Research

Risk Factors of Diagnosed and Undiagnosed Symptomatic Dry Eye

As the incidence of dry eye disease has increased, Inomata and coauthors evaluated the characteristics of and risk factors associated with diagnosed and undiagnosed symptomatic dry eye. In this cross-sectional study using crowdsourced data on 4454 participants, risk factors for symptomatic vs no symptomatic dry eye included younger age, female sex, pollinosis, mental illnesses, current contact lens use, extended computer and digital device screen exposure, and smoking. For individuals with undiagnosed vs diagnosed symptomatic dry eye, risk factors included younger age, male sex, absence of collagen disease, mental illnesses, ophthalmic surgery, and current and past contact lens use. These findings suggest that detecting undiagnosed, symptomatic dry eye in at-risk populations could lead to earlier prevention or more effective interventions.

Invited Commentary

Glaucoma or Glaucoma Suspect After Pediatric Lensectomy

Because glaucoma can occur after cataract removal in children and because determining the risk for and factors associated with glaucoma after lensectomy can guide clinical practice, Freedman and coauthors for the Pediatric Eye Disease Investigator Group determine the risk of glaucoma or glaucoma suspect during the first year after lensectomy in children younger than 13 years and the associated risk factors. In this cohort study of 702 pediatric patients (970 eyes), glaucoma or glaucoma suspect developed in 66 of 970 eyes (adjusted overall incidence risk, 6.3%) within 1 year after unilateral or bilateral lensectomy. Age of 3 months or younger at lensectomy and aphakia were associated with subsequent glaucoma or glaucoma suspect. This study’s findings suggest that, although all children should be monitored for glaucoma following lensectomy, increased attention should be given to infants 3 months or younger at lensectomy and children with aphakia after lensectomy.

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Opioid Prescribing and Use of Opioids After Corneal Surgery

Opioids carry a high risk for addiction and overdose but are commonly prescribed after corneal surgery. Therefore, Woodward and coauthors investigate the association of decreasing the quantity of opioids prescribed after corneal surgery with opioid use and pain control. In a cohort study of patients who underwent corneal surgery and for whom physicians decreased opioid prescribing, patients used less opioids yet had adequate (19 of 27 [70%]) or more-than-needed (6 of 27 [22%]) tablets for pain control. Most patients (20 of 28 [71%]) had unused opioid tablets, but none disposed of tablets properly. The study found that patients used fewer opioid tablets when surgeons prescribed fewer tablets, suggesting that physicians should evaluate opioid needs for their patients, decrease the number of tablets prescribed when possible, and encourage safe opioid storage and disposal to minimize dispersion to the community.

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