

Information

The causes and treatment of blepharitis – a common eye condition



What is blepharitis?

Blepharitis is an inflammation of the eyelids, in particular around where the eyelashes begin. It is one of the most common eye conditions. Blepharitis can cause long term discomfort and irritation, and it usually affects both eyes.

What are the symptoms of blepharitis?

- Sore eyes or eyelids, which may be red and cause watering.
- Mild discharge (stickiness) or crusting, particularly when waking in the morning, and the eyelids may be slightly stuck together at this time.
- Fine dandruff can occur on the eye lashes.
- Some patients have a gritty sensation in their eyes because of an alteration in their tear film.
- On rare occasions eyelid infections such as styes or cysts can develop.

What causes blepharitis?

The normal bacteria on the eyelids, dead skin cells and abnormal oil from the glands (which are underneath the eyelids) all contribute to blepharitis. The eyelids normally produce natural oils from the meibomian glands via pores (openings) immediately behind the eye lashes. These oils, in combination with the water component of tears, are a key part in lubricating the eye. If you suffer from blepharitis, the oils are thick and over produced.

This can lead to blockage of the glands causing build up of the oils and a lump in the eyelid known as a chalazion or meibomian cyst. The excess oils in themselves are irritant to the eyelids and do not lubricate the eye well. As a result, the tear film is unstable, that is, it dries up faster than it should. As the tear film in blepharitis is so prone to evaporation this causes symptoms of dry eye such as grittiness, redness, light sensitivity and irritation. This can be made worse in windy or dry environments (for example an air conditioned office or plane flight) and may lead to altered vision.

The cause of the abnormal oil production in blepharitis is unknown, although it sometimes affects people with allergies and/or a family history of blepharitis. It is usually present at all times but the severity of symptoms can vary greatly over time. Again the exact reason for this is unclear although hormonal changes, stress and change in environment may all play a part.

What is the treatment for blepharitis?

Blepharitis is typically a long standing (chronic) problem and the symptoms can vary in severity, so there is no one-off cure. Treatment is tailored to you as an individual. The main treatment is **regular** eyelid hygiene.

Eyelid hygiene

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

There are two key phases to lid hygiene:

1. Hot compresses to melt the abnormal meibomian oils and loosen any debris on the eye lashes.
Soak a clean cloth or cotton pad with hot water from the tap, squeeze dry and then place on the closed eyelids. It can help if you massage the eyelids at the same time; ideally massaging down on the upper lid and upwards on the lower eyelid towards the eyelashes. The cotton pad can cool rapidly and this can be re-heated by placing back under the hot tap.
2. Wipe the eye lashes to remove excess oils and eyelid debris.
This can be done by using the same cotton pad as used for the hot compresses, folded and simply wiped firmly along the eye lashes with the eyelids gently closed.

The removal of debris and oil can be enhanced by applying some diluted baby shampoo to the cotton pad (dilute bicarbonate of soda solution is another alternative).

You can also use a moist cotton bud to wipe along the eye lashes and eyelid where the eyelashes meet. Again, applying some diluted baby shampoo to the cotton bud will enhance this process. However, many patients find using cotton buds quite difficult (particularly if they need reading glasses). If you use diluted baby shampoo, it is important to rinse the eyelids with some cool water from the tap to remove any residual baby shampoo. The frequency of lid hygiene depends on the symptoms but, ideally should be daily. Excessive bathing (more than twice a day) can cause discomfort in itself so it is not recommended.

Lubricant eye drops

Blepharitis can result in an unstable tear film which leads to symptoms of dry eyes. Lubricant eye drops are helpful in relieving these symptoms. The choice of eye drop depends on the level of symptoms and ease of use. There are a wide variety of different artificial tears or lubricant eye drops available, many as 'over the counter' products from chemists. If eye drops are being used frequently then 'preservative free' drops are best, although these have the disadvantage of increased cost, a short shelf-life once opened and often need to be refrigerated. Drops with a more gel-like consistency can have a longer lubricant effect. Again these are available unpreserved.

Antibiotics

Blepharitis is often associated with a longstanding mild over-growth of the skin's natural bacteria. This can add to the general irritation and a course of antibiotic ointment or drops can be helpful, however, this has to be used in combination with regular lid hygiene.

Cysts can occur in conjunction with blepharitis and if these become infected they may require a course of antibiotics both by mouth and to the affected eye. Once the infection has settled, a hot compress massage for 10 minutes, done three times a day, is often helpful.

In some cases of blepharitis, where abnormal meibomian oil production is a predominant factor, a course of 1-3 months of an antibiotic by mouth can be effective in breaking the cycle of symptoms. The antibiotics in this case do not work by an antibacterial effect; rather they alter the consistency of the natural oils produced. This can be extremely effective; however, unless regular lid hygiene is continued, this effect can be short-lived with symptoms returning after completing the course of antibiotics.

Other treatments for blepharitis

There are some commercially available preparations and pads that may be used in place of the lid hygiene detailed above. These are pads that are either pre-moistened or moistened with a cleaning solution. You may find these convenient and effective although there is no evidence to clearly suggest these are any better than the technique described above.

If you have any further questions please ask your eye doctor.

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Authors: Miss Lola Solebo, Mr Andrew Coombes
0207 601 7384
0207 377 7000 Ext 2483
Ref: BLT/PTINFO/179
Barts and The London NHS Trust
Switchboard: 020 7377 7000
www.bartsandthelondon.nhs.uk