

A Short note on: Dry Eye Disease's Economic and Humanistic Burden

Kenny L*

Department of Optometry, Western University of Health Sciences, California, United States

Short Communication

Dry eye disease (DED) is a multifactorial, chronic, and progressive illness of the tears and ocular surface that causes discomfort and visual impairment. The goal of this systematic literature review was to assess the economic and health-related quality of life (HRQoL) burden of DED and its components, as well as to compare findings from France, Germany, Italy, Spain, the United Kingdom, the United States, Japan, and China. Literature published between January 1998 and July 2013 was searched in PubMed, Embase, and six additional databases. The review contained 12 and 20 studies, respectively, from 76 titles/abstracts on the economic burden of DED and 263 titles/abstracts on the HRQoL burden. According to the current evidence, DED imposes a significant economic burden [1].

Furthermore, DED has a significant detrimental influence on physical and possibly psychological function as well as HRQoL in all of the nations studied. A number of researches have also found that the burden of HRQoL rises with the severity of the disease. More data is needed, especially in Asia, to acquire a better understanding of the impact of DED and to help guide future health-care resource allocation.

Eye disease (DED) is a multifactorial chronic and progressive tear and ocular surface illness that causes feelings of discomfort and visual disruption, an unstable tear film, and probable ocular surface damage [2]. Aqueous tear-deficient DED and evaporative DED are the two primary kinds of DED. Sjögren syndrome (SS) DED and non-SS DED are two types of aqueous tear-deficient DED. Meibomian gland dysfunction is the most common cause of evaporative DED (MGD). DED appears to become more common as people become older, with estimates ranging from 5% to 33% of the adult population worldwide making it a major public health concern.

Irritation, stinging, dryness, ocular weariness, and fluctuating visual abnormalities are all signs of DED. 1,2 Because many patients will have discomfort and vision impairments over long periods of time, these symptoms are likely to have a significant influence on a patient's quality of life (QoL) [3]. DED also has a financial impact on patients, the health-care system, and society as a result of direct medical costs such as doctor visits, pharmacologic therapy, and surgical procedures, as well as indirect costs such as lost work days and lower productivity.

Given the high frequency of DED over the world, the overall humanistic and economic toll is anticipated to be significant [4]. However, no systematic analysis of the evidence across geographic regions has been conducted to estimate this burden comprehensively. A review of this nature is required to better understanding of the present literature on the burden of DED, as well as to suggest future research requirements. We conducted a systematic literature review to assess the economic and health-related quality of life (HRQoL) burden of DED and its components, as well as to compare the data across Europe (France, Germany, Italy, Spain, and the United Kingdom), North America (the United States), and Asia (Japan, China).

Our literature search revealed a single source of data on direct medical costs in the European nations of concern. This was a cost analysis research that looked at the cost of DED in France, Germany,

Italy, Spain, Sweden, and the United Kingdom from 2003 to 2004 [5]. Swedish data are not included in this analysis because Sweden was not one of the pre-selected nations.

Acknowledgment

The author would like to acknowledge his Department of Optometry from the Western University of Health Sciences for their support during this work.

Conflicts of Interest

The author has no known conflicts of interested associated with this paper.

References

1. Stevenson W, Chauhan SK, Dana R (2012) Dry eye disease: an immune-mediated ocular surface disorder. *Arch Ophthalmol* 130(1): 90-100.
2. Tan LL, Morgan P, Cai ZQ, Straughan RA (2015) Prevalence of and risk factors for symptomatic dry eye disease in Singapore. *Clin Exp Optom* 98(1): 45-53.
3. Lemp MA, Bron AJ, Baudouin C, Del Castillo JMB, Geffen D, et al., (2011) Tear osmolarity in the diagnosis and management of dry eye disease. *Am J Ophthalmol* 151(5): 792-798.
4. Sullivan BD, Crews LA, Messmer EM, Foulks GN, Nichols KK, et al., (2014) Correlations between commonly used objective signs and symptoms for the diagnosis of dry eye disease: clinical implications. *Acta ophthalmologica* 92(2): 161-166.
5. Yazdani C, McLaughlin T, Smeeding JE, Walt J (2001) Prevalence of treated dry eye disease in a managed care population. *Clin Ther* 23(10): 1672-1682.

*Corresponding author: Kenny L, Department of Optometry, Western University of Health Sciences, California, United States, E-mail: Kenny.l@wu.edu

Received: 07-Feb-2022, Manuscript No. OMOA-22-58651; Editor assigned: 09-Feb-2022, PreQC No. OMOA-22-58651(PQ); Reviewed: 23-Feb-2022, QC No. OMOA-22-58651; Revised: 28-Feb-2022, Manuscript No. OMOA-22-58651(R); Published: 07-Mar-2022, DOI: 10.4172/2476-2075.1000159

Citation: Kenny L (2022) A Short note on: Dry Eye Disease's Economic and Humanistic Burden. *Optom Open Access* 7: 159.

Copyright: © 2022 Kenny L. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.