ISSUE #6

DRYEYE ASSOCIATION UK

July 2026



ISSUE 6

Hello! We are in a brief respite from the heat so we thought we'd best send the summer newsletter.

In this edition, we have

- a guide to relieving the eye symptoms of hay fever,
- a guide to eye drops based on the newly published DEWSIII written by DEAUK committee member Aga
- a round up of research news

Hope you enjoy it.

Charity team x

In this newsletter you can expect:

Community News

Research Round-Up

Treatment Spotlight

COMMUNITY NEWS



Hay fever

Summer is well and truly upon us. The hot weather can make the symptoms of dry eye disease feel worse but for those of us who suffer from hayfever, its doubly challenging.

Hay fever is an allergic response to pollen. It can make the existing symptoms of dry eye, so redness, soreness, burning or stinging worse. One of the most common symptoms of hay fever is itching and it can also cause eyes to become waterier although not in a good way!

Non-pharmaceutical options

The most obvious way to relieve symptoms is to avoid pollen but this is easier said than done. Inside air purifiers can help although remember to regularly change the filters. Outside, moisture chamber glasses (e.g. by Ziena or 7eye) or wraparound sunglasses can create a physical barrier.

Pollen can cling to clothing so don't dry your bedding or clothes outside. It can also linger on skin and hair so a shower before bed can help prevent nighttime symptoms.

You may find you need to use your lubricating eye drops more frequently and a cold compress can help relieve itching and soreness. Putting your eye drops in the fridge has also been shown to help.

Over-the-counter medications

Optase allergy contains ectoin which is a naturally occurring molecule which stabilises the lipid layer of tears and has anti-inflammatory properties. Drops come in individual vials, with a citrate buffer and are preservative free

Sodium cromoglycate drops are a common over the counter medication sold as hay fever eye drops but be careful, the majority contain the preservative benzalkonium chloride which should be avoided in dry eye. Preservative free versions are available although they are more expensive.

Pharmaceutical options

If symptoms are more severe, there are several prescription only anti-histamines / mast cell stabiliser combination drops including olopatadine, and ketotifen. The only preservative free product is ketofall (preservative free ketotifen). Systemic hayfever medication may also help.

Ruth Machin

COMMUNITY NEWS CONT'D



Choosing the right artificial tear for dry eye disease (DED) can feel rather complex. While shelves are full of options, not all drops are created equal. Differences in tear composition, disease subtype, and product ingredients all play a role.
To make things even trickier, some of the most useful insights come from detailed (and sometimes quite "geeky") research.
This quick true/false quiz highlights a few evidence-based facts that may help demystify your options—and support more informed choices.

Tick a box for each statement before checking the answers below.

1.Eye drops with a combination of ingredients are generally more effective than single ingredient drops.

□ TRUE □ FALSE

2. Lipid-containing drops are especially helpful for people with meibomian gland dysfunction.

□ TRUE □ FALSE

3. Artificial tears containing vitamins can be beneficial for dry eye.

□ TRUE □ FALSE

4. Some preservatives can irritate or damage the ocular surface.

□ TRUE □ FALSE

5. You need to buy single use 'vials' to avoid preservatives

□ TRUE □ FALSE

6. Some newer preservatives are generally non-toxic to the eyes.

□ TRUE □ FALSE

7. Applying drops 4 times a day, symptoms may improve within weeks, but signs can take months to improve.

□ TRUE □ FALSE

8. If I get no significant benefit in symptoms after using a drop consistently over 1 month I should persevere

□ TRUE □ FALSE

COMMUNITY NEWS CONT'D



ANSWERS!

1. TRUE
Clinical trials highlighted that this combination of dual-polymer lubricating drops reduced the clinical signs and symptoms of DED, improved tear stability, and exhibited improved retention time on the ocular surface

2. TRUE
Lipids in drops include: phospholipids, triglycerides, saturated and unsaturated fatty acids, mineral oil, castor oil, coconut, lecithin.

3. TRUE
One vitamin that needs to be watched is Vitamin A. Its metabolite promotes the death of human meibomian gland epithelial cells and inhibits the proliferation. These effects may be the reason, at least in part, for the 13-cis retinoic acid–related induction of MGD.

4. TRUE
Preservatives are exacerbating dry eye signs and symptoms.

5. FALSE
Clever eye drop bottles have filters and valves to ensure bacteria can not enter, so preservatives are not needed.

6. TRUE
Studies show that Polyquad preservative (*with a typical concentration of 0.001%) has been shown to have no adverse effects on the cytokinetic movement, morphology, or mitotic activity of cultured human corneal epithelial cells after a 24-hour exposure period

7. TRUE

It has been shown that while signs can change relatively quickly with artificial tear use, longer term benefits in signs arise from regular use and signs continue to improve for at least 6 months.

8. FALSE
In a 6 month study, 1/3rd of participants found no improvement in their symptoms, whereas in the 2/3rds who did get an improvement, it was evident by 1 month.

BY AGA STEWART

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.

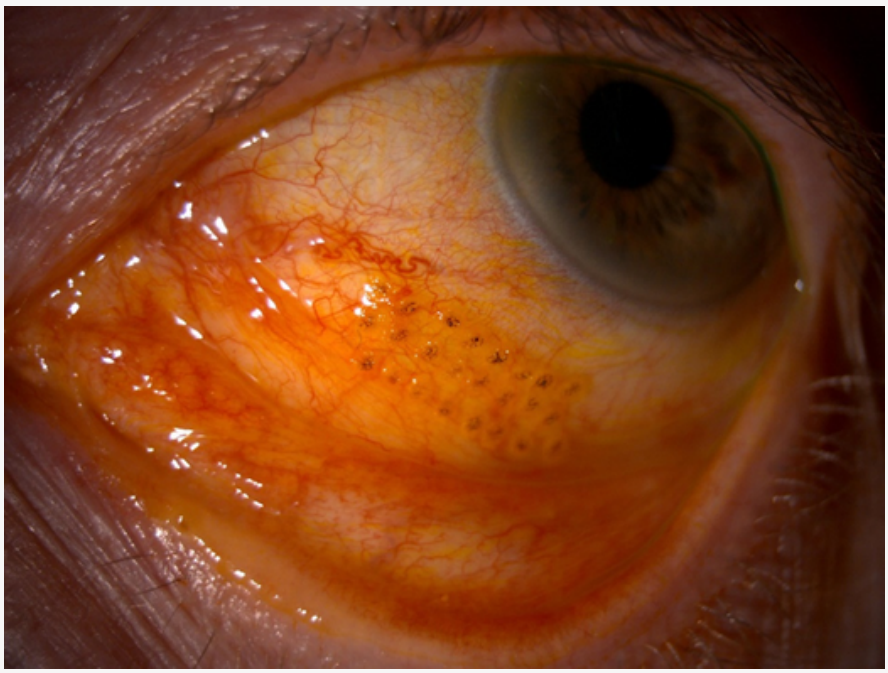
Quantum Molecular Resonance Treatment (QMR)

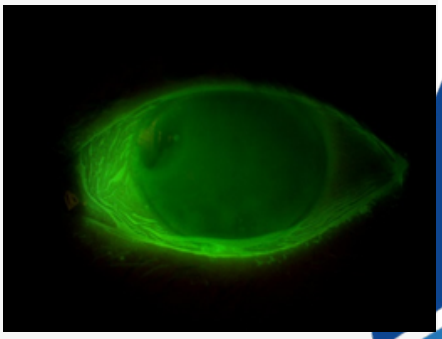
As covered in the DEA June 2025 newsletter, QMR emits alternating electrical signals to stimulate the metabolism and natural regeneration of malfunctioning cells and tissues, such as the lacrimal and meibomian glands which are the major glands producing the tear film. Our bodies rely on electrical currents 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.

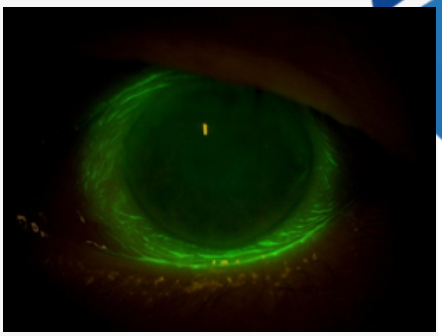
The study will examine whether people with dry eye including ocular surface staining benefit from QMR. Following a 60 minute assessment of the eye (including the first treatment), there are 3 additional treatments (20 minutes each) at a weekly intervale and a follow-up (45 minutes) after 3 months.

 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







Plasma treatment: an emerging option for selected dry eye patients

Dry eye disease is often described as a tear problem, but in many patients the underlying issue is more structural. One example is conjunctivochalasis, sometimes shortened to CCh. This is where the conjunctiva, the clear membrane covering the white of the eye, becomes loose, redundant or folded. These folds often sit along the lower lid margin, where they can interfere with the normal tear reservoir, disrupt tear spreading, cause friction with blinking, and contribute to symptoms such as irritation, watering, fluctuating vision, burning, foreign body sensation and persistent discomfort.

Plasma treatment is an emerging technique being explored for selected ocular surface conditions, particularly conjunctivochalasis. The technology creates a controlled plasma arc, a small ionised field between the device tip and the tissue surface. In clinical use, this can be applied very precisely to areas of redundant conjunctiva. The aim is not to “burn” the eye, but to create controlled tissue contraction and remodelling, helping to reduce loose conjunctival folds and restore a smoother ocular surface.

TREATMENT SPOTLIGHT CONT'D

For patients whose dry eye symptoms are partly mechanical, this is an important concept. Artificial tears, lid hygiene, anti-inflammatory drops, heat treatment, IPL or other dry eye therapies may help the tear film and eyelids, but they do not necessarily correct loose conjunctival tissue. If the conjunctiva is physically bunching at the lid margin, it may continue to disturb the tear meniscus and blinking mechanics. In these cases, addressing the structural component may be a useful part of a broader dry eye plan.

Plasma treatment is usually described as a minimally invasive, in-practice procedure. It does not involve cutting away tissue in the same way as traditional conjunctival surgery, and early published evidence suggests that plasma-based conjunctivoplasty may improve both the appearance of conjunctivochalasis and associated symptoms in selected patients. However, it remains a developing area. It should not be presented as a universal dry eye treatment, and it is not suitable for every patient.

The key message is that dry eye is not one disease with one treatment. For some patients, especially those with loose conjunctival folds disrupting tear flow and blink mechanics, plasma treatment may offer a new way of addressing a previously under-recognised structural driver of symptoms.

By Sarah Farrant

NEXT TIME...

The next Dry Eye Association newsletter will be sent to your inbox in January 2027, 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.

