

Treatment

Although MGD can't be cured, like other oil gland problems such as acne, it can usually be controlled with simple treatments.

The treatments used depend on the severity of the condition and patient preference.

Meibomian gland expression

In many cases gently 'milking' the meibomian gland gets rid of retained secretions and encourages the production of new meibum. Expression can be done by an optometrist or ophthalmologist and some patients can also learn how to carry out the procedure themselves.

Heat

Heat helps to soften the meibomian gland secretions and settle inflammation. Wheat bags are the best hot compress to use. More expensive electrical devices do not seem to provide any better relief. Sprinkle water onto the wheat bag and heat it in a microwave. It should be toasty warm, but not too hot. Place the bag over your closed eyes for 10 minutes.

Lid massage

Gently massaging the eyelids is a good way to maintain meibomian gland function. Your optometrist or ophthalmologist can show you how to do this effectively. Lid massage works best after warm compresses.

Steroid eye drops

Patients with significant inflammation may benefit from a short course of steroid drops. Long term steroid treatment requires close supervision.

Antibiotics

Special types of antibiotics known as macrolides also reduce inflammation in oil glands. They are usually used in very low doses for several months.

Omega 3

Increasing the amount of Omega 3 in your diet can help to provide the essential fatty acids that the meibomian glands need to produce meibum, and can also reduce inflammation.

Tear supplements

Although the primary problem is increased tear evaporation, you may benefit from tear supplements. Your optometrist or ophthalmologist can help guide you on the best ones to try.

Need more information?

This brochure doesn't cover all that is known about MGD. For more information talk to your optometrist or ophthalmologist.

Meibomian Gland Dysfunction



A common cause of dry eyes

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Meibomian Gland Dysfunction

The meibomian glands are a specialised type of oil gland found in the eyelids. Their openings lie just behind the eyelashes and they produce meibum, an oily substance that is an important part of our tears.

Meibomian gland dysfunction (MGD) is a type of inflammatory eye lid condition known collectively as blepharitis. It's quite different to other inflammatory eye lid conditions, so it's best to use the more specific term MGD rather than blepharitis.

MGD is a common problem that affects up to one in three people at some time during their life. Although there are several different types of MGD, in most cases they all cause similar problems, the symptoms are mild, and they respond to the same simple and effective treatments.

Causes

We don't currently know why some people develop MGD, just as we don't know what causes acne, a similar oil gland problem. However, we do know that like acne, MGD is often worse during times of hormonal change.

Symptoms

Dry eyes

One of the important roles of meibum is to reduce how quickly our tears evaporate, and MGD results in increased drying of the surface of the eye. This increased evaporation is now known to be the commonest cause of dry eye. Termed Evaporative Tear Dysfunction, it's completely different to other causes of dry eye.

The commonest complaint is that the eyes feel dry, especially in places where there is low humidity, such as on airplanes and in air-conditioned offices and cars. Symptoms may also occur when concentrating on a computer screen or reading for long periods, and they usually get worse over the day. Some people also notice that they need to blink more frequently. Contact lens wearers may find they are unable to wear their lenses for as long as usual.

Cysts

Occasionally the opening of a meibomian gland will completely block. The gland will swell and form a chalazion, or meibomian cyst. Chalazia are usually tender and red and can be mistaken for a sty. Most will settle over a few weeks. Warm compresses are usually helpful, but in some cases the cyst needs to be drained by an ophthalmologist.

Redness and tenderness

In more severe cases the eyelid rims are visibly red and tender.

Diagnosis

In most people MGD is diagnosed by optometrists and ophthalmologists examining the eyes and eyelids with a specialist microscope. They may see one or more of the following signs:

- Blood vessel dilation
- Scarring in the form of lumps or notches
- Abnormal meibomian secretions
- Breakdown of the tear's oily layer
- Eye surface changes

