

## Patient information

# Blepharitis in Adults

### What is Blepharitis?

Blepharitis is a very common eye condition which usually affects both eyes and causes the eyelids, particularly around where the eyelashes begin, to become inflamed – this can make the eyelids and eyes red, swollen, dry and at times very uncomfortable.

Blepharitis is not contagious and is not typically harmful or serious. However, Blepharitis is a chronic (long-term) eye condition with no cure – this means it requires ongoing treatment to reduce symptoms, particularly to minimize and prevent any relapsing acute episodes (flare) which can occur at any time.

Blepharitis can be subdivided in a number of ways:

- Acute or chronic
- Anterior (in front) or posterior (or behind)
- Staphylococcal, seborrheic, demodex or meibomian gland dysfunction

### What are the symptoms of Blepharitis?

- Scaly, red or sore eyelids
- Dry, flaky, crusting or mild sticky discharge around the eyelids, particularly when waking in the morning
- Burning, dry, gritty, foreign body (feels like there is something in your eye), sore or itchy sensation of the eyes
- Watering of the eyes, particularly worse in the wind
- Blurring of the vision, which improves when blinking
- Sensitivity to light
- History of eyelid infections such as cysts (also known as Chalazia or Meibomian cysts) or styes

### What causes Blepharitis?

The eyelids normally produce clear natural oils (lipids) from the meibomian glands which are released via its pores (openings) immediately behind the eyelashes. These oils, in combination with the water (aqueous) component of the tear film, play



a key role in lubricating and moisturising the eyes making them feel comfortable and the vision stable.

However in Blepharitis, for unknown reasons, the meibomian glands do not function normally or become blocked and therefore produce an abnormal mix of opaque and thick oils. This directly irritates the eyes causing the tear film to become unstable and evaporate faster than it should, reducing the lubricating and moisturising effect and leading to Blepharitis-related symptoms.

The dead skin cells and sensitivity to the normal bacteria (staphylococcus) on the eyelids, as well as the abnormal oils from the meibomian glands, all contribute to Blepharitis.

Blepharitis can affect some people more than others, such as those with skin conditions like acne, rosacea or eczema and those with allergic diseases like asthma or hay fever.

Blepharitis is usually always present to some extent but its duration and severity of symptoms can vary greatly over time and from person to person. Ageing, hormonal changes, make up (eyeliner and mascara), dehydration, lack of sleep, stress, smoking, changes in the environment (air conditioning, heating, low humidity, dust, wind) and technology use (visual display unit, smart phones etc.) may all play a part.

## What is the treatment for Blepharitis?

### 1. Patient education:

- a. Blepharitis is a chronic (long-term) eye condition with no cure. Therefore ongoing treatment is required to reduce symptoms, minimize and prevent any relapsing acute episodes (flare) which can occur at any time.
- b. Blepharitis is usually always present to some extent but its duration and severity of symptoms can vary greatly over time and from person to person, therefore its treatment is tailored to you as an individual.
- c. Blepharitis is largely a self-managed eye condition, which means you should treat it yourself depending on the extent of your symptoms.
- d. Blepharitis treatment requires a holistic approach to achieve noticeable and sustainable relief of your symptoms.
- e. Blepharitis treatment can take up to several weeks, if not months, before you start to notice an improvement in your symptoms.
- f. Blepharitis treatment involves a step-wise approach, which means if you are still having symptoms despite doing the basics regularly and effectively, then your ophthalmologist or optometrist will consider the next step to Blepharitis treatment.

### 2. Lid hygiene:

The basic and most important treatment for Blepharitis is lid hygiene. The aim of this is to unblock the meibomian glands, produce better quality oils and therefore

a healthier, more stable tear film which leads to more comfortable eyes and stable vision.

Lid hygiene should initially be performed twice per day until symptoms significantly improve and then later once per day on an ongoing basis as maintenance. Excessive lid hygiene (more than twice per day) can cause discomfort in itself and therefore is typically not recommended.

*Lid hygiene with dilute baby shampoo or sodium bicarbonate is no longer recommended.*

There is a wide range of methods for performing lid hygiene; however, the key is to find a technique that works for you and which can easily fit into your daily routine.

- a. Wash your hands before and after cleaning your eyelids and remove any contact lenses.
- b. Hot compress to soften oils.  
Soak a clean face cloth or cotton pad with hot water from the tap, squeeze dry and then place on the closed eyelids. Alternatively, you can use a commercially available eye bag or mask. Be careful not to burn your skin.
- c. Massage to unblock oil glands.  
With your index finger, apply firm pressure on the upper closed eyelid downwards towards the eyelashes and on the lower closed eyelid upwards towards the eyelashes. Be careful not to poke your eye.
- d. Clean to remove flaky crusting, excess oils and bacteria.  
Using the item in step b. or a clean wet (with hot water from the tap) cotton bud, gently but firmly wipe along the eyelashes where they come out of the eyelid on both the skin side and oil gland side. Alternatively, you can use a commercially available lid wipe. Again, be careful not to poke your eye.
- e. You may wish to repeat step b. a few times before proceeding to the next steps as the face cloth or cotton pad may cool quickly and therefore heat may not be retained long enough to soften the oils. Five minutes of retained heat is ideal.
- f. Repeat steps b. to e. for the other eye.

### **3. Lubricating eye drops, gels and ointments:**

The next basic treatment for Blepharitis is the use of lubricants. The aim of this is to supplement the water component of the unstable tear film which also leads to more comfortable eyes and stable vision.

The choice of lubricant depends on the extent of your symptoms, personal preference and ease of use.

Most, if not all, lubricants are available over-the-counter, and your GP may make these available on prescription.

Preservative-free lubricants are ideal when lubricants are used frequently, however they are typically more costly, have a short shelf-life and often need to be refrigerated.

Lubricants with a more of a gel or ointment-like consistency can have a longer lubricating effect. These too are available in preservative-free forms.

#### **4. Antibiotic drops, ointment and tablets:**

Blepharitis is often associated with sensitivity to the normal bacteria on the eyelids which can add to the general discomfort. A course of antibiotic eye drops or ointment in addition to lid hygiene can be helpful.

Blepharitis is also associated with Chalazions. Sometimes Chalazions can become infected and therefore a course of both oral and topical (eye drop or ointment) antibiotics may be required. Lid hygiene may be stopped during an active infection to prevent further spread, but should be restarted once the infection has settled.

For Blepharitis associated with skin conditions like acne or rosacea or where the meibomian glands are severely blocked, a 6-12 week course of low dose oral antibiotics may be required. In these cases, the antibiotics are not used for their antibacterial properties but rather to alter the consistency of the oils produced. This can be extremely effective in addition to lid hygiene; otherwise the benefits can be short-lived.

#### **5. Omega 3 supplements:**

Omega 3 fatty acids have anti-inflammatory properties and help to alter the consistency of the oils produced by the meibomian glands. Omega 3, in the form of oily fish (salmon, sardines) or flaxseed, may be a helpful supplement to your diet.

#### **6. Hydration:**

Drinking plenty of fluids may help ensure that the oils are runnier and reduce the risk of the pores blocking and causing Chalazions.

## Eye Lubricants

Type:	Ingredient and Examples:	Instructions:
Eye drops	<p>Hypromellose:</p> <ul style="list-style-type: none"> <li>• Evolve Hypromellose 0.3% eye drops</li> <li>• Xailin Hydrate 0.3% eye drops</li> </ul> <p>Carmellose sodium:</p> <ul style="list-style-type: none"> <li>• Evolve Carmellose 0.5% eye drops</li> <li>• Optive 0.5% eye drops</li> </ul> <p>Polyvinyl alcohol:</p> <ul style="list-style-type: none"> <li>• Liquifilm Tears 1.4% eye drops</li> <li>• Sno Tears 1.4% eye drops</li> </ul> <p>Sodium hyaluronate:</p> <ul style="list-style-type: none"> <li>• Blink Intensive Tears 0.2% eye drops</li> <li>• Hyabak 0.15% eye drops</li> <li>• Hycosan range</li> <li>• Hylo- range</li> </ul>	<p>Apply as required.</p> <p>If applying frequently or regularly then consider preservative free.</p> <p>Some suitable with contact lens wear.</p>
Eye gels	<p>Carbomers:</p> <ul style="list-style-type: none"> <li>• Clinitas Carbomer 0.2% eye gel</li> <li>• Viscotears 2mg/g liquid gel</li> <li>• Xailin 0.2% eye gel</li> </ul>	<p>Apply 3–4 times a day or when required.</p> <p>Not suitable with contact lens wear.</p>
Eye ointments	<p>Liquid paraffin:</p> <ul style="list-style-type: none"> <li>• Lacri-lube eye ointment</li> <li>• Xailin Night eye ointment</li> <li>• Vita-pos eye ointment</li> </ul>	<p>Apply as required but best applied before sleep.</p> <p>Not suitable with contact lens wear.</p>

This is not an endorsed or exhaustive list of eye lubricants.

## Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মত বকির্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যতে পারে। আরও তথ্যের জন্য আপনার ক্লিনিকিয়াল টিমের সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

آسان میں نے پڑھ کے جیسا ہیں، سکتی جاکی دست یاب میں فارمیٹس متبادل معلومات یہ پرنٹ بڑا یا اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں۔

## Tell us what you think

Tweet us [@NHSBartsHealth](https://twitter.com/NHSBartsHealth)

Talk to us via [facebook.com/bartshealth](https://facebook.com/bartshealth)

Leave feedback on NHS Choices [www.nhs.uk](http://www.nhs.uk)

## Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services:

[www.bartshealth.nhs.uk/pals](http://www.bartshealth.nhs.uk/pals)

**Reference:** BH/PIN/1058

Publication date: March 2021

All our patient information leaflets are reviewed every three years.