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TRANSCRIPT

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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Defining Chronic Ocular Surface Pain: Causes, Clues, and Complexity

Announcer:
You're listening to *Eye on Ocular Health* on ReachMD. On this episode, we'll hear from Dr. Anat Galor, who's a Professor in the UMMG Department of Ophthalmology at the University of Miami's Miller School of Medicine. She'll be discussing the prevalence and comorbidities of chronic ocular surface pain, which was part of her presentation at the 2025 American Academy of Ophthalmology Annual Meeting. Here's Dr. Galor now.

Dr. Galor:
Chronic ocular surface pain can be described different ways by different people, but putting it simply, it means feeling your eyes in an unpleasant way. You're not supposed to feel your eyes, so if you feel them—whether it's dryness or burning or grittiness—then we call it chronic ocular surface pain. Well, we call it ocular surface pain, and then we call it chronic if the sensation lasts more than three months.

There are many different ways to try to understand the prevalence of pain. Our study surveyed 100 eye care providers—and that included both optometrists and ophthalmologists—and what we asked them was their perception of the frequency of pain in their clinics. And so what we found is that 33 percent of optometrist patients and 29 percent of ophthalmologist patients had COSP, and of those, almost half said that the pain was moderate or severe.

Taking a step back, we don't know the true prevalence of COSP, and we don't understand the different mechanisms that underlie COSP in different populations. And so if you're looking at people, for example, who have COSP in the setting of autoimmune diseases like Sjogren's, and you're looking at how frequently people develop COSP after a viral infection or after surgery, those prevalence estimates and also the severity are probably going to differ.

I think it's really important to understand that COSP is often seen as a result, potentially, or in relationship to other diseases, and what we need to understand is which of the diseases or how much of what we see explains what patients are complaining about. And so for us, there were a number of diseases that were associated with COSP, and these are some of the common ones: dry eye disease, meibomian gland dysfunction, autoimmune diseases and inflammation, medications, diabetes, fibromyalgia. And this really aligns with what we clinically see, but I think that, again, a caveat is that, number one, COSP can be caused by many different things; number two, just because we see something doesn't mean that's what's causing the COSP.

So, for example, if I see a touch of meibomian gland disease in a patient that's complaining of any type of pain descriptor, does that mean that the meibomian gland disease is actually causing the COSP, or are they just both present in the same patient? So that's the complexity that we need to understand, that there are a number of well-recognized associations of which many of them we consider drivers of COSP. But we need further studies to really understand when we see something, how does it explain patient symptoms? And patients are complex. They can have more than one thing. So how do we decide what to focus on and what to target first?

Announcer:
That was Dr. Anat Galor talking about how we can effectively define chronic ocular surface pain, which she presented on at the 2025 American Academy of Ophthalmology Annual Meeting. To access this and other episodes in our series, visit *Eye on Ocular Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!