No matter what your mode of practice—corporate, private, integrated, even academic—dry eye disease (DED) is ubiquitous. It’s like the elephant in the room. You can choose to ignore it, or you can acknowledge it and use it to help grow your practice by diagnosing and treating it.

Over the past 10 years, advances in technology, research, point-of-care testing, and treatments for DED have exploded, leaving some optometrists feeling overwhelmed. Many wonder where to start or which technologies they should bring into their practices. The articles in this issue’s cover focus illustrate that DED can be manageable and even fun to treat. You can start by using common tools that are already in your practice to proactively look for DED. Understanding the contributing factors and educating patients accordingly are as important as using technology to assist in diagnosis and management. Contributing factors can include digital device use, use of cosmetics that are filled with ocular surface-offending chemicals, and beauty practices that can compromise the tear film. It’s imperative that patients understand that these factors can have effects on the ocular surface.

Awareness of meibomian gland dysfunction (MGD) is growing at a fast pace. New imaging systems are shrinking the footprint of meibography, and less expensive equipment is allowing this technology to become a new standard of care in the diagnosis of MGD, much like OCT in the management of glaucoma. Treatment options are multiplying, and the introduction of products such as the iLux MGD Treatment System (Alcon), TearCare (Sight Sciences), Lumenis IPL (intense pulsed light; Lumenis), and the LipiFlow Thermal Pulsation System (TearScience) allow us to customize MGD treatment for each patient.

Patient expectations for cataract and corneal refractive surgery have never been higher, and DED can negatively affect visual outcomes in these patients. Iatrogenic DED can stem from the medical management of glaucoma, and contact lens patients often have to decrease their wearing times because of DED. Even our routine care patients may experience decreases in visual acuity and clarity due to tear film instability associated with DED.

As you identify more patients with DED and start to grow your practice, this allows the acquisition of new technology to better diagnose, educate, and treat these patients. Specialty contact lenses are often thought of as a refractive tool, but as Melissa Barnett, OD, FAAO, FSLS, FBCLA, points out on page 48, scleral lenses have become a valuable and essential treatment option for many recalcitrant dry eye patients.

Thank you for taking a look at our May issue! Once you have read the articles in the cover focus, we hope that you will want to embrace the treatment and management of DED in your practices. As always, please contact us via email at modernOD@bmctoday.com with questions, comments, key takeaways, or best practices that you have developed and would like to share.