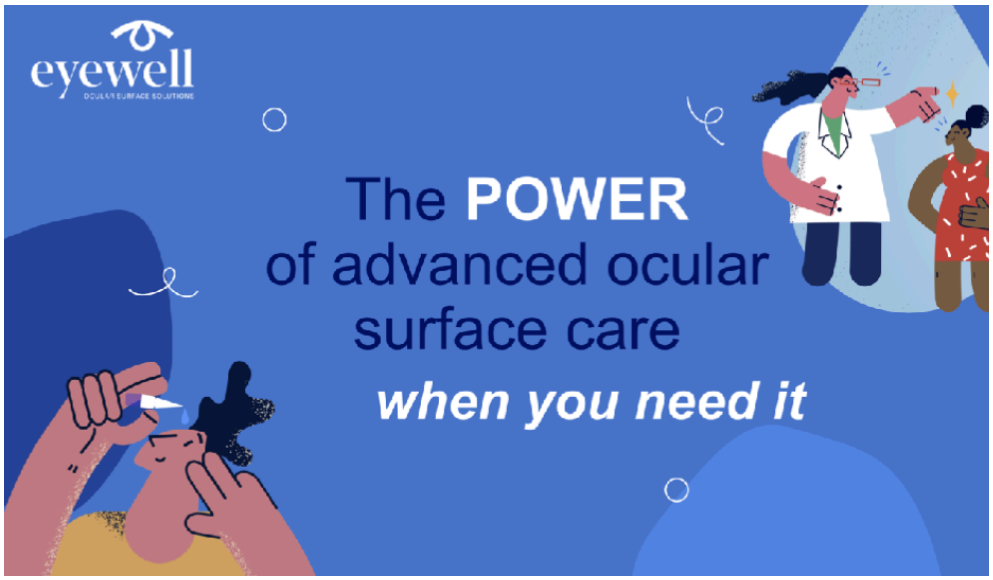
Phone: (617) 433-9895 Inquiries: info@myeyewell.com
Fax: (617) 675-2453 kristin.green@myeyewell.com

NEWSLETTER



You're Invited...
to Eyewell's next

Focus Group Dinner

Wednesday, April 15, 2026
6:30-8:30 pm
Capital Grille, Chestnut Hill

Sponsored by Harrow Pharmaceuticals

Please RSVP:
kristin.green@myeyewell.com

DRY EYE PATIENTS BEWARE: ALLERGY SEASON IS COMING!

Clinical studies find a strong, bidirectional link between allergic conjunctivitis (AC) and dry eye disease (DED). One study shows a third (31-36%) of patients with AC also have clinically significant DED which indicates that AC and DED are "reciprocal predisposing conditions" sharing common pathways to ocular surface inflammation.[1] In a larger meta-analysis of over 7,000 patients, 47.2% of people with allergic conjunctivitis were found to also have DED.[2]

Allergies can lead to tear film instability, worsening dry eye symptoms. Increased tear evaporation (and or decreased tear production), making it harder to wash away allergens, further intensifying the allergic response. Clinical evidence finds oral antihistamines exacerbate DED due to their drying (antimuscarinic) side effects on the ocular surface. As you may already know, pollen counts and DE diagnoses peak simultaneously in Spring (April). Symptoms include intense itchiness, redness, and stringy mucus-like discharge.

Inflammation from chronic allergies can decrease the density of conjunctival goblet cells and may impact meibomian gland function and structure.[3] Both AC and DED involve upregulation of inflammatory cytokines, histamine and prostaglandins that further damage the ocular surface.[4.] In this month's newsletter we present a case of a patient with dry eye and allergies. See page 2.

1. Mazumdar S, Satsangi SK, Garg M, Rajan PG. Prevalence of dry eye disease in the patients of allergic conjunctivitis: Hospital-based cross-sectional study. Indian J Ophthalmol. 2023;71(4):1495-1498. doi:10.4103/IJO.IJO_2816_22
2.Akasaki Y, Inomata T, Sung J, et al. Prevalence of Comorbidity between Dry Eye and Allergic Conjunctivitis: A Systematic Review and Meta-Analysis. J Clin Med. 2022;11(13):3643. Published 2022 Jun 23. doi:10.3390/jcm11133643
3. Kinoshita S, Kiorpes TC, Friend J, Thoft RA. Goblet cell density in ocular surface disease. Arch Ophthalmol 1983;101:1284-7
4. Lobefalo L, D'Antonio E, Colangelo L, et al. Dry eye in allergic conjunctivitis: Role of the inflammatory infiltrate. Internat Journal of Immunopath and Pharmacol 1999;12:3:133-

Case Report:

A 55 year-old female with a history of moderate MGD and contact lens use presented with reports of acute worsening dry eye. She had been camping the previous work and began to have symptoms, which she attributed to cessation of dry eye home therapy while on the trip. Upon returning home, she began using warm compresses 3-4 times per day, Ocusoft lid hygiene and Restasis BID OU. Presentation included MGD, fine papillae with a velvety appearance to the tarsal conjunctiva, grade 2 diffuse bulbar conjunctival injection, and mild diffuse chemosis bilaterally. A diagnosis of allergic conjunctivitis was made. Treatment included the following:

- In-office ocular irrigation with chilled Rinsada to remove allergens, mucus, and debris
- Rx OTC olopatadine extra strength formula QAM
- Rx OTC oral loratadine 24-hour formula daily (less drying than other oral antihistamines)
- Rx generic prednisolone acetate 1% OU QID x 7d then BID x 7d
- Pause contact lens use, warm compresses and eye rubbing
- Continue OcuSOFT Allergy lid hygiene and wash face after being outdoors
- Add cool compresses and chilled saline rinses
- Instructed patient to shower before bed so that pollen is not transferred to a pillow.
- Follow up in two weeks

This case highlights how patients don't always understand that dry eye and allergies can co-exist, and often the recommended home care may actually worsen their symptoms (e.g. warm compresses). Patients may be concerned about the application of cold rather than heat, but should be re-assured that the MG are not likely to become obstructed with short term cessation of WCs.

WANT TO REFER A PATIENT?
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