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An Expert Panel on Dry Eye Syndrome

In late 2008, a panel of experts met in New York City to discuss management of patients with moderate to severe dry eye syndrome (DES). Members of this advisory board reviewed clinical data and provided insight into their experiences prescribing preservative-free LACRISERT and counseling patients on its optimal use.

Expert Review of LACRISERT: A Novel Approach to Treating DES

Members of the panel discussed their experiences prescribing LACRISERT ophthalmic insert, indicated in patients with moderate to severe DES, including keratoconjunctivitis sicca, exposure keratitis, decreased corneal sensitivity, and recurrent corneal erosions. LACRISERT is especially useful when treating patients who remain symptomatic after an adequate trial of therapy with artificial tear solutions.¹

LACRISERT acts to stabilize the precorneal tear film and prolong tear film breakup time, which is usually accelerated in patients with DES. LACRISERT also acts to lubricate and protect the eye.¹

Each LACRISERT is 1.27 mm in diameter by about 3.5 mm long, smaller than a grain of rice. Each insert is 5 mg of hydroxypropyl cellulose, and they are inserted into the inferior cul de sac of each eye beneath the base of the tarsus, not in apposition to the cornea, nor beneath the eyelid at the level of the tarsal plate.¹



Preservative-free LACRISERT Is Effective in Patients With Moderate to Severe DES

The DES experts who had experience using LACRISERT agreed that in their patients with dry eye, the inserts reduced clinical signs and relieved the symptoms of DES. Several attendees provided an overview of clinical efficacy from previous LACRISERT studies and described several new clinical trials in patients with moderate to severe DES.

Improvements In Clinical Signs

In a multicenter crossover study, once-daily LACRISERT 5 mg was compared with artificial tears used 4 or more times daily. Patients treated with LACRISERT demonstrated significant improvements in tear film breakup time and thickening of the precorneal tear film when observed by slit lamp examination.¹

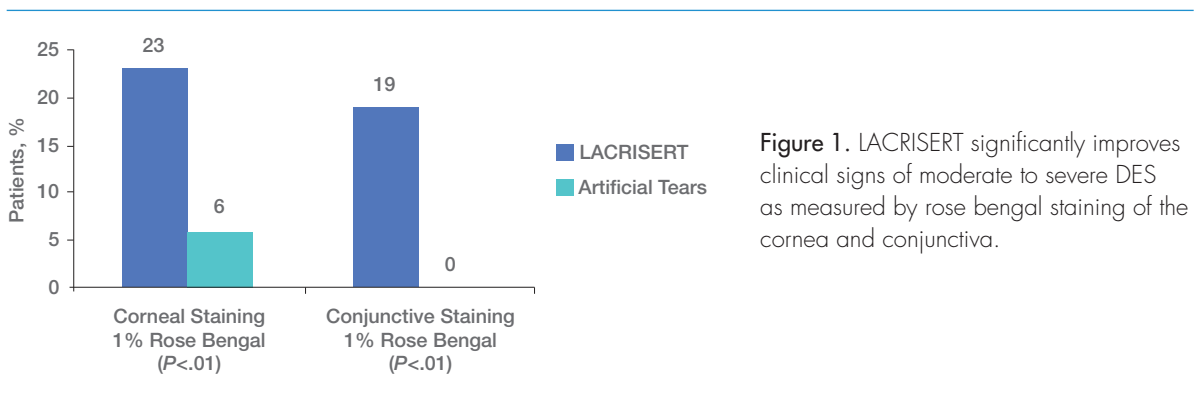


Figure 1. LACRISERT significantly improves clinical signs of moderate to severe DES as measured by rose bengal staining of the cornea and conjunctiva.

Significant improvements in rose bengal staining of the cornea and conjunctiva were observed after 2 weeks of treatment with LACRISERT compared with artificial tears (Figure 1).²

Relief of DES Symptoms

The group agreed that LACRISERT significantly improves symptoms of DES such as burning, foreign body sensation, itching, smarting, soreness, and dryness compared with artificial tears (Figure 2).² Progressive visual deterioration occurring in some patients may be retarded, halted, or reversed, and amelioration of blurred or cloudy vision has been observed. Patient comfort was better with LACRISERT, and most patients preferred the insert to artificial tears.¹

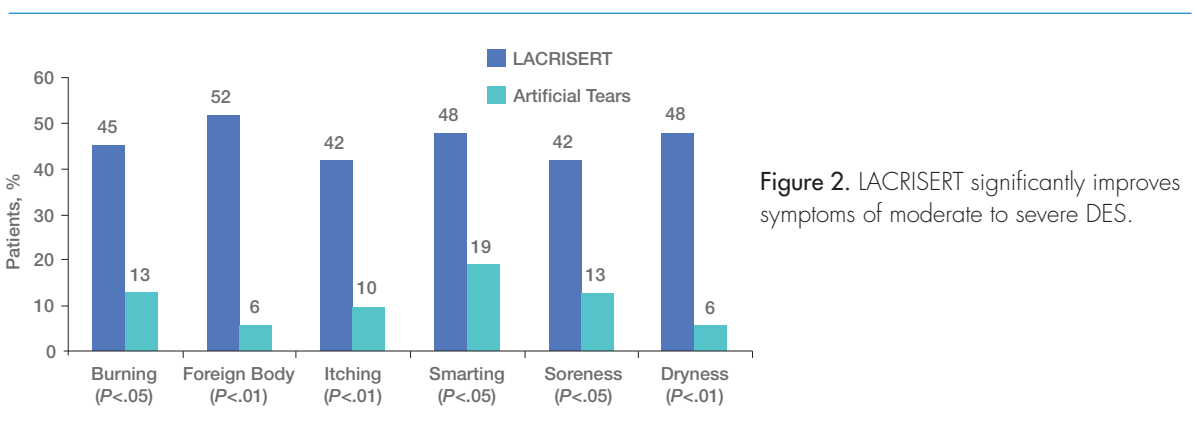


Figure 2. LACRISERT significantly improves symptoms of moderate to severe DES.

Using LACRISERT: The Importance of Education

Members of the expert panel agreed that while the benefits of these preservative-free inserts in reducing the signs and symptoms of moderate to severe DES is clear, educating both practitioners and patients alike on the proper use of LACRISERT and what to expect during and after use is of great importance. Participants discussed several simple yet effective points to aid in successful adoption of LACRISERT by prescribers and patients alike. Proper use of LACRISERT can be quickly and easily taught—by spending just a few minutes to share the tips below, practitioners can help patients achieve relief of their DES.

Tips for Practitioners

In the experience of the panel discussants, patients' greatest concerns were focused on learning how to insert LACRISERT. Several recommendations were made by the expert panel to aid practitioners in guiding patients to successful insertion and continued use.³

- Patient education on proper insertion techniques will greatly increase successful use of LACRISERT. Practitioners or properly trained staff members should take the time to work directly with every patient to teach proper insertion techniques
- When instructing a patient, disclose that their first several attempts at insertion may not be successful—it is common to drop or lose inserts. Encourage patients to be persistent if their first few attempts at insertion are unsuccessful, as it will become easier
- Initial insertions may be difficult, particularly in patients with severe DES. Instruct patients to pre-wet extremely dry eyes with a drop of artificial tear solution—this will provide a meniscus of fluid that will hold LACRISERT in the inferior cul de sac of the eye
- If a patient has difficulty with insertion due to reduced manual dexterity (ie, rheumatoid arthritis) or poor vision, another individual can assist them or perform the insertion. When teaching these patients proper insertion, ask a family member or caregiver to accompany them to the session
- Many practitioners may find it convenient to hold group LACRISERT training sessions similar to those conducted for contact lens training
- Many patients suffering from moderate to severe DES who wear contact lenses have less difficulty inserting LACRISERT and find that lenses are more comfortable when worn along with LACRISERT
- LACRISERT is effective at relieving DES and safe for use in patients after refractive surgery
- Patients can find instructional information, including an insertion video, at www.lacrisert.com

Tips for Counseling Patients

The expert panel also provided insight for patients using LACRISERT gathered from clinical experience. These helpful tips, which should be shared by practitioners or their staff, will help patients suffering from moderate to severe DES achieve optimal benefits from LACRISERT therapy.³

- Some patients may experience initial mild, transient blurring of vision when using LACRISERT. This blurring, which is the most commonly reported adverse event, may be caused by thickening of the tear film. Patients can instill a drop of artificial tear solution to reduce or eliminate any mild blurring. If mild blurring does not resolve, patients should consider using LACRISERT at night. It is important to be sure patients are placing LACRISERT in the proper place behind the lower lid
- As LACRISERT dissolves, it becomes soft and may take on the appearance of a gel with undefined borders. This “blob” may slip above the margin of the conjunctival sac and cause blurring of vision later in the day. If this occurs, the LACRISERT should be removed—a new insert can be used if dry eye symptoms return
- Some patients may find that LACRISERT dissolves too slowly. Dissolution can be encouraged by instilling a few drops of artificial tear solution. The converse may also be found—if LACRISERT dissolves too quickly, 2 inserts per day can be used
- If patients have the need to instill concomitant drops while using LACRISERT (ie, glaucoma medications, additional artificial tear solution), they should be instilled in the upper lid or in the nasal corner of the eye to avoid washing the insert out of position
- When inserting LACRISERT, the tip of the applicator should be warmed with water and left damp. If the patient touches the applicator to the end of the LACRISERT, not the middle, it will separate from the applicator more easily during insertion
- Patients may find it helpful to place a clean, dry, colored towel down on the surface over which insertion is being performed. If the insert is dropped, this will make spotting the insert easier
- Rubbing of the eye may cause LACRISERT to move out of position and fall out of the eye
- Some patients may find that using LACRISERT at night followed by several drops of artificial tears in the morning may eliminate the need for nighttime ointments
- When using LACRISERT with contact lenses, some patients may find that lenses become too coated by the thickened tear film—a drop of artificial tear solution can be instilled; or LACRISERT can be used at night, providing sufficient relief of DES symptoms throughout the following day

LACRISERT for Effective Management of DES

With well-established efficacy and a demonstrated safety profile, experts agree that preservative-free LACRISERT is an easy to use treatment option for patients with moderate to severe DES. Once-daily, flexible dosing provides an effective therapeutic option for DES that is not contraindicated for use with other agents. LACRISERT has been successfully used concomitantly with other treatments for DES such as artificial tears and cyclosporine ophthalmic emulsion, or with administration of drops for the treatment of glaucoma. LACRISERT relieves symptoms of dry eye experienced by patients after refractive surgery. The inserts can be used 7 to 10 days after surgery when the corneal flap has completely closed. LACRISERT is also effective and safe for concomitant use in patients who wear contact lenses.³

Expert Advice for Achieving Success

Patient education and training are critical for the successful adoption of LACRISERT. The expert tips and techniques outlined above will help prescribers quickly and easily educate patients and incorporate LACRISERT into their practice, providing an effective, safe treatment option for patients with moderate to severe DES.

LACRISERT is contraindicated in patients who are hypersensitive to hydroxypropyl cellulose. The following adverse reactions have been reported in patients treated with LACRISERT, but were in most instances mild and transient: transient blurring of vision, ocular discomfort or irritation, matting or stickiness of eyelashes, photophobia, hypersensitivity, edema of the eyelids, and hyperemia. If improperly placed, LACRISERT may result in corneal abrasion.¹

References

1. LACRISERT [package insert]. Lawrenceville, NJ: Aton Pharma, Inc; 2007.
2. Katz JJ, Kaufman HE, Breslin C, Katz IM. Slow-release artificial tears and the treatment of keratitis sicca. *Ophthalmol.* 1978;85:787-793.
3. Data on file. Aton Pharma, Inc.

LACRISERT®
(hydroxypropyl cellulose ophthalmic insert)