

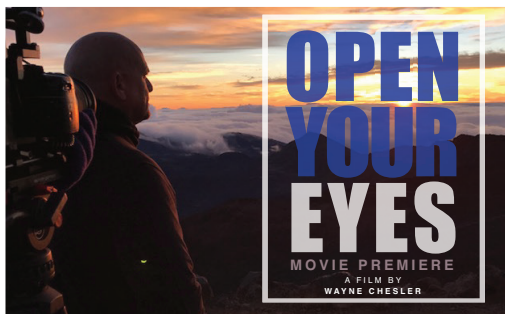
SEPTEMBER 2019

New California Members and Upcoming Meetings You Won't Want to Miss!



Kerry Gelb, OD
President

Bermuda is just around the corner! The Board of Directors is busy finalizing speakers, sponsors and special events! Our event planning team is working hard to make every aspect as special as usual. Please register soon and choose activities to secure your place. Looking forward to seeing you all at the beautiful Fairmont Southampton.



**Open Your Eyes, a film by Wayne Chesler, scheduled to premiere at our 2019 Annual Meeting in Bermuda!*

Managers' Meeting:

Our Managers' Meeting grows every year. The Planning is underway for this

popular event. The meeting is scheduled for November in Ft. Lauderdale Florida! *Scheduled dates for the meeting are November 17-19, 2019.* The meeting is sure to be productive and motivating to our valued managers. Keep your eye on the ALLDocs Facebook page and your inbox for those impending announcements with all the details.

Welcoming New California Leaseholders!

A very big thank you to Dr. Kyle Sexton and Dr. Gretchen Brewer for attending the CALCS symposium in Anaheim CA. Dr. Sexton and Brewer were given time at the meeting to introduce the new leaseholders to the ALLDocs organization, our history, benefits of membership and attending the annual meeting. ALLDocs has been invited back to present again for the Northern California doctors at their next meeting in October. Welcome to all of our new California members!



PRESIDENT'S DESK



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Digital Marketing on Facebook for Optometrists



As a healthcare professional, you may be flirting with investing time and resources into advertising on Facebook. According to AdHawk, a company specializing in using software automation to enhance digital marketing and advertising, many healthcare professionals, including optometrists, are using Facebook's ad network to promote their brands, attract clients, and help more patients.¹

According to Pew Research Center, 68% of American adults were Facebook users as of 2018.² This represents a sizable chunk of potential clients who can scroll through collective news feeds and advertisements. Maximizing touch points between would-be clients and messages from your brand is crucial. People are more likely to remember your brand if it advertises on Facebook.¹

Get Started

The first step to advertising in this medium is to set up a Facebook Ad Account, but you will need to consider your end goals and intended audience. Visit Facebook's Business Manager page to discover the best approach for your unique needs.³ AdHawk recommends talking to your current patients and customers when planning advertising and marketing.¹ Consider their demographics and patterns.

When targeting would-be patients, think about custom and lookalike audiences. With customization, you can create audiences based on people who previously interacted with your Facebook page or visited your website. For lookalike audiences, Facebook generates a dynamic list of people whose online actions indicate they might

be similar to a group of established, well-qualified people. Facebook also lets you target people based on their location, age, gender, and spoken language.

Be cognizant of your audience definition. As targeting is adjusted, audience sizes will change. If an audience is too big, there is risk of serving ads to disinterested parties. If it is too small, the same people see ads too often. Audiences are not static; their membership often changes.¹

Build the Perfect Ad

After determining your intended audience, your ad must have eye-catching visual appeal and engaging content. If you only have stock images, investigate parameters for imagery and general ad design. When developing content, aim to build trust, accentuate pain points, and be honest and positive.¹ Balancing these practices is challenging, so consider using marketing strategists for guidance.

Digital advertising is still evolving. Platforms like Facebook impose certain restrictions to clean up perceptions of being complicit. Here are some tips to facilitate potential issues:

- Comply with local laws and industry regulations, especially if you plan to run ads for online pharmacies, prescription medications, or over-the-counter drugs.
- If you think your ad is pushing the envelope, contact Facebook directly for approval first.
- Do not include misleading before-and-after images for health-related products or services.

Digital marketing can be effective if you target your audiences wisely and purposefully. Treat those audiences with respect and make sure your ads are eye-catching, clear, and within advertising regulations.

SOURCES

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2. Smith A, Anderson M; Pew Research Center. Social media use in 2018. 2018 Mar 1. Available at: www.pewinternet.org.

3. Facebook Business Manager. Available at: <https://business.facebook.com>.



Baby Shampoo for Eyelid Hygiene: Time to Move On



For years, baby shampoo has been a common recommendation for eyelid hygiene, but recent research suggests this practice is outdated and should be avoided when managing blepharitis and dry eye. Baby shampoo contains an abundance of ingredients, some of which are benign, but others have proven to be potentially dangerous. These products were not designed for application to the eyes or for use as lid hygiene products.

A wide variety of products are better alternatives for people with blepharitis and dry eye. Such products offer more benefits for lid hygiene and include lid wipes, hypochlorous acid solutions, and tea tree oil formulations. In-office procedures (eg, physical debridement) and warming masks or compresses are other viable options. Offering various lid hygiene products in your office can also build a new revenue stream for your practice. Providing merchandise designed for lid hygiene allows patients to make immediate in-office purchases.

SOURCE

Hauser W. Five ways to go beyond baby shampoo for lid hygiene. Optometry Times. 2016 Jun 24. Available at: www.optometrytimes.com.



Scleral Lenses & IOP: Analyzing the Connection



Scleral contact lenses have found an irreplaceable niche for managing patients with corneal irregularities and ocular surface diseases. However, like any other type of contact lens, wearing them is not without risks for complications. Recently, scleral lenses have been coming back in vogue among patients. With this trend, there has been renewed concern about whether scleral lenses cause increases in intraocular pressure (IOP) during wear and shortly after removal.¹

Speculating on Reasons

Scleral lenses are held in place by 2 forces that allow them to hold a fluid reservoir, the first being surface tension resulting from a liquid interface between the haptic and the anterior ocular surface and the second being sub-atmospheric pressure or suction.¹² With surface tension, the scleral lens can stick to the eye surface, similar to how a glass can stick to the surface of a wet table. Sub-atmospheric pressure or suction can develop secondary to loss of fluid or lens settling, which in turn may lead to increased IOP. Another possibility is that the haptic of a fit scleral lens compresses episcleral veins and Schlemm's canal. This may potentially decrease outflow and result in increased IOP.³

Assessing Recent Data

In 2016, one of the first modern studies to date evaluated IOP during scleral lens wear and measured IOP levels in 29 healthy subjects before, during, and after lens wear. Investigators used a pneumatonometer to measure IOP in scleral lens users. According to the results, scleral lens wear did not increase IOP during or after wear, but some outliers did have higher IOP levels.³

Since then, more studies have looked at the correlation. At the 2018 Global Specialty Lens Symposium, researchers presented data from a study measuring IOP in 14 people during scleral lens wear.⁴ For this study, IOP was measured with a hand-held tonometer. This allowed investigators to measure IOP over the lid while a scleral lens was in place. Results of this analysis demonstrated an average 7 mm Hg IOP increase during scleral lens wear. Another study from 2018 reported similar findings, demonstrating an average 5 mm Hg increase in IOP, regardless of the scleral lens diameter worn.⁵

Looking Ahead

Throughout the recent studies, experts have raised concerns regarding the accuracy of IOP measurements taken in patients with scleral lenses.⁴ In addition, other factors like lens manipulation and corneal swelling can affect standard IOP measurements taken after removal.⁶ Research is needed to better understand why more cases of IOP-related complications have not been documented if IOP is truly higher with use of these lenses. Future research notwithstanding, there is currently enough evidence to urge practitioners to be cautious when prescribing scleral lenses for patient groups at risk for glaucoma.



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Tips for Terminating Patients



Most optometrist-patient professional relationships are healthy, but situations do arise where the patient care relationship is not favorable, necessitating a patient to be released from care. When this happens, it is prudent to follow a set process to protect yourself from liability and accusations of abandonment. The following strategies are recommended:

1. Document offending behavior(s)
2. Provide written notice
3. Supply a list of suitable alternative providers
4. Time the termination properly (eg, not during a crisis)
5. Examine managed care contracts and communicate with health plans
6. Provide access to medical records
7. Communicate with everyone else in the practice

Ultimately, the treating optometrist should be the one who makes the determination to terminate a doctor-patient relationship rather than another staff member. By remaining personally involved, the optometrist can help ensure that reasonable efforts have been made to avoid the dismissal and that protocols have been followed appropriately.

SOURCE

American Optometric Association. Ethics and values. Dismissing a patient. Available at www.aoa.org.



A Closer Look at Drug-Induced Uveitis

Uveitis is a type of inflammation that affects the middle layer of tissue in the eye wall. Although most uveitis cases are due to autoimmune disorders or infections, medications are increasingly being recognized as an important cause of the condition. Nearly half of all uveitis cases have no identifiable cause.¹

The mechanisms that underly drug-induced uveitis are generally unclear, but research suggests that both inflammatory and toxic reactions may play a role.² Uveitis may be induced by direct drug toxicity or through indirect mechanisms, such as immune-mediated vasculitis.^{3,4}

According to research, systemic, intraocular, and topical medications can induce uveitis and other ocular inflammatory conditions, such as scleritis, keratitis, or even orbitis. Recently, some vaccines have also been implicated. If these potential causes of ocular inflammation are recognized based on a patient's history, an extensive laboratory workup can be avoided. If the offending medication is discovered and removed, the inflammatory process can then be treated and is often curable.¹

Research Continues on Medications

Drug-induced uveitis has been covered extensively in numerous publications over the last decade. These studies have found that several systemic, intraocular, and topical medications have varying levels of associated with risks for ocular inflammation (Table).¹

Associations of Medication Types With Uveitis

Systemic Medications

Definite Association	Systemic bisphosphonates, BRAF and MEK inhibitors, immune checkpoint inhibitors, sulfonamides, cidofovir, and rifabutin
Probable Causation	Fluoroquinolones and antitumor necrosis factor (anti-TNF) agents

Intraocular Medications

Definite Association	Intraocular cidofovir and anti-vascular endothelial growth factor (VEGF) agents (ranibizumab and bevacizumab)
Probable Causation	Triamcinolone acetonide (preserved)

Topical Medications

Definite Association	Topical metipranolol, glucocorticosteroids, brimonidine, and prostaglandin analogues
Probable Causation	Topical cutaneous medications, podophyllum, and capsaicin

Emerging Vaccine Data

Published research has shown that uveitis has been reported in cases of bacille Calmette-Guerin, varicella, and hepatitis B. Pooled case reports of uveitis following human papilloma virus (HPV) vaccination from the FDA's National Registry of Drug-Induced Ocular Side Effects and the World Health Organization between 2006 and 2012 were recently released. Results showed that 24 cases of uveitis developed in females (average age, 17 years) within a median time of 30 days following HPV vaccination.⁵ Experts believe that HPV vaccination is probably associated with uveitis based on the variety of current data, the presence of other potential uveitis causes, and variable time courses to presentation with uveitis after vaccination.¹

Looking Ahead

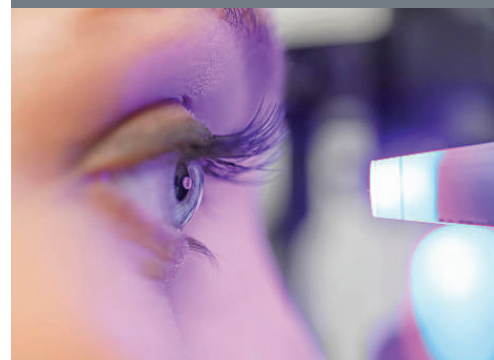
Based on data from recent studies, a detailed history is often all that is needed to identify important and often overlooked and readily curable causes of drug-induced uveitis. Most cases will respond promptly to discontinuation of the suspected agent in conjunction with systemic and/or topical corticosteroid and cycloplegic or mydriatic therapy. To be proactive, optometrists are encouraged to perform a detailed drug history in all patients with otherwise unexplained uveitis.²

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Intense Pulsed Light for Dry Eye



Studies have shown that there is a clear link between dry eye disease (DED) and inflammatory skin diseases that occur near the eyelids, such as facial skin rosacea. Intense pulsed light (IPL) is a widely accepted treatment for skin rosacea. IPL uses brief, powerful bursts of light at specific wavelengths cause changes in blood vessels near the skin surface to raise temperatures and eliminate problematic flora on the skin and eyes.

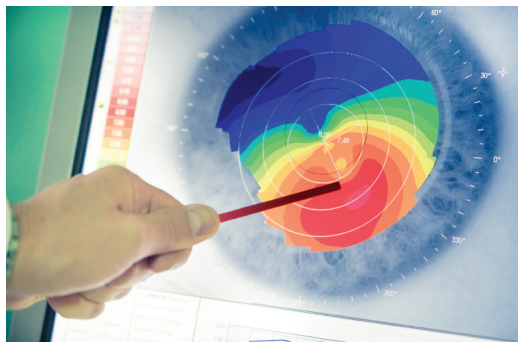
Over a decade ago, researchers noticed that facial skin rosacea patients treated with IPL reported significant improvements in DED symptoms and meibomian gland dysfunction (MGD). Since that time, subsequent investigations have further demonstrated this connection. Research is underway to learn more about the mechanisms of action for IPL and how it effects DED and MGD. In the meantime, the encouraging results mean that IPL appears to be a viable treatment option for those suffering with these ocular conditions.

SOURCE

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Keratoconus: Emerging Diagnosis & Treatment Strategies



Studies have shown that keratoconus takes a heavy toll on patient quality of life. The Collaborative Longitudinal Evaluation of Keratoconus (CLEK) Study found that despite its relatively low prevalence, the magnitude of keratoconus significantly impacts patients, especially young adults. The CLEK study group found that the vision-related quality of life of younger patients with keratoconus (average age, 29 years) was similar to that of much older patients with stage 3 and 4 age-related macular degeneration.¹ In addition, patients with the disease report higher degrees of ocular pain, both with and without contact lenses.²

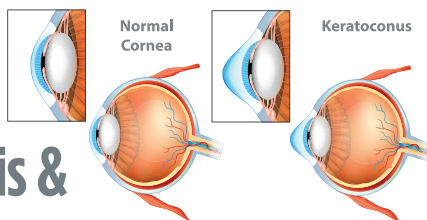
Screening Enhancements

Traditionally, keratoconus is detected after patients develop visual symptoms, but new technologies are being utilized for earlier detection. A Scheimpflug camera-based tomographer, for example, is an emerging option that may offer more insights than corneal topography because it can account for additional contributions of the disease from the posterior cornea.² Other multimetric technologies are helping practitioners recognize keratoconus earlier by providing a more complete corneal risk profile.

Biomechanical testing is another newer technology that appears promising as a supplementary tool. It is currently being developed and tested outside the United States in clinical trials. Biomechanical testing can evaluate multiple points and indicate where the cornea is weaker and where to target treatment. It may also help gauge the efficacy of some treatments, such as customized cross-linking (CXL).

Treatment Advances

In most cases, standard management of keratoconus involves gas-permeable



(GP) contact lens designs, such as corneal GPs, hybrid, or scleral contact lenses. There is also excitement about new lens technologies that use computer-assisted design and manufacturing. Newer models have more customization capacities, allowing clinicians to accommodate more irregular ocular surfaces. Of note, some newer scleral lens technologies can better fit patients with irregular corneas and irregular scleral elevations.²

CXL is also continuing its evolution and might soon become a gold standard for keratoconus, based on findings from several groups working on theoretical corneal biomechanics. The concept behind this approach is to address focal weakening, rather than uniform weakening of the cornea, to better treat keratoconus.

Intracorneal ring segment (ICRS) implants are undergoing a paradigm shift. In the past, segments were used in patients with progressive disease to avoid or postpone corneal transplantation without targeting an accurate refractive correction. Now, patients are being referred to ICRS earlier. ICRS has become a minimally invasive, tissue-sparing option to flatten and regularize the surface and improve visual acuity and refraction.² Investigators are exploring how and in what sequence these implants can be combined with CXL.

More to Come

With so many advances on the horizon for managing keratoconus, it is important for optometrists to stay up-to-date on the latest technologies and treatment approaches. In the meantime, practitioners should set aside significant time for patient consults because the disease is unpredictable. Use available literature to answer patient inquiries so they are aware of all their options.

SOURCES

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ALLDocs Teams Up With CALCS



Kyle Sexton, OD
Member

The California LensCrafters Sublease Group (CALCS), a group of relatively new LensCrafters leaseholders in the state, held its biannual symposium in Anaheim, CA in April 2019. As part of the conference, Kyle Sexton, OD—a member with ALLDocs—presented information on the history of ALLDocs, highlights on the value of its annual meeting, and benefits of joining the group. He was joined by Gretchen Brewer, OD, an ALLDocs board member, and Elliott Shapiro, OD, a CALCS member who has experience with ALLDocs and has attended ALLDocs annual meetings.

The symposium gave attendees a chance for both ALLDocs and CALCS to discuss what it means to be part of these respected organizations. Among the topics covered were strategies for:

- Renewing a lease with a LensCrafters
- Transitioning practices to the medical model
- Obtaining additional sublease opportunities

ALLDocs has been invited to present again for doctors in CALCS at the Northern California Fall Symposium in October 2019. Find out more about this meeting at www.calcsgroup.org/events.

SOURCE

ALLDocs and California LensCrafters Sublease Group.

SUCCESSFUL CONTACT LENS WEAR IN ASTIGMATS THE KEY IS DUAL STABILITY



Jennifer Lyerly, OD

Triangle Visions Optometry
Cary, NC

Dr. Lyerly was compensated by Alcon for her participation in this advertorial.

I recently examined a preschool teacher in her early 20s who presented with 20/20 uncorrected eyesight, but with complaints of headaches and eyestrain. She had no previous vision correction history, but examination revealed that she was a low astigmat, which helped explain her visual symptoms and digital eye strain. As a preschool teacher she is using computers and tablets more and more when teaching. Given the active demands of her young students in the classroom, the patient was excited about the opportunity to wear contact lenses. And with Alcon's toric soft contact lens portfolio, I knew that I had lenses with the technology and design to support the kind of vision and comfort she needs.

A stable tear film promotes ocular health, clear vision, and comfort,⁵ while rotational stability keeps the correcting cylinder of a toric lens at the appropriate axis during wear. There is also an important link between these two forms of stability — toric lenses interact with the eyelid to ensure correct positioning on the eye,³ but lens surface dryness resulting from tear film breakup can increase friction between the eyelid and lens, leading to unwanted rotation or oscillation with blinking. A stable tear film therefore plays an important role in on-eye toric lens stability.³

I fit Alcon toric contact lenses on my patients because they combine unique materials and optical designs to support the tear film stability and rotational stability that I look for in a toric lens. This Dual Stability is essential to meeting my astigmatic patients' needs and enabling their lens-wearing success. For astigmats who are candidates for daily disposable contact lenses, I recommend DAILIES® AquaComfort PLUS® Toric lenses, while for those better suited for monthly replacement lenses, my recommendation is AIR OPTIX® plus HydraGlyde® for Astigmatism.

Dual Stability. Different lens materials have different physical properties, and therefore require different toric designs to maximize on-eye stability. Alcon toric contact lenses merge unique materials, surface technologies, and toric designs to support tear film and rotational stability.⁶⁻¹⁴

Tear Film Stability

Blink-Activated Moisture features the release of polyvinyl alcohol (PVA) with every blink to support tear film stability.⁶⁻⁸



SmartShield® Technology helps resist deposits and supports tear film stability.¹⁰⁻¹³



On-Eye Stability

PRECISION CURVE® Design is a dual thin zone design that allows both eyelids to apply equal pressure to keep the lens in the correct orientation



PRECISION BALANCE 8|4® Design is a modified prism-ballast design that has two anchor points for stabilization



Contact lenses should combine the right material, surface technology, and design to meet our patients' individual needs. This is particularly important for astigmats — they need their contact lenses to help support tear film stability and comfort, but also remain stable to promote clear vision.^{1,3} Unfortunately, this dual need can often go unmet. Astigmats commonly cite discomfort, dryness, and vision problems as reasons for discontinuing contact lens wear.⁴

Fitting toric contact lenses presents an important opportunity for practices. Nearly 41% of people have astigmatism of 1.00D or greater in at least one eye,¹⁵ making a large proportion of our patients potential candidates for toric contact lenses. With the Dual Stability of Alcon toric contact lenses, I know that I am setting my patients up for success. Like many other astigmats I see in my practice, wearing DAILIES® AquaComfort Plus® Toric contact lenses gave my young symptomatic patient the chance to enjoy the vision and comfort she deserves!

Important information for AIR OPTIX® plus HydraGlyde® for Astigmatism (lotafilcon B) contact lenses: For daily wear or extended wear up to 6 nights for near/far-sightedness and astigmatism. Risk of serious eye problems (i.e., corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

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Dry Eye Disease & Migraine



Previous research suggests there may be an association between dry eye disease (DED) and migraine headaches, but larger population studies are needed to confirm this connection. To address this research gap, investigators had a study published in JAMA Ophthalmology that sought to determine the strength of the association between these disorders. The retrospective case-control study, which included nearly 73,000 adults, calculated the odds of people with migraines also having DED over a 10-year period.

According to the results, patients with migraine were 20% more likely to have comorbid DED than people who did not have a diagnosis of these headaches. Women and older patients with migraine appeared to be at higher risk for developing comorbid DED. Since the exact mechanisms that underly the relationship between migraines and DED are unclear, the authors recommended that healthcare providers who manage people with a history of migraines should be vigilant about monitoring them for DED and offer treatments for DED.

SOURCE

Ismail OM, Poole ZB, Bierly SL, et al. Association between dry eye disease and migraine headaches in a large population-based study. *JAMA Ophthalmol.* 2019;137(5):532-536.