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Personalizing Treatment for Chronic Ocular Surface Pain

Announcer:
Welcome to *Eye on Ocular Health* on ReachMD. On this episode, we'll learn about the real-world management of chronic ocular surface pain from Dr. Anat Galor. She's a Professor in the UMMG Department of Ophthalmology at the University of Miami's Miller School of Medicine, and she spoke about this topic at the 2025 American Academy of Ophthalmology Annual Meeting. Let's hear from Dr. Galor now.

Dr. Galor:
So when you look at COSP management, you can look at the umbrella of possibilities, and I think the most common thing that people do, even before they go see an eye care professional, is go to the pharmacy and see what kind of strategies they can figure out themselves. So artificial tears, over-the-counter gels, ointments, eyelid hygiene, hot compresses—those are the most common things that you're going to find, and most of those have been tried by the patient before they come in to see the eye care provider.

However, in people who over-the-counter strategies don't help sufficiently, they oftentimes get prescribed therapies that target the ocular surface, and we call those dry eye disease therapies. But again, there are different dry eye disease therapies. There are anti-inflammatories, and even within anti-inflammatories, there are different subtypes of anti-inflammatories. There's also tear secretagogues. There are strategies that target the meibomian glands.

But what you can see from this long list of medication—and we know this is a reality—is not everyone responds to any one product. And so the key—and what I tell my patients—is that we're always striving for Goldilocks. I don't want to overtreat anyone. I don't want to undertreat anyone. But I want to find the right combination of therapies, whether it's over the counter, one prescription, or one office-based procedure, to get them to good enough.

There are so many next steps that are needed to optimize the treatment of chronic ocular surface pain. Number one, we need to get our terminology straight. So when a patient complains of dryness, burning, and aching, we need to not call it dry eye. We need to call it pain. If it lasts more than three months, then we can use the word chronic.

And then we need to put on our detective hats and figure out, why do the patients have chronic ocular surface pain? And if it is dry eye, then we need to target dry eye mechanisms. But again, dry eye is not one disease, and we need to figure out which mechanisms within dry eye. Is it tear production? Is it tear stability? Is it associated rosacea? Is it inflammation? Is it T-cell mediated inflammation or a different type of inflammation? Because as we have more and more products, the key is to figure out how to deliver them to the right patients. So we need better terminology, we need better diagnostic tests, and we need to figure out a way to link those diagnostic tests to therapeutic algorithms. People want to understand more about COSP because, ultimately, providers see this as a need for patients, and we need to do better to target the mechanisms underlying COSP in the appropriate patient. And so, to me, there's room for everyone. There's room for students, clinicians, and companies to really make a difference and push this field forward.

Announcer:
That was Dr. Anat Galor talking about current management approaches to 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!