

EMBRACE THE COMPLEXITY OF DRY EYE DISEASE



I'm so excited to be a part of the *Modern Optometry* family and to travel on this journey with you. Getting the chance to work alongside my good friends Justin and Walt is beyond thrilling. And Leslie, thank you for paving the way for me to step in and carry on your legacy.

In this issue, we focus on ocular surface disease—particularly dry eye disease (DED). Years ago, I committed to making this condition a cornerstone of my practice. Why? Ask any doctor who has dedicated a pillar of their practice to dry eye, and I promise they will have a story to tell. We have all experienced a pivotal

moment—a patient, an outcome, or a time—when we made a promise to ourselves that no patient under our care would ever suffer the same way again.

DED touches every part of our practices, no matter what our specialty. Truly, it is the core of all that we wish to do well. For the doctor who wants to give their patients the best vision possible through refraction and the latest technology, that vision starts with and can be limited by the ocular surface. And for the glaucoma-focused doctor, we know that our patients will be less compliant with the very medications that are intended to save their sight if they also experience DED and uncomfortable eyes. One disease is silent, the other is quite vocal. Are you listening? Maybe you spend your days calculating preoperative measurements and prescribing the best possible technology for cataract surgery. You want your patients to enjoy the rest of their lives with great vision—after all, their IOL will last a day longer than they do. Is their ocular surface optimized? What's your preoperative protocol? Have you set them up for success? Or maybe you've been asked to rehab their cornea prior to surgery—what a gift to be in the seat helping to deliver better results.

What about those patients who love wearing their contact lenses, but now struggle with duration of wear and ease of comfort? The opportunity to help these patients can often be found by stabilizing the tear film, improving lid hygiene practices, and prescribing the best contact lens technology. Dry eye is not a stand-alone disease. It is a continuum that leads to aesthetics. From toxic ingredient education that sabotages our best efforts, to serums that have unintended consequences, to in-office procedures that can help treat inflammation and obstruction, it's clear why this has become the cornerstone of my practice.

In this issue, we cover how to consistently identify patients with DED, as well as current treatment options, and algorithms. We also review what's in the pipeline, and examine strategies to discover those patients who look and sound like they have DED, but in fact have another condition that merely masquerades as DED.

I love quotes, and I'll leave you with one of my favorites, by Steve Jobs: "The ones who are crazy enough to think they can change the world are the ones who do." Together, we can change the world of vision. Won't you join us? ■

—Selina McGee, OD, FAAO



SELINA MCGEE, OD, FAAO
CO-CHIEF MEDICAL EDITOR



JUSTIN SCHWEITZER, OD, FAAO
CO-CHIEF MEDICAL EDITOR



WALTER WHITLEY, OD, MBA, FAAO
CO-CHIEF MEDICAL EDITOR



@ModOptom



ModOptometry



@ModOptometry



Modern Optometry