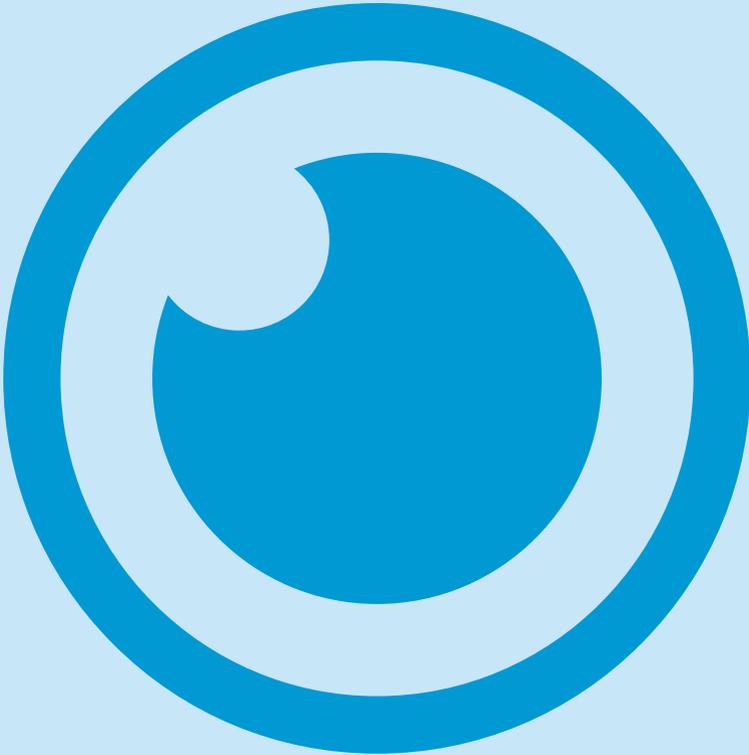


Blepharitis



Professional Excellence in Eye Health



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What is blepharitis?

Blepharitis is an inflammation of your eyelids. It can make eyelids red and eyelashes crusty and make your eyes feel irritated or itchy.

It can also lead to burning, soreness or stinging in your eyes. In severe cases, your lashes may fall out, and you can develop small ulcers or styes as well. You may find your eyelids become puffy. The symptoms tend to be worse in the morning and when you wake up you may find your lids are stuck together.

Blepharitis is a chronic (long-term) condition. This means that once you have had it, it can come back even after it has cleared up. It normally affects both eyes. You can usually treat it by keeping your eyelids clean. You may need to do this for several months.



If you have any concerns about the health of your eyes, please visit your local optometrist. Optometrists are the eye health specialists in the community.

Why do I get blepharitis?

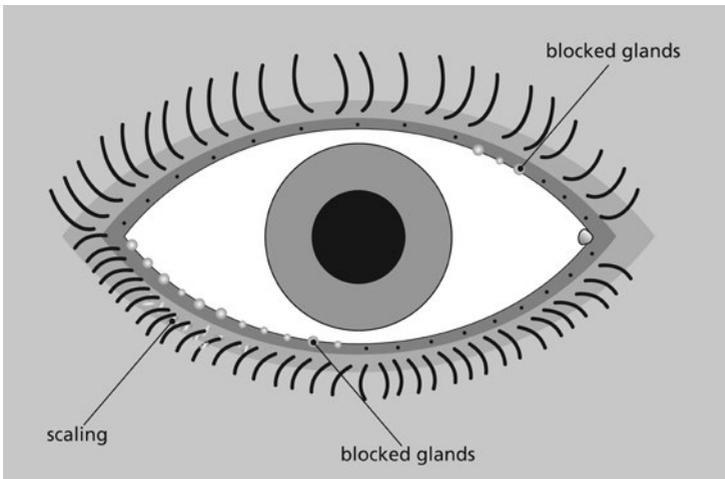
There are two types of blepharitis.

Anterior blepharitis – this affects the outside front edge of your eyelids (near or among your eyelashes). It may be caused by staphylococcus bacteria.

Posterior blepharitis – this is also called meibomian gland dysfunction (MGD). MGD is caused when something affects the inside rim of your eyelids, just behind your eyelashes, which contains your meibomian glands. Your meibomian glands produce part of your tears.

You may also get blepharitis as a complication of seborrhoeic dermatitis, which makes your skin inflamed or flaky. This can involve the scalp (when it is called dandruff), lashes, ears and eyebrows. Seborrhoeic dermatitis can cause both anterior blepharitis and MGD.

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Who is at risk of blepharitis?

Blepharitis is more common in people aged over 50, but it can develop at any age. As you get older, the glands in your eyelids that secrete part of your tears become blocked more easily. Your tears contain fewer lubricants and your eyes can feel gritty and dry, so seborrhoeic blepharitis and MGD tend to happen more in older people.

How will I know I have blepharitis?

Your optometrist, GP or eye specialist can spot the signs of blepharitis by looking closely at your eyelids.

A doctor may decide to take a swab which can be sent away to be checked for a bacterial infection.

How should I look after my eyes if I have blepharitis?

It is possible to make your eyes more comfortable, but blepharitis often cannot be totally cured.



MGD (left) and anterior blepharitis (right). Photographs courtesy of Spectrum Thea.

If you have blepharitis, avoid smoky atmospheres and eye make-up, particularly eye liner and mascara.

There are treatments which can help you reduce the effects of blepharitis. However, there is no strong evidence that any treatment can completely cure the condition. You may need treatment for several months.

1. Warm compresses

Warm compresses work by warming the material that blocks the glands and loosening the crusts on the eyelid. This makes them easier to remove. You can buy reusable warming packs which you heat up in the microwave, or you can use a flannel, cotton-wool ball or something similar as a warm compress. Soak the compress in hot, but not boiling, water (or heat it in the microwave if you are using a reusable one) and place it on the edge of your closed eyelids for five minutes, rocking it gently. This will loosen the crusts. You can then clean your lids. You should use a separate clean compress for each eye.

2. Lid cleaning

Your optometrist will be able to advise you on the different options available for lid cleaning.

Gently clean the edges of your eyelids near your lashes. Wipe from the inside (near your nose) to the outside corner of your eye. Be careful not to clean inside your eyelid or to touch the clear part of your eye.

Repeat this twice a day at first and reduce this to once a day as the condition improves.

3. Antibiotics

If warm compresses and cleaning your eye lids do not work, your doctor or prescribing optometrist may prescribe you antibiotic ointment or tablets. Your prescriber will tell you how long to use these for, but if you need to take antibiotic tablets you may need to take these for several weeks or months. Your doctor or prescribing optometrist will discuss with you whether they are suitable for you. The benefits may last for some months after you finish the treatment.

For more information, please talk to your local optometrist.

If you have any concerns about the health of your eyes, please visit your local optometrist. Optometrists are the eye health specialists on the high street. An eye examination is a vital health check and should be part of everyone's normal health care.

The College of Optometrists is the professional body for optometry. We provide qualifications, guidance and development opportunities for the profession to make sure optometrists provide the best possible care. Our members use MCOptom or FCOptom after their name. Membership of the College shows their commitment to the very highest clinical, ethical and professional standards. Look for the letters MCOptom or FCOptom to see if your optometrist is a member.

Please visit **lookafteryoureyes.org**
for more information.

This information should not replace advice that your optometrist
or other relevant health professional gives you.

Your local optometrist

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