



ISSUE 5

Happy New Year and welcome to the first DEAUK newsletter of 2026. We hope your eyes are doing ok in this sudden cold snap.

In this issue we have:

- a summary of our patient education day in November.
- committee member Jane shares her recent experiences with an Omnigen amniotic membrane in patient perspectives.
- details of Lacrifil, a new treatment.
- information about Dry Eye January.

Hope you enjoy it.

Charity team x

**In this
newsletter
you can expect:**

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COMMUNITY NEWS



Once again, the School of Optometry at Aston University were the perfect hosts for our annual education day, providing space, staff and organising lunch. A big thanks to them and to our sponsors, Thea, Scope and Santen.

In the morning, we had a series of informative and interesting lectures. Kirsten Mason gave us a run-down of the drivers of dry eye disease. Mr Sai Kolli, Ophthalmic surgeon gave a super helpful talk on of blood products used to treat

dry eye. Dr Mark Thaller gave us an overview of neuropathic pain and how it manifests in the eye. Nick Atkins introduced us to Dry Eye January - a new initiative, more of that below. Finally, our very own Professor James Wolffsohn ran through the latest research including the publication of DEWS III.

After a tasty lunch we headed upstairs to get into groups for discussion. This is the highlight of the day for me because it's a chance for people to connect and share their experiences. On my table, was a lady who was reasonably recently diagnosed, who commented how helpful she found it to know she wasn't alone.

At one point we all shared a word describing how we felt about dry eye which was used to make a word cloud. Words included miserable, depressing, distressing, and debilitating. Yet again I was struck by how much of an impact the condition has on people's daily quality of life. It shouldn't be a surprise as I know the impact first hand from my own experiences and running the Facebook group, but it puts it into perspective in a room full of likeminded people.

What words describe how dry eye disease affected your life or a person you support

angry
depression
burning
anxiety fear
depression anxiety disastrous
sensitive to light devastating
no much bitter overwhelming blurry
ruined it expensive
feeling suicidal isolating
gaslighted by gps
embarrassed
pain
testosterone improve

COMMUNITY NEWS CONT'D

On a more positive note, we discussed areas where we feel more research is required which was very helpful when there were industry representatives in the room, and how we might as a charity, raise public awareness. The findings are listed at

<https://dry-eye-association.com/dea-uk-education-day-nov-2025/>

We finished with our AGM, James, Jane and I continue in our roles as treasurer, secretary and chair and to our delight, we have some new committee members.

And a plea. We could really use someone who is social media savvy to help with content creation, if anyone is reading this and feels like volunteering – please reply to the email and let us know.

Ruth Machin



Dry eye January is a month-long national awareness initiative dedicated to helping people recognise the signs of dry eye disease and understand that relief is possible. Over 250 optometry practices have signed up and received a pack, including the Dry Eye Association poster, to aid their communication with the public. Dry Eye Association members also have a role to play in talking to their friends about their eye disease and encouraging their eye care practitioner to get involved. <https://www.dryeyezone.co.uk/dry-eye-january>

RESEARCH ROUND UP

Evaluation of new Diagnostic Instrumentation

This study involves attending the Aston Dry Eye Clinic in Birmingham to have your tear film assessed, your ocular surface examined (including the use of dyes) and your meibomian glands imaged, using a current and next generation instrument (taking ~45minutes). Some participants will be invited to attend a second appointment a few days later so that the repeatability of the devices can be assessed.

Please contact Aston's research coordinator Moonisah Ayaz (m.ayaz1@aston.ac.uk) if you are interested in knowing more about this study.

Testing of artificial tears

You will have experienced that some artificial tears work better for your eyes than others. However, it takes some time to investigate. We have developed a mask with a gentle warm air flow to standardise the environmental conditions that generally make your symptoms worse, allowing us to test various artificial tests over one day each. This involves a morning appointment to check your eyes and start using the artificial tears, and a late afternoon appointment to wear the mask and have a final assessment of your eyes. This is then repeated on another day with another eye drop.

Please contact Aston's research coordinator Moonisah Ayaz (m.ayaz1@aston.ac.uk) if you are interested in knowing more about this study.

Quantum Molecular Resonance Treatment (QMR)

As covered in the DEA June 2025 newsletter, QMR emits alternating electrical signals to stimulate the metabolism and natural regeneration of malfunctioning cells and tissues, such as the lacrimal and meibomian glands which are the major glands producing the tear film. Our bodies rely on electrical currents to function, such as to stimulate our muscles or to transmit signals to the brain. Electrical currents, whether naturally or artificially generated, have been shown to affect the body's repair and healing processes. This can be used to help patients with dry eye without the need for drops or gel.

The study will examine whether people with dry eye including ocular surface staining benefit from QMR. Following a 60 minute assessment of the eye (including the first treatment), there are 3 additional treatments (20 minutes each) at a weekly interval and a follow-up (45 minutes) after 3 months.

Please contact Aston's PhD researcher Kirsten Mason (k.mason@aston.ac.uk) if you are interested in knowing more about this study.

TREATMENT SPOTLIGHT



Lacrifill

For patients living with dry eye disease, keeping moisture on the surface of the eye can make a significant difference to everyday comfort. A new treatment called Lacrifill is offering an innovative way to support natural tear retention.

Lacrifill is a soft, hyaluronic-acid gel that is gently injected into the tear duct (the punctum). By partially closing the drainage channel, it helps your own natural tears stay on the eye surface for longer. This can reduce dryness, irritation, and the need for frequent artificial tear drops.

Many patients are familiar with punctal plugs, which work in a similar way. Lacrifill provides an alternative for those who prefer a gel-based option or who have found plugs uncomfortable or unsuitable. Once placed, the gel remains effective for at least six months, and in some cases may last longer.

Lacrifill received regulatory approval in Europe in 2025, and it is expected to become available in the UK and other countries soon. As with any treatment, your eye care specialist will help determine whether it is appropriate for your individual needs.

PATIENT INSIGHTS

Dr. Sònia Travé Huarte



Amniotic membrane lens

What is amniotic membrane? During pregnancy, an amniotic membrane sac protects a baby as it develops in the womb. Research has shown that this material can help damaged/ inflamed eye surfaces to heal and may also reduce pain and inflammation. The amniotic membrane is donated by women undergoing a planned caesarean section, who consent to it being used to help others. Potential donors are screened to ensure they don't have an infection disease or autoimmune disorder.

My background: I was first told I had dry eyes back in the 1990s, when I tried wearing contact lenses but gave up as they made my eyes red and sore. I didn't realise that this 'dry eye' was something that would get worse. In late 2020, when working and studying online for 12 hours a day, my eyes felt significantly worse and – even though my left eye is drier than my right – I developed terrible pain in my right eye which nothing has really reduced.

My experience with amniotic membrane lenses: In 2021, I took part in an amniotic membrane lens trial with Aston University, but my right eye wouldn't tolerate the lens and the lid kept pushing out the contact lens. My subsequent private ophthalmologist therefore avoided this approach until earlier this year when he mentioned Omnilenz to me; the contact lens, in which the membrane is placed, had been reduced in size which he thought might make it more comfortable for my eye. I agreed, with much trepidation, and the procedure was scheduled for August 2025.

PATIENT INSIGHTS CONT'D

It took place in the operating theatre at my consultant's practice. Before the procedure, anaesthetic drops were placed in my right eye to numb the corneal surface and my eye was kept open using an eye speculum.

The consultant then placed the amniotic membrane onto my cornea, followed by the contact lens. To make sure that my eyelid didn't push them both out (which would have been an expensive and short-lived treatment!), he taped my eyelid shut and recommended that I keep it like this until my follow-up appointment 10 days later. I would clearly need to remove the tape to clean the eye but should then put clean tape back on it and keep my eye closed.

Five months' later, my right eye is less sensitive and certainly less painful. I still have very dry eyes, but the pain has reduced significantly. I realise that I will need to have this treatment repeated, as the benefits are temporary, but I'm fortunate enough to be able to do this (and am certainly willing to do so, based on the outcome).

NEXT TIME...

The next Dry Eye Association newsletter will be sent to your inbox in July 2026, so look out for it. Don't forget to let us know about ideas for articles you would like to read or contribute. Tell us about treatments you have experienced or top tips you would like to share with others. Please send all your comments and ideas to dryeyeassocuk@gmail.com. We look forward to hearing from you.

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