Dry eyes need daily medication

If you have dry eyes, you may require prescription medications such as topical steroids, topical non-steroidal anti-inflammatory drugs and sometimes photo-coagulating lasers. Each eye doctor also seems to have his own preferred method of managing this ailment. Commercially available products can help cleanse the skin around the eyelashes and reduce the amount of bacteria growing there. They include eyelid-cleansing pads which may be helpful in combination with warm eyelid compresses and eyelid massage.

Take omega-3 fatty acid supplements
Beneficial effects have been achieved when such supplements have been used as an adjunctive therapy.

Get prescription medication
If you have dry eyes, you may require prescription medication such as topical steroids, topical non-steroidal anti-inflammatory drugs and photo-coagulating lasers. Their use requires careful monitoring by an ophthalmologist.

Naphcon-A is a topical eye medication which is a combination of an antihistamine and a decongestant. It is used for the relief of eye irritation and/or nasal congestion (the leakage of nasal passages due to swollen membranes), or for the treatment of allergic or inflammatory ocular conditions.

It is not normally used as a long-term solution for dry eye syndrome. If you find that it is the most effective medication among all else mentioned above, it may be that you are suffering from an acute eye disease. Hence, you may want to consult an ophthalmologist for an opinion.

There is no complete cure for the disease. Rather, the management of the disease is more about achieving an acceptable level of eye comfort, which differs from patient to patient.

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When deciding which therapy to prescribe, an ophthalmologist would normally customise a management plan according to the cause of the disease, the severity of the symptoms and the lifestyle of the patient.

The treatment of dry eye syndrome may include one or a few of the following strategies:

- Use artificial tears to maintain comfort
- There are many formulations and brands of artificial tears available which can reduce dry eye symptoms to a manageable minimum.
- Preservative-free tears can be used as often as desired.
- Lubricate the eye overnight
- For more severe dry eyes, it is very helpful to use your artificial tears or gel preparations just before going to sleep.
- Use punctal plugs
- Formally, tears from the eye drain through a tiny tear duct (puncta), which is situated at the nasal corner of each eyelid, into the nasal passages. Placing either a temporary plug made of collagen or a permanent plug made of silicone in the lower lid punctum can reduce the rate of drainage of tears from the eye, making any natural or artificial tear last longer on the ocular surface.

Practise good eyelid hygiene
This is important for the maintenance of a healthy lipid tear layer.

The symptoms of dry eyes commonly co-exist with meibomian gland dysfunction. Commercially available products can help cleanse the skin around the eyelashes and reduce the amount of bacteria growing there. They include eyelid-cleansing pads which may be helpful in combination with warm eyelid compresses and eyelid massage.

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Sjogren’s syndrome, which curtails the production of tears and saliva, can also cause dry eyes.

Diseases such as blepharitis, which is the inflammation of the eyelid follicles; meibomian gland dysfunction, which occurs when the glands producing the oil in the eyelids become blocked or inflamed, can also cause dry eyes.

So can other diseases in which the immune system attacks the body, such as systemic lupus, rheumatoid arthritis and Sjogren’s syndrome, which curtails the production of tears and saliva.

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A collaborative problem-solving approach helps both parent and child better understand and respect each other’s concerns and results in them collaboratively coming up with a solution which meets both their needs.

Dr Natasha Lim, medical director of Singapore Medics Group’s Centre for Eye Surgery and The Lasik Surgery Clinic at Wheelock

12-year-old behaves like a toddler

My son, who is 12 years old, behaves like any other child of his age, except that he is extremely hyperactive. He was diagnosed with attention deficit hyperactivity disorder when he was younger.

He was prescribed Ritalin and has had follow-up visits to the doctor for the past four years. However, to date, his hyperactivity has not subsided. He still behaves like a three-year-old child and is in extremely hyperactive, when he is in a bad mood.

We are really embarrassed when we brought him to the home of a close relative, because he throws tantrums and wants to wrestle with other boys of his age.

He gets very upset when he does not get what he wants and starts punching walls and threatening his mother.

We are really going through a hard time dealing with his mood swings and are at a loss.

We would like to know who we can consult to seek help for him.

It does sound like your son has features of attention deficit hyperactivity disorder.

It also sounds like there are other issues which need to be addressed as well. Is he behaving like a three-year-old and throwing tantrums at the age of 12?

Attention deficit hyperactivity disorder can co-exist with other conditions such as a specific learning disability, a mood disorder such as anxiety or a conduct disorder such as oppositional behaviour.

These co-morbid conditions do need to be evaluated and managed for a better outcome in the treatment of attention deficit hyperactivity disorder.

In Singapore, methylphenidate is in various formulations (including Ritalin, Ritalin SR, Ritalin LA and Concerta), would be generally used in the management of attention deficit hyperactivity disorder. However, medication cannot be expected to yield the best outcome when used in isolation.

Behavioural management and strategies for the child, parents and teachers; educational support in school; along with identification and management of co-morbidities; are all integral to the holistic management of a child.

In its book The Explosive Child, Dr Ross Greene, an American child psychologist, describes a collaborative problem-solving approach to successfully managing children with severe non-compliance, temper outbursts and physical aggressiveness.

He describes a model where parents and children can both discuss their concerns and collaborate on a solution to a problem.

For example, from your perspective, the problem may be that your child’s physical aggression is causing distress to himself and to the members of the family. From your child’s perspective, the problem may be that he is not getting something he wants. A collaborative problem-solving approach helps both parent and child better understand and respect each other’s concerns and results in them collaboratively coming up with a solution which meets both their needs.

A collaborative problem-solving approach together with timely and appropriate treatment of attention deficit hyperactivity disorder may help you get a better handle on working with your son and help him through his teenage years.

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Getting help

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Dry eyes syndrome is one of the most common reasons a patient turns up at an ophthalmologist’s clinic.

The syndrome usually affects post-menopausal women, adults over the age of 60 and younger individuals who wear contact lenses for extended periods of time.

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So can other diseases in which the immune system attacks the body, such as systemic lupus, rheumatoid arthritis, which affects the joints, and Sjogren’s syndrome, which curtails the production of tears and saliva.

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