

The Dry Eye Field Guide

A plain-language guide from someone who's been there and who cares.

From Bridgette, for the Clear Days Community

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A NOTE BEFORE YOU START

If you're reading this, you probably already know more about dry eye than you ever wanted to.

You've read the pamphlets. You've tried the drops. You've described your symptoms to someone who nodded and handed you a sample. And you're still here, still looking for something that actually explains what's going on.

I've been the patient. I've been the person trying everything. I'm the person who knows where every air vent is. And now, as a founder, I'm on a journey to build what I couldn't find. What I've learned along the way is that if you've met one dry eye patient, you've met one dry eye patient. We are all running our own version of this, and that's part of why managing it is part art and part science.

This is not medical advice, it's just what I wish someone had sat down and told me at the beginning, before the years of trial and error, before I stopped blaming myself for not getting it right faster. I wrote this because I continue to meet people who are managing this alone, with partial information. We deserve better.

What you'll find here is what's worked in my own routine. We'll cover the mechanisms, the triggers, the treatments that have evidence behind them, and the details of what this condition actually is. Dry eye can feel overwhelming on difficult days, but it is manageable, especially once you understand what's driving it and what actually helps.

Here's what I've learned...

A handwritten signature in a cursive script that reads "Bridgette".

The content in this guide about dry eye, eye health, and managing daily comfort is for general wellness and information. It is not medical advice and is not a substitute for talking with your eye doctor or physician. If something we share raises a question about your own eyes, the right next step is a conversation with a qualified professional.

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START TONIGHT

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If you only read one page

If you only have a few minutes, here is the shape of the whole guide.

The goal isn't perfect eyes. It's a good day, most days.

Dry eye is chronic for most people, which means the win is fewer bad days than last month, faster recovery when something flares, and getting to a place where they stop running your day. That is progress, and it is achievable.

Your eyes are doing their job. Something keeps working against them.

A paper-thin film coats the surface of your eye between blinks. It has three layers, and the outermost one (a thin oil layer secreted by tiny glands along your eyelid margins) is the one that fails first for most people. When those glands underperform, the film evaporates faster than your eyes can refresh it. That's what dry eye actually is for most people. An oil problem, not a water problem.

It's not just one thing.

Screens drop your blink rate by more than half. Heating, air conditioning, ceiling fans, and recirculated cabin air pull moisture away from the tear film all day. Hormonal shifts, especially in your 40s and 50s, change how the oil-producing glands function. Contact lenses, certain medications, and dry

environments add to the load. Most people are dealing with several of these at once and have never had them named.

On treatment: most things on the menu work. None of them work alone.

Drops help in the moment. Warm compresses help the glands. Omega-3s can help over time. Environmental changes (a humidifier, screen angle, redirected vents) reduce the daily load. Physical shielding (wraparound or moisture-retaining eyewear) reduces direct exposure for the environments that punish your eyes most. People who manage dry eye well usually have three or four of these working together. The goal is a stack that holds, not a single fix.

A specialist can see things you can't.

Tear breakup time, meibography, osmolarity, and corneal staining give you a real diagnostic picture instead of trial and error. Prescription drops, thermal pulsation, IPL, punctal plugs, and serum drops are all real options past the artificial-tears conversation. Most people start with an optometrist, and many stay there.

The rest of this guide unpacks each of these with what's actually working and why.

Your eyes are doing their job. Something keeps working against them.

If you have dry eye, you already know what it feels like. The grittiness that shows up an hour into the workday. The burning that comes on in a dry room or a moving car.

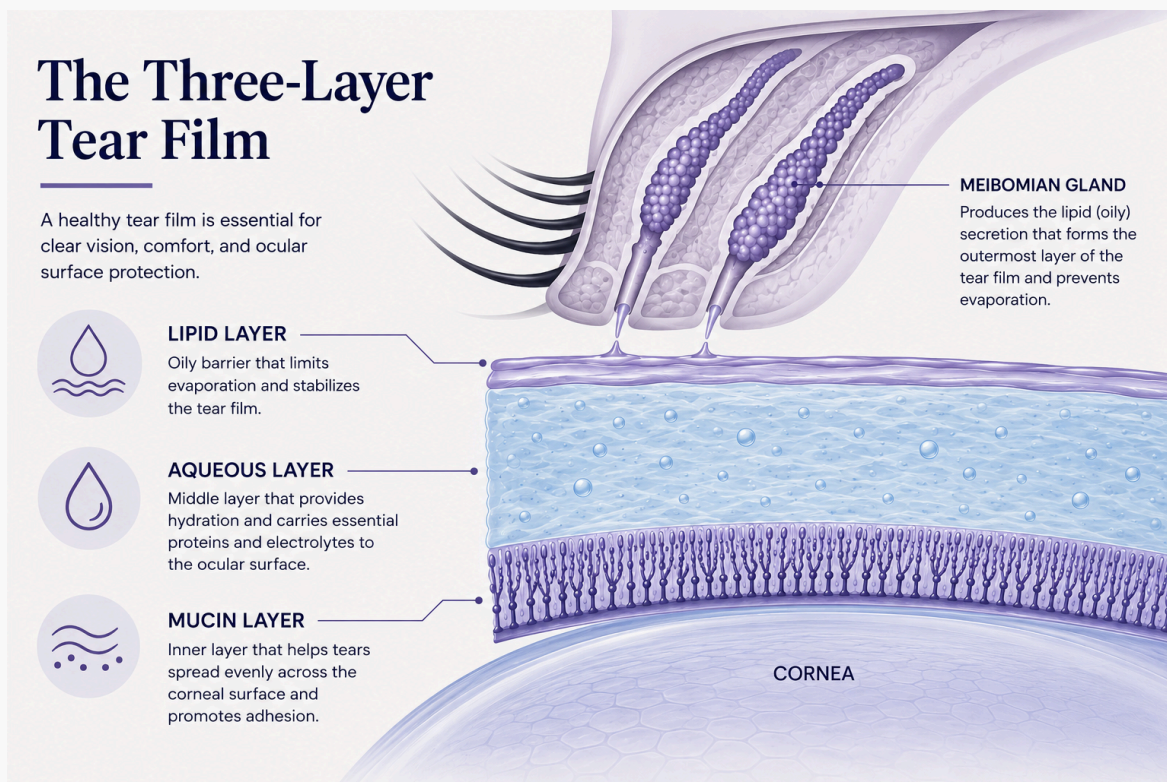
The strange paradox of tearing up when your eyes feel driest, as though the system has decided to overcompensate. You have probably tried drops. Maybe more than a few kinds. And you have noticed that nothing quite fixes it, only manages it for a while.

That experience makes a lot more sense once you understand what is actually going on inside the eye. Not in a clinical way, but in the way where things finally click.

Here is the short version: there is a paper-thin film of moisture that coats the surface of your eye. It exists to keep that surface stable, smooth, and comfortable between blinks. When that film works, you don't notice it. When it doesn't, you feel everything.

That film is not just water. It is three distinct layers, each doing a specific job.

The innermost is a thin coat of mucus. It helps the watery layer above stick to the eye, like primer before paint. The middle aqueous layer (what most people picture as "tears") is mostly water but carries oxygen and nutrients directly to the cornea, which has no blood vessels of its own.



On top is the oily outer layer, secreted by the meibomian glands, which sit along your upper and lower eyelid margins. You have roughly 30 to 40 along the upper lid and 20 to 30 along the lower. Their job is to slow evaporation by sealing the surface between blinks. Without that oily cap, the water layer underneath dries out fast.

When this system works, you blink, the film spreads evenly, and your eyes feel fine. When any one layer is off, the whole thing becomes unstable. And for most people with dry eye, the layer that is off is the outer one.

Many cases of dry eye are driven by what is called meibomian gland dysfunction, or MGD.¹⁴ The glands are not producing enough oil, or they are producing oil with the wrong consistency, and the result is a tear film that evaporates before the next blink can refresh it. The surface dries out, nerve endings fire, and you feel it. A smaller portion of dry eye cases are driven by aqueous deficiency, where the lacrimal glands simply are not producing enough tear volume to sustain the middle layer. Some people have both problems at once.

An oil problem, not a water problem.

This distinction matters more than it might seem. If the issue is evaporative, the tear film is breaking down because of insufficient oil, not insufficient water. Adding more water through eye drops gives temporary relief. It does not address the glands. The oil barrier was never restored, so the film evaporates again. The cycle continues.²

For me, that was the moment everything reframed. I had spent years treating dry eye like a hydration-only problem. Once I understood it was also an evaporation problem, the way I built my routine changed completely.

Why does this happen in the first place? It's usually not one thing. Meibomian glands can become blocked or dysfunctional from years of inflammation, from screen use that has trained us to blink less often, from contact lens wear, from hormonal shifts, from the dry air we live and work in, and simply from age. The glands themselves can atrophy over time. The environment keeps working against the system in ways that are hard to fully avoid.

That is the part nobody explains when you first start dealing with dry eye. It is not a minor condition. It is a chronic one with real mechanisms, real progression, and real impact on daily life. Because both biology and environment keep pushing the system out of balance, dry eye doesn't get solved and then stay solved.

That is not a discouraging thing. It is a clarifying one. Once you stop trying to fix dry eye and start thinking about how to manage the conditions that keep it stable, the approach changes. The goal shifts from "cure" to "balance." That reframe is not a concession. It is how people who manage this well actually think about it.

Understanding why your eyes feel the way they do is where that starts.

It's not just you. And it's not just one thing.

If you've been trying to figure out why your eyes feel worse some days than others, you're not imagining things.

Dry eye doesn't have a single cause you can point to and fix. It has a constellation of triggers, mostly ordinary parts of your day, and nobody connects the dots for you.

Let's connect them.

The most obvious one, and the one most people half-know about, is screens. What most people don't realize is the mechanism. When you're in a focused task, your blink rate can drop from a normal 15 to 20 blinks per minute down to as few as 7 or so.¹⁴ Your tear film wasn't designed to hold for that long. It starts breaking down after a few seconds without a blink, and by the time you feel the burn or the blur, the surface has been exposed longer than it should have been, repeatedly, for hours. Think about the end of a long video call, when your eyes feel coated in something. Or the 3pm slump when you're staring at your laptop and realize you haven't looked away in forty minutes. That's not fatigue. That's your tear film struggling to keep up.

None of these feel aggressive, which is exactly why they stay invisible as triggers.

The second category is one I didn't figure out for years: forced air. Your home, your office, every car you ride in, the airplane cabin on a three-hour flight. Heating vents, AC units, ceiling fans. These don't always feel aggressive, but low-humidity circulated air pulls moisture from the tear film regardless of how many drops you've used. I used to wake up every winter with my eyes practically cemented shut. I blamed everything except the obvious culprit. The heating vent above my bedroom door. The ceiling fan I'd been running all night. Both of them, pulling moisture out of my eyes for eight hours straight. Once I understood what was actually happening, it was almost funny that I'd missed it.

The same physics apply outdoors. Wind accelerates evaporation. If symptoms spike during a morning run, when you're working outside, or even on a breezy walk, that's why.

Then there are the things that are even less discussed, like hormonal changes.

This can be a major factor that many people have never been told about, possibly the central one. Women develop dry eye at higher rates than men.⁵ Perimenopause and menopause are common times for dry eye symptoms to surface or worsen.¹⁶ Estrogen and androgen levels both play a role in how the tear-producing glands function. When those levels shift, the glands shift with them. Women in their 40s and 50s who suddenly develop symptoms often have no idea their hormones are involved. They've been told it's aging, or allergies, or that they just need to use drops more consistently. The hormonal connection is significant, and it doesn't get talked about enough.



Contact lenses are another trigger that often goes unacknowledged, especially by long-term wearers. Contacts sit directly on the tear film surface, disrupt it, and accelerate evaporation simply by being there. Many people who wore contacts for a decade without issue find that at some point the lenses started feeling unwearable by midday. The cumulative effect on the tear film is catching up with them, and some people develop chronic symptoms that persist even after they stop wearing contacts regularly.

Certain medications deserve more attention than they typically get.

Antihistamines reduce secretions broadly, which includes tear production. Some antidepressants, certain blood pressure medications, and some hormone therapies carry the same risk.¹⁰ If you're taking one or more of these and also experiencing dry eye, the connection is worth knowing about. This is not an argument for stopping or changing your medication, that's a conversation for your doctor. It's permission to understand your own situation more completely and compensate accordingly.

Finally, your environment in general deserves more credit as a chronic pressure on the system. Office buildings have notoriously dry, recycled air. Subway and train cars are full of airborne particulates. High altitudes and dry climates present a constant humidity deficit. None of these is dramatic. All of them add up.

The reason it's worth knowing all of this isn't so you can avoid every trigger, because you can't. It's so that when your eyes feel worse on a specific day, you can often trace it back to something real. That traceability matters. It turns a vague, demoralizing condition into something you can actually start to manage.

Most of these work. None of them work alone.

If you've been living with dry eye for any length of time, you've already tried some of this. Drops, probably. Maybe a warm compress phase. Maybe a supplement someone recommended.

And if you're reading this section wondering whether you've been doing it wrong, the answer is no. You haven't been doing it wrong. You've just been doing it in pieces.

The research backs this up. The TFOS DEWS II framework, a landmark clinical review of dry eye management, doesn't recommend a single intervention. It recommends a layered approach, and the most recent guidance goes further still, matching several treatments to what's actually driving your dry eye.¹² The goal isn't finding the one thing that fixes it. The goal is building a stack that holds.

Let's go through what's actually on the table.

Lubricating drops are most people's starting point, and they should be. They temporarily restore the watery middle layer of your tear film. For mild days or situational flares, a good drop gets you through. If you're reaching for them more than four times a day, though, look at the label. Many standard drops contain preservatives that work fine at low frequency but irritate the ocular surface with heavier use. Preservative-free formulations, typically in single-use vials, are worth the switch once you hit that threshold.²

The goal isn't finding the one thing that fixes it. The goal is building a stack that holds.

I learned the preservative thing the hard way. During my worst stretch I was using drops six or seven times a day and couldn't figure out why my eyes felt more irritated, not less. Switching to preservative-free vials helped within a week.

Not all drops are the same. Standard drops are largely saline-based and replenish the watery layer. For many people, the underlying issue is the oil layer, which is what slows evaporation. Lipid-containing drops, sometimes labeled for evaporative dry eye, are designed to address the oil layer specifically. For some people, the difference is immediate.

Warm compresses are one of the most effective things you can do at home, and they're consistently underestimated. The meibomian glands sit along your eyelid margins and produce the protective oil layer. In many dry eye sufferers, those glands aren't secreting properly: the oil is thickened, or the glands are partially blocked. Warmth softens those secretions and helps restore flow.⁶

Consistency matters as much as duration.

The catch is technique. Clinical evidence points to warming the lids to around 40°C, held for several minutes, with many clinicians recommending closer to ten.¹⁷ A warm washcloth held to the eye for a minute and a half doesn't cut it, the cloth cools too quickly. A properly designed heat mask is meaningfully more effective. Consistency matters as much as duration. One dedicated session a day, for thirty days, beats sporadic effort over three months. The glands respond to routine, not intensity.

This was the one I had to be talked into doing properly. A real heat mask, ten minutes, every night for a month, before I noticed the difference. Worth it.

Omega-3 fatty acids belong on the list, with realistic expectations attached. The anti-inflammatory effect of EPA and DHA on the meibomian glands is suggested by the evidence for improving oil quality over time.¹ TFOS DEWS III, published in 2025, still supports omega-3 supplementation as modestly beneficial, while noting that the ideal dose and formulation aren't settled.² The payoff can be a bit slower, so give it eight to twelve weeks before you judge how much it's helping.

The Dry Eye Treatment Stack

A layered approach addresses multiple causes of dry eye for better, lasting relief.

-  **1 Lubricating Drops**
Addresses: Surface hydration
-  **2 Warm Compresses**
Addresses: Gland function and oil quality
-  **3 Omega-3s**
Addresses: Systemic gland support
-  **4 Environmental Modifications**
Addresses: Background exposure reduction
-  **5 Physical Shielding**
Addresses: Direct evaporative protection in high-exposure settings

*No single layer is the solution.
The stack is.*

Environmental changes are the category most people underestimate, because they feel too simple to matter. They matter.

A bedroom humidifier, running overnight, is one of the highest-leverage, lowest-effort modifications available. You spend six to nine hours in that room with your eyes closed, your tear film working to protect a surface that's exposed to ambient air. Keeping that air above roughly 40% humidity reduces passive overnight evaporation.¹³ The effect accumulates.

They feel too simple to matter. They matter.

Screen angle is a small change with a measurable effect. When you look up at a screen, more of your eye surface is exposed to air between blinks. Positioning your monitor or device slightly below eye level, so you're looking slightly down, reduces that exposed surface area. It doesn't eliminate the problem, but it reduces the baseline load.

Airflow direction is worth auditing too. Heating and cooling vents blowing across your face, whether at your desk, in your car as a passenger, or at home, accelerate evaporation. Redirecting them takes thirty seconds.

One more: the 20-20-20 rule. Every twenty minutes, look at something twenty feet away for twenty seconds. It's a blink reset for focused screen work, which suppresses your blink rate. Simple, underused, works.

There is one more layer worth knowing about, and it is the one most treatment menus skip entirely.

Physical shielding reduces evaporation by limiting how much air actually reaches the surface of the eye in the first place. The category includes wraparound sunglasses, side shields, and moisture chamber glasses. Moisture chambers create a small protected pocket of humid air around the eye, slowing evaporation right at the source. The science isn't new, ophthalmologists have used moisture chamber designs for decades in clinical contexts, but the category has been quiet on the consumer side for a long time.¹¹¹²

For people whose triggers are heavily environmental (forced air, screens, dry climates, frequent flying), shielding can do work that drops and compresses cannot. Drops add moisture. Compresses help the glands. Shielding slows the rate at which the moisture you do have leaves. It's a different lever, and for some people it's the missing one.

The right level of shielding depends on the day and the environment. For some, wraparound sunglasses outdoors are enough. For others, a more enclosed design indoors during high-screen days is what closes the gap. The category is worth knowing about, even if you decide it isn't for you.

Most people who reach a genuinely good place with dry eye have found three or four things working in concert. Drops for the moment. Compresses for the glands. A humidifier for overnight recovery. An omega-3 for the slow background work. Sometimes a shielding layer for the environments that punish their eyes most. The details vary. The principle doesn't.

Some things a specialist can catch that you can't.

Most people with dry eye spend years managing it on their own before they ever sit down with someone who can actually measure what's happening.

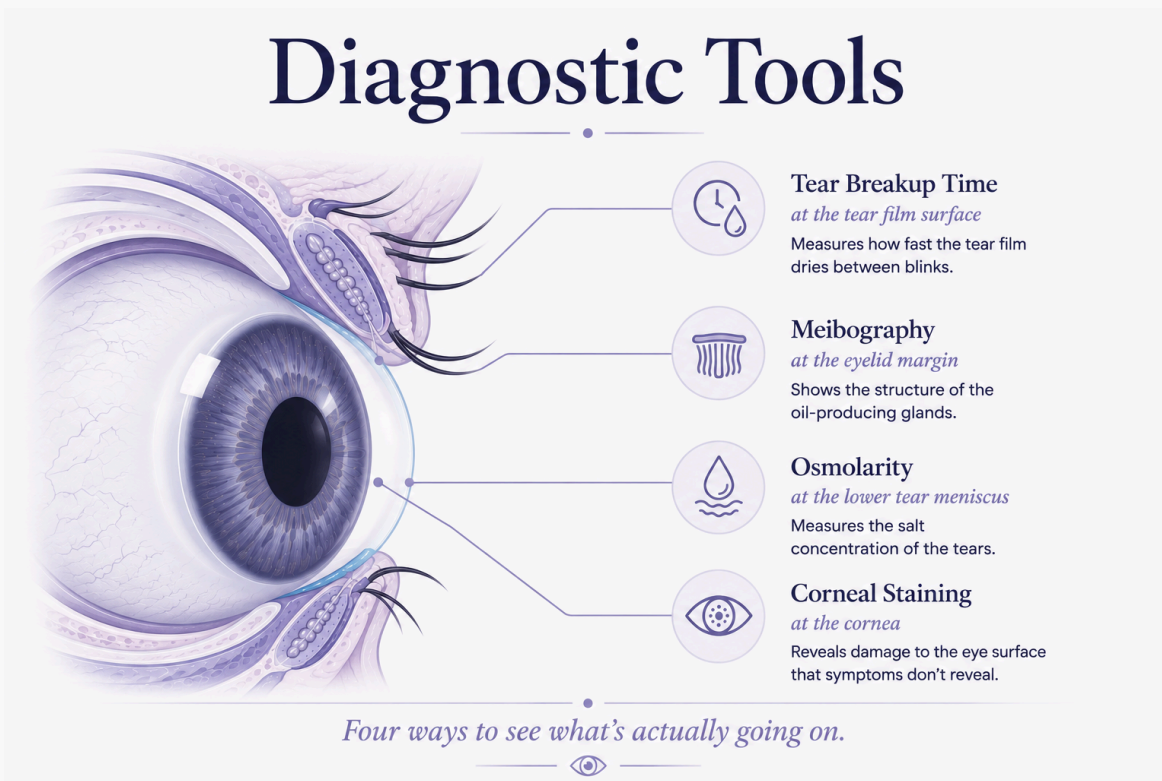
That's not always the wrong call. A lot of dry eye is manageable with good habits and the right tools. But there's a line, and it's worth knowing where it is.

The signs that suggest it's time to make an appointment are more specific than "my eyes hurt." Pain that goes beyond the usual gritty discomfort. Vision that fluctuates through the day, not just the foggy first few minutes in the morning. Symptoms that keep worsening despite a routine you've stuck with. Any sudden change, especially in one eye and not the other. These are signs of something beneath the surface that home care can't reach.

The reason a specialist visit can actually change things is not the conversation. It's the tools.

These tools move the conversation from "let's try something else" to "here's what's actually going on."

Tear breakup time measures how quickly your tear film destabilizes after a blink. You can feel the effect of a thin, fast-evaporating tear film, but you cannot time it yourself. Meibography is something else entirely: imaging that lets a provider look directly at the structure of your meibomian glands, the oil-producing glands in your eyelids, to see how much has been blocked or damaged over time. Seeing your own image could explain more about your dry eye in a few minutes than years of routine appointments. Gland loss is generally not reversible, but knowing how much has occurred changes what care makes sense, and knowing early means more options, not fewer. Corneal staining reveals damage to the eye surface that symptoms alone won't disclose. Osmolarity testing measures the salt concentration of your tears, because higher osmolarity signals more inflammation and less tear stability, and that number tells a more accurate story than "how bad does it feel today."



That's a different appointment than most dry eye patients have had.

On the question of which kind of provider to see: for most people, an optometrist is the right first call. ODs manage the full spectrum of dry eye care, including diagnostics, prescription drops, and in-office procedural treatments. You don't need a referral to see one in the US. Ophthalmologists handle more complex cases, including surgical interventions, severe ocular surface disease, and situations where multiple rounds of treatment have already failed. For most dry eye patients, the OD is where you start, and in many cases, where you stay.

Beyond artificial tears, there's a menu. Most people won't need all of it.

Prescription anti-inflammatory drops (cyclosporine and lifitegrast) address the inflammation cycle that drives a significant portion of dry eye disease, not just the symptoms.^{7,15} They take weeks to months to reach full effect, but they're doing something structurally different from lubricating drops. Thermal pulsation treatments apply targeted heat and gentle pressure directly to the meibomian glands; a single session can improve gland function for months.⁸ Intense pulsed light therapy (IPL) reduces inflammation along the eyelid margin and has a growing body of clinical evidence supporting it.⁹ Punctal plugs are small, reversible inserts that slow tear drainage, which helps people whose problem is low tear volume. In severe cases, autologous serum drops made from the patient's own blood are used when the eye surface needs something closer to natural tears than commercial options provide.

Not everyone needs any of this. But knowing it exists, and knowing what to ask for, puts you ahead before you walk in the door.

The goal isn't perfect eyes. It's a good day, most days.

Dry eye isn't going away. For most people, this is a chronic condition, which means you're not going to wake up one morning and have it be completely gone.

I waited for that morning longer than I'd like to admit. What finally helped wasn't a cure showing up. It was me stopping waiting for one. That sounds like defeat. Actually, it felt like setting down something heavy.

But here's what "chronic" actually means in practice. It means you learn the system. You figure out your triggers, you build a routine that supports your eyes, you stop fighting the condition with frustration and start managing it with intention. It means getting to a place where dry eye is just a thing you live with, not a thing that runs your life. Those are very different things.

Most of us carry around a picture of "better" that means "cured, gone, normal." When we can't get there, we conclude that nothing is working, even when progress is happening.

Progress for dry eye rarely looks like a finish line. It looks like fewer bad days this month than last month.

Less reactivity when a trigger hits, faster recovery when something goes wrong. Sitting through a full meeting without thinking about your eyes. Not waking up already dreading the day before it has started.

That is progress. Let yourself feel it.

The goal, eventually, is quieter still. Getting to a place where your eyes just aren't the loudest thing in the room most days. Where you go through your day, handle your work, spend time with people, watch a movie, and afterward realize you never once thought about your tear film. If you're in a hard stretch right now, that probably sounds impossible. It's not.

People who do best with chronic dry eye are not the ones most desperate to fix it. They're the ones who got strategic. The shift, eventually, is from trying to cure your eyes to building a system that works for your life. A consistent routine beats an aggressive one you can't sustain. Environmental management beats willpower. You stop white-knuckling your way through it. You start working with your eyes instead of against them.

The research is catching up to what dry eye patients have known for a long time. Dry eye carries a meaningful psychological burden. A meta-analysis found markedly higher rates of anxiety and depression among people who have it,¹⁸ and a 2026 patient perspective in *Ophthalmology and Therapy* captured the grief that can come with the diagnosis itself.³ TFOS DEWS III also made quality-of-life impact a central part of assessment.² When you say this affects your ability to work, to sleep, to feel like yourself, you are not being dramatic. That is clinically recognized.

Many patients also feel dismissed. By providers who hand them a bottle of drops and send them home. By people in their lives who can't understand why it's "still a problem." That dismissal is its own kind of hurt. If that's been part of your experience: what you felt was real. The condition is real. You have every reason to take it seriously. What the other side looks like: you find the right support, you build the right routine, and eventually the condition shrinks. Not gone. Just smaller.

Four small things to try this week.

If you take nothing else from this guide, start here. Each takes minutes, costs little or nothing, and targets a genuine mechanism behind dry eye.

1 Try the 20-20-20 rule for one workday.

Every twenty minutes, look at something twenty feet away for twenty seconds. Notice how your eyes feel by the end of the day.

2 Redirect any vent or fan blowing toward your face.

Desk, car, bedroom, kitchen. Thirty seconds of audit; days of difference.

3 Run a humidifier in your bedroom.

Six to nine hours of overnight recovery for your tear film is one of the highest-leverage things you can do.

4 Move your screen so you're looking slightly down at it.

It reduces the eye surface exposed to air all day. Costs you nothing.

*You don't need to do all four. Pick one. See what happens.
That's how a stack starts.*

A FINAL THOUGHT

There was a stretch where I planned my days around my eyes. Whether I'd make it through a dinner with friends without excusing myself. Whether the next morning would start with the same fight as the last one. Whether I'd have to call my dad, at forty years old, to drive me to a meeting. That's where I was at my worst. I'm not there now. I share this with you because I remember the version of me who was exhausted and convinced that this was just going to be her life now, and I want her to know she was wrong.

Thank you for staying with me all the way here. Reading this was you deciding your eyes are worth the attention, and that decision is where every good day starts.

To get the latest version, visit moisturevue.com/guide. Feel free to send the link to anyone you know who's been quietly dealing with this. The friend who keeps drops in every bag. The coworker who blames the office air. The parent who stopped reading at night and won't say why. They'll know what to do with it.

If something in here hit close to home, I'd love to hear from you too. Email me at bridgette@moisturevue.com. I read every message. The stories people share help me understand what's working, what isn't, and what I should be writing about next.

I've learned a lot over the years, mostly the slow way. I hope something in here saves you some of that time. Whatever comes next, I'm glad we're figuring it out together.

Keep evolving.

A handwritten signature in a cursive script that reads "Bridgette".

THE SCIENCE

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