

AECOS® | American-European Congress of Ophthalmic Surgery®

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Psychology of the Dry Eye Patient



LUIGI MARINO MD



What is Dry Eye ?

Unpleasant sensory and emotional experience associated with ocular damage, or as described by the patient



"I can not see, I will never see again"

How the Dry Eye affects a patient

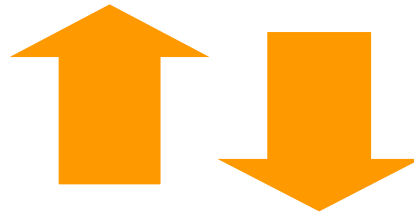
- *Change of lifestyle*
- *Inferior quality of life*
- *Changes in social life*
- *Inability to work efficiently*
- *Reduction in their outside interests*
- *Change of personality*



Dry eye can cause anxiety

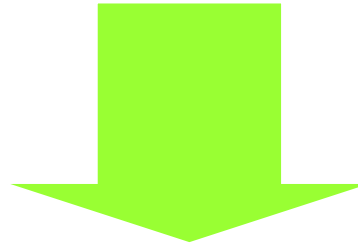


Strong Pain



corneal injury, photophobia, blepharospasm

Anxiety: afraid to open their eyes, to go out, to travel, to work on the Computer



Anxious Reaction

Dry eye can cause depression

Medical therapies and eye care are ineffective

Chronic Pain

Deterioration

- *Social Life*
- *Professional Life*
- *Psychological stability*

Lack of recognition of the disease and the legitimacy to complain

"No one understands me,, only I know how much I suffer"

*(Often patients are labeled as **crazy** or **hysterical** by the people around them)*



Depression sets in

Conventional Diagnosis of the Dry Eye

- ❖ *Accurate background research*
- ❖ *detailed questionnaire*
- ❖ *Slit Lamp*
- ❖ *Tests*



Unconventional , but very important

- ❖ *Asses the pain:*
Location, intensity, frequency, associated disturbances
- ❖ *Contributing outside factors (diminished quality of life)*
- ❖ *Psychological aspects*



Follow up on the following

- ❖ *Pain intensity*
- ❖ *Relief from the therapy*
- ❖ *Impact on mood*
- ❖ *Impact on cognitive ability,*
- ❖ *Impact on work activities, social, relational*
- ❖ *Side effects*
- ❖ *Compliance of therapy*



Psychological Evaluation

- *How does the patient react to “Dry Eye diagnosis” ?
(thoughts, feelings, behavior)*
- *Does he think he is well treated for his pathology?*
- *Has he understood his diagnosis?*



“Internet Night Fever”



Psychological Evaluation

- *Does he experience pain or discomfort? Always? When?*
- *Is he sufficiently occupied with outside activities?*
(he takes care of his necessities? , his needs? Has he social and working activities?)
- *What are his others worries? (social, spiritual, family, financial)*



Beatrice Syndrome

Anxiety = bad thoughts



- “ I am in grave danger”
- “ I can't trust anyone”
- “ I must worry about everything”
- “ Horrible things might happen”

Depression = bad thoughts

- *" I am a failure"*
- *" Bad things only happen to me"*
- *" Nothing can be done "*
- *" I have no future"*
- *" I am doomed"*
- *" I will be blind"*



Recognizing the *pain*: the "real" suffering in patients with dry eye

Verbal level

- *Dialogue*
- *Vocalization*
- *Complaints*

Non Verbal level

- *Facial and behavioral attitude*
- *Muscle tension and stiffness*
- *Shielding of the face and eyes*
- *Hyperactivity- Hypoactivity*
- *Crying fits*



The types of Pain

Sharp

- ❖ *Easier to diagnose*
- ❖ *Direct and visible expression*
- ❖ *Can be observed through behavioral and verbal expression*



Chronic

- ❑ *More difficult to diagnose and asses*
- ❑ *Hidden and concealed expressions*
- ❑ *Verbal behavior, analog and activity level no longer consistent with the intensity of pain*

Make the patient feel welcomed and at home



- *Fostering verbal communication, increases the tolerance of suffering and of the dry eye symptoms threshold*
- *Listen carefully, without worrying about an immediate solution*

Make the patient feel welcomed and at home



- *Do not run away !*
(an instinctive reaction to Dry Eye patients)
- *Never delegate communications to others*
- *If the verbal communication between patient with dry eye, family and physician ophthalmologist is difficult or impossible, the patient will begins to speak in the language of uncontrollable pain*

Respect

the symptoms, the pain, the discomfort felt by the patient

*It is important to recognize the patient's experience
(loss, disability, courage, feeling prisoner, injustice)*

– Listen to all the patient's worries about an uncertain future

– Allow the patient to manifest all his emotions :

- Fear,*
- Sadness,*
- Anxiety,*
- Anger,*
- Frustration,*
- Disappointment*



How to do it ?

- ❖ *Always believe the patient when it expresses pain, discomfort and all the subjective symptoms of dry eye*
- ❖ *Do not enter into a confrontational situation that will block communication*

physician = parent patient = wayward child.

This will avoid you falling into the trap of a symmetrical relationship

- ❖ *Do not trivialize,*
- ❖ *Do not deny,*
- ❖ *Do not dramatize the concern linked to dry eye*

What do we do?



WU POWER

- ❖ *Foster communication between ophthalmologist, the patient and his family*
- ❖ *The uncertainty and insecurity with respect to the expected results, make it difficult to assess the disease and decrease the tolerance threshold to perceived pain*

What do we do?

- ❖ The *disagreement* among ophthalmologists or the treating physicians (rheumatologist, internist, gynecologist, immunologist) *increases anxiety and incomprehension*
- ❖ It actually creates a *vicious cycle*



Ongoing collaboration between the patient, family, MD Eye doctor and other medical specialists

Good collaboration

- *Promotes exchange of Information*
- *Improves therapies monitoring*
- *Allows for good exchange of patient's needs*



Not so good collaboration

- *Loneliness*
- *Hard time in sticking to prescribed treatments*
- *Closure*
- *Chronicity*

Psychological approach to the treatment of Dry Eye patient

- *Constant Medical and psychological support*
- *Relaxation therapies are helpful*
- *Psychological*
 - *Cognitive therapy,*
 - *Support psychotherapy*
- *Psychotropic drugs (I am personally against):*
 - *Anxiolytics*
 - *Antidepressant*
 - *Neuroleptics*



Painkiller ?



E-Eye Treatment Device



E-Eye

Dry Eye syndrome treatment



EYE

Dry Eye syndrome treatment

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IPL (Intense Pulsed Light) technology :

- *used by plastic surgeon or dermatologist for the treatment of excessive hair growth, skin photo rejuvenation, pigmentation, **vascular treatments and acne...***
- *IPL technology is now introduced for the treatment of **Meibomian blepharitis** generating a polychromatic-pulsed light by producing perfectly calibrated and homogeneously sequenced light pulses.*



E Eye

Dry Eye syndrome treatment

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- *Applying some specific pulses with the E Eye IPL from the internal canthus to the external canthus will, by innervation, **stimulate** and **unblock the Meibomian glands** which will return to their normal functions.*

- The session only takes a **few** minutes.
- Patients are comfortably seated .
- The ophthalmologist adjusts the metal eyewear protection on the patient's head to protect their eyes from the light.
- Then, they apply an hydrogel on the skin to protect it.

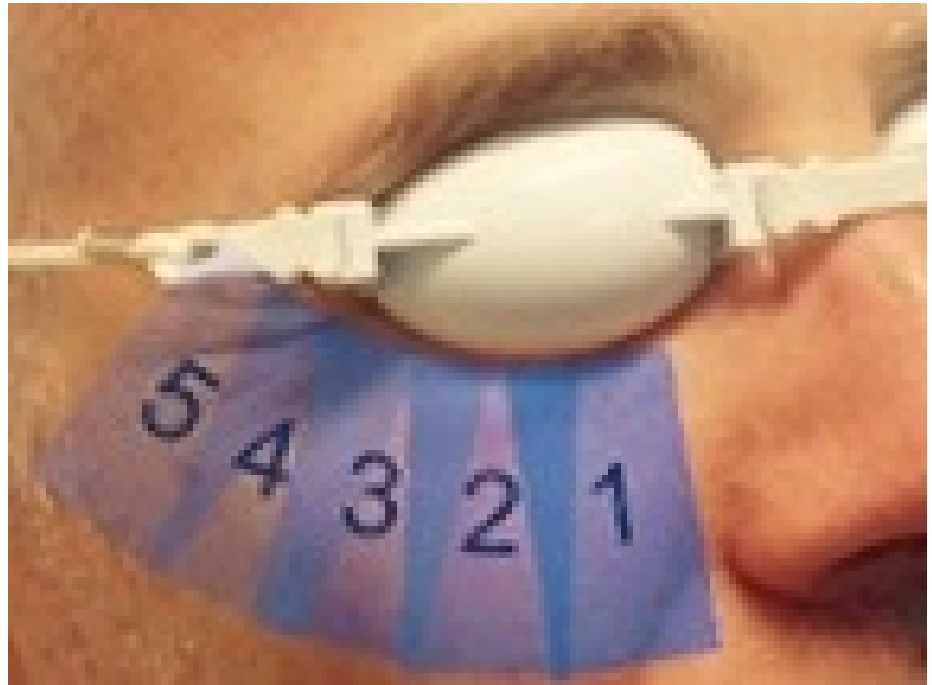


E-EYE
Dry Eye syndrome treatment



EYE

Dry Eye syndrome treatment



- A series of **5 flashes** are applied under the lower eyelid, from the internal canthus to the external canthus, using the nominal power.
- The same process is then repeated under the lower eyelid of the other eye.



EYE

Dry Eye syndrome treatment

does not directly affect the Meibomian glands.

*Its action is **INDIRECT***

- *The « flashed » areas (suborbital and zygomatic region) are the areas where the **parasympathetic** nerve passes.*
- *It has been proved in several neurological studies that the **emission** on a nerve of **infrared** as a train of pulse leads to the creation of a micro gradient of temperature between the inner and the outer layer of the myelin sheath.*
- *This gradient of temperature triggers the **liberation** of **neurotransmitters** and clean Meibomian ducts*



E-eyo

Dry Eye syndrome treatment

- Anatomically, the **parasympathetic** nerve is connected to the **Meibomian gland** by some of its **branches**.
- The **neurotransmitters released** will then be able to interact with the Meibomian gland, **stimulating** the **secretion** and the **contraction** of the gland.
- **Improve** micro - circulation



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- The treatment effects is cumulative and lasts :
 - 1 week after the 1st session
 - 2 to 3 weeks after the 2nd session
 - 6 months to 2 years after 3 to 4 sessions



85%

E-Eye

Dry Eye syndrome treatment

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