinuclear Antibody) Test
- Rheumatoid Factor (RF)



The image shows two boxes of Sjö Test lab work up kits, which are used for auto-antibody testing.

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TREATMENT ADVANCES IN DRY EYE DISEASE

Modern Treatments Options for Dry Eye

- Environmental Control
- Optimal humidity levels at home
- Eye goggles outdoors
- Avoid air blowing into eyes from HVAC, wind, ceiling fan
- Decrease screen time to due reduced blink rates**
- LAUGHTER (new in DEWS III report)



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TREATMENT ADVANCES IN DRY EYE DISEASE

Artificial Tears

- Preservative Free drops
- Preservative Free gels
- Preservative Free ointments



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TREATMENT ADVANCES IN DRY EYE DISEASE

Immunomodulatory Eye Drops (Chronic Therapy)

- Lifitegrast (Xiidra)
- Cyclosporine 0.05% Emulsion (Restasis/Restasis MultiDose)
- Cyclosporine 0.09% Solution (Cequa)



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TREATMENT ADVANCES IN DRY EYE DISEASE

RECENT TREATMENT OPTIONS:

- Cyclosporine 0.1% Solution (Vevye)
 - Perfluorobutylpentane (inactive), Contains No Water (no pH, no osmolarity), PF
- Perfluorohexyloctane solution (Miebo)
 - Forms monolayer at air-liquid interface, reduces evaporation, Immiscible with water
- Acoltremon 0.003% solution (Tryptyr)
 - TRPM8 neuromodulator receptor agonist stimulating corneal nerves
 - Phase 3 trials demonstrated rapid natural tear production Day 1



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FUTURE TREATMENT ADVANCES IN DRY EYE DISEASE

ABBVIE: ABBV-444 (phase 3 study NCT07284381)

- Trehalose and sodium hyaluronate
- designed to improve tear film stability, ocular surface hydration & dry eye sx
- Dosage: 1-2 drops bid
- Recruitment: **March 2026**

ALDEYRA: Reproxalap

- RASP modulator
- Inconsistent Phase 3 Trial Results reported
- March 17, 2026: FDA rejects 3rd time for failure "to demonstrate efficacy"
- outcome TBD

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TREATMENT ADVANCES IN DRY EYE DISEASE

Steroid Eye Drops (Short Term Therapy)

Loteprednol suspension 0.25% (Eysuvis)

- Shake well before use
- Preserved with BAK
- Dosing 2 weeks (IOP/Cataract)



Nasal Tear Stimulants

Varenicline nasal spray 0.03mg (Tyrvaya)

- Stimulates tears through trigeminal parasympathetic pathway



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TREATMENT ADVANCES IN DRY EYE DISEASE

Oral Dry Eye Treatments

Omega-3 Fatty Acids

- Re-esterified Triglyceride Form (EPA/DHA)
- Alcohol based Ethyl Ester Form (EPA/DHA)
- Plant based (ALA) (body converts it to EPA/DHA, less efficient)
 - DREAM Study (2018) & JAMA Ophth. Study (2022)
 - challenge benefit of omega 3s for dry eye treatment:
 - NOT significantly better than placebo

Blink NutriTears

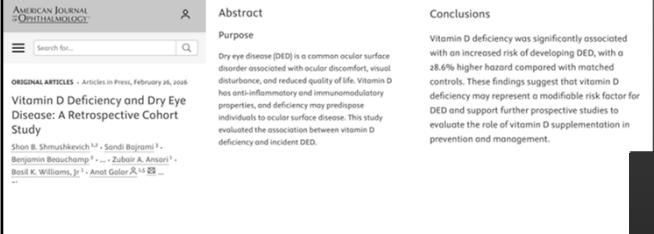
- Curcumin (Turmeric), Lutein/Zeaxanthin, Vitamin D
- Study reports improvement in 15 days, Dose: 1 tab daily po

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TREATMENT ADVANCES IN DRY EYE DISEASE

Oral Dry Eye Treatments

D3 Supplementation: AJO Feb 326, 2026



Abstract

Purpose
Dry eye disease (DED) is a common ocular surface disorder associated with ocular discomfort, visual disturbance, and reduced quality of life. Vitamin D has anti-inflammatory and immunomodulatory properties, and deficiency may predispose individuals to ocular surface disease. This study evaluated the association between vitamin D deficiency and incident DED.


Conclusions
Vitamin D deficiency was significantly associated with an increased risk of developing DED, with a 28.6% higher hazard compared with matched controls. These findings suggest that vitamin D deficiency may represent a modifiable risk factor for DED and support further prospective studies to evaluate the role of vitamin D supplementation in prevention and management.

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TREATMENT ADVANCES IN DRY EYE DISEASE

Oral Antibiotics (MGD or high MMP-9)

- Tetracycline
- Doxycycline
- Minocycline
- Azithromycin (available as topical AzaSite)



Oral Secretagogues

- Cevimeline (Evoxac)
- Pilocarpine (Salagen)


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TREATMENT ADVANCES IN DRY EYE DISEASE

Dry Eye Treatment Procedures

Punctal Occlusion

- Temporary/Dissolving Punctal Plugs (Collagen)**
 - Duration: 5 day, 90 day, 180 day
- Semi-Permanent Plugs (silicone, acrylic)**
 - Duration: Fall out or removed
- Hyaluronic acid gel (Lacrifill Canalicular Gel)**
 - Duration: 90 – 180 days
- Permanent Punctal Occlusion (cautery)**





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TREATMENT ADVANCES IN DRY EYE DISEASE


Light Therapy

- Intense Pulsed Light (IPL)
- Photobiomodulation (LLLT)
- (FDA approved for MGD, ARMD, investigated for Glaucoma/Myopia Control)

Sound Therapy

- Radiofrequency (RF, off-label)



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TREATMENT ADVANCES IN DRY EYE DISEASE

Thermal Pulsation

- Lipiflow
- TearCare
- iLux
- MiBo Thermoflo
- Activa Med Non-Invasive Therapy






Thermo-Mechanical Action (TMA)

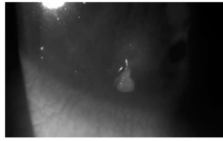
- Tixel-i



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TREATMENT ADVANCES IN DRY EYE DISEASE**Foreign Body Removal**

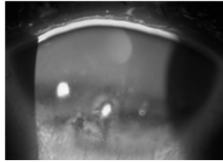
Filamentary keratitis

**Contact Lens Treatments**

Silicone Hydrogel Bandage SCL

Drug delivery CL

Scleral RGP contact lens

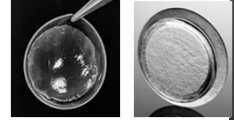


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TREATMENT ADVANCES IN DRY EYE DISEASE**Biological Treatments****Amniotic membrane** (human growth factor/placenta)

Cryopreserved (ProKera, CAM360)

Dehydrated (BioDOptix, AmbioDisk)

**Autologous serum** eyedrops**Platelet-rich plasma** eyedrops (PRP eyedrops)

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TREATMENT ADVANCES IN DRY EYE DISEASE**Oxervate (for neurotrophic keratitis)**

Recombinant human nerve growth factor

1 drop 6 x daily @ 2 hour intervals x 8 weeks

Store in refrigeration

\$\$\$ Very Expensive, Assistance Available

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THANK YOU!*Questions?*

Bobby "Chip" Wood, Jr., O.D.
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