



[Home](#) → [Medical Encyclopedia](#) → Dry eye syndrome

URL of this page: [//medlineplus.gov/ency/article/000426.htm](https://medlineplus.gov/ency/article/000426.htm)

Dry eye syndrome

You need tears to moisten your eyes and to wash away particles that have gotten into your eyes. A healthy tear film on the eye is necessary for good vision.

Dry eyes develop when the eye is unable to maintain a healthy coating of tears.

Causes

Dry eye syndrome commonly occurs in people who are otherwise healthy. It becomes more common with older age. This can occur due to hormonal changes that make your eyes produce fewer tears. Dry eye syndrome is sometimes caused or worsened by a condition called meibomianitis, which changes the normal tear film.

Other common causes of dry eyes include:

- Dry environment or workplace (wind, air conditioning)
- Sun exposure
- Smoking or second-hand smoke exposure
- Cold or allergy medicines
- Wearing contact lenses

Dry eye syndrome can also be caused by:

- Heat or chemical burns
- Previous eye surgery
- Use of eye drops for other eye diseases
- An uncommon autoimmune disorder in which the glands that produce tears are destroyed (Sjögren syndrome)

Symptoms

Symptoms may include:

- Blurred vision
- Burning, itching, or redness in the eye
- Gritty or scratchy feeling in the eye

- Sensitivity to light

Exams and Tests

Tests may include:

- Visual acuity measurement
- Slit lamp exam
- Diagnostic staining of the cornea and tear film
- Measurement of tear film break-up time (TBUT)
- Measurement of rate of tear production (Schirmer test)
- Measurement of concentration of tears (osmolality)

Treatment

The first step in treatment is artificial tears. These come as preserved (screw cap bottle) and unpreserved (twist open vial or multidose bottle). Preserved tears are more convenient, but some people are sensitive to preservatives. There are many brands available without a prescription.

Start using the drops at least 2 to 4 times per day. If your symptoms are not better after a couple of weeks of regular use:

- Increase use (up to every 2 hours if using preservative free drops).
- Change to unpreserved drops if you have been using the preserved type.
- Try a different brand.
- Talk to your health care provider if you cannot find a brand that works for you.

Other treatments for dry eyes may include:

- Fish oil 2 to 3 times per day
- Glasses, goggles or contact lenses that keep moisture in the eyes
- Medicines such as cyclosporine (Restasis) or lifitegrast (Xiidra), corticosteroid eye drops, and oral tetracycline and doxycycline
- Tiny plugs placed in the tear drainage ducts to help moisture stay on the surface of the eye longer

Other helpful steps include:

- DO NOT smoke.
- Avoid second-hand smoke, direct wind, and air conditioning.
- Use a humidifier, particularly in the winter.
- Limit allergy and cold medicines that may dry you out and worsen your symptoms.
- Purposefully blink more often. Rest your eyes once in a while.
- Clean eyelashes regularly and apply warm compresses.

Some dry eye symptoms are due to sleeping with the eyes slightly open. Lubricating ointments work best for this problem. You should use them only in small amounts since they can blur your vision. It is best to use them before sleep.

Surgery may be helpful if symptoms are because the eyelids are in an abnormal position.

Outlook (Prognosis)

Most people with dry eye syndrome have only discomfort, and no vision loss.

Possible Complications

In severe cases, the clear covering on the eye (cornea) may become damaged or infected.

When to Contact a Medical Professional

Contact your provider right away if:

- You have red or painful eyes.
- You have flaking, discharge, or a sore on your eye or eyelid.
- You have had an injury to your eye, or if you have a bulging eye or a drooping eyelid.
- You have joint pain, swelling, or stiffness and a dry mouth along with dry eye symptoms.
- Your eyes do not get better with self-care within a few days.

Prevention

Stay away from dry environments and things that irritate your eyes to help prevent symptoms.

Alternative Names

Keratitis sicca; Xerophthalmia; Keratoconjunctivitis sicca

References

Brissette AR, Bohm KJ, Starr CE. Dry eye overview: classification and treatment overview. In: Mannis MJ, Holland EJ, eds. *Cornea*. 5th ed. Philadelphia, PA: Elsevier; 2022:chap 31.

Dhawlikar NS, Holdstein MH, Rao NK. Dry eye disease. In: Yanoff M, Duker JS, eds. *Ophthalmology*. 6th ed. Philadelphia, PA: Elsevier; 2023:chap 4.23

Jeang LA. Dry eye syndrome. In: Kellerman RD, Rakel DP, Heidelbaugh JJ, Lee EM, eds. *Conn's Current Therapy 2024*. Philadelphia, PA: Elsevier; 2024:527-529.

Review Date 10/2/2024

Updated by: Audrey Tai, DO, MS, Athena Eye Care, Mission Viejo, CA. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

Learn how to cite this page



Health Content
Provider
06/01/2028

A.D.A.M., Inc. is accredited by [URAC](http://www.urac.org), for Health Content Provider (www.urac.org). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit of Ebix, Inc. Any duplication or distribution of the information contained herein is strictly prohibited.



National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894 U.S. Department of Health and Human Services
National Institutes of Health