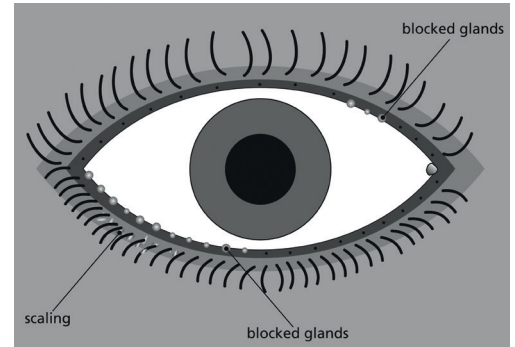


Overview

What is blepharitis?

Blepharitis is inflammation of your eyelids. It normally affects both eyes and can make your eyelids red and puffy, your eyelashes crusty, your eyes feel irritated or sore, and can also lead to burning, itching or stinging in your eyes. The symptoms tend to be worse in the morning when you wake up. Some people may not have any symptoms at first, so the condition may be detected at a routine eye examination.



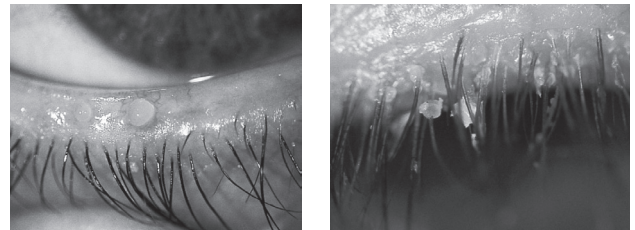
Blepharitis is not usually serious, but if it isn't treated can lead to other problems, such as styes, ulcers and conjunctivitis. It is a chronic (long-term) condition. This means that once you have had it, it can keep coming back. You can usually treat it by keeping your eyelids clean. This could take several months. You may also need ongoing treatment to make your eyes comfortable. If you have blepharitis, you should avoid smoky atmospheres and eye make-up, such as eyeliner and mascara.

Types of blepharitis

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

Posterior blepharitis – This is also called meibomian gland dysfunction (MGD). MGD is caused when the meibomian glands on the inside edge of your eyelids (just behind your eyelashes) are affected. Normally they release a fluid that forms part of your tear film that covers your eyes. In MGD, this fluid thickens and blocks the opening of the glands.

Mixed blepharitis – Sometimes people get anterior blepharitis and MGD together. This is called mixed blepharitis.



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



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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 meibomian glands in your eyelids become blocked more easily, and your eyes can feel gritty and dry. This means that older people are more likely to have blepharitis.

You are more likely to develop blepharitis if you have:

- a skin condition called rosacea
- a skin condition called seborrhoeic dermatitis.

This makes your skin oily, inflamed or flaky. It can affect the scalp (dandruff), eyelashes, ears and eyebrows.

- an infestation of eyelash mites, or
- worn contact lenses for many years.

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

It is possible to make your eyes more comfortable and reduce the effects of blepharitis, but in most cases blepharitis cannot be fully cured. You often need treatment for several months to manage symptoms and make your eyes comfortable.

1. Warm compresses – These work by melting the blocked material in the meibomian glands and loosening the crusts on the eyelid to make them easier to remove. There are different types of warm compresses, including warming pads or packs that you heat up in the microwave. You can make your own warm compress by soaking a clean flannel, cotton-wool ball or something similar in hot (not boiling) water and squeezing off the excess water. You can also use a warm flannel over the eyes when you are in the bath or shower. Whichever warm compress you use, put it on your closed eyelids for five minutes. Gently rock or massage the compress while it is on your eyelids. This will soften the material in the glands and loosen the crusts, making your eyelids easier to clean.

You should use a separate clean compress for each eye.

2. Cleaning your eyelids – There are different ways of cleaning your eyelids to remove the crusts from your eyelashes. Your optometrist will be able to advise you on which option is suitable for you.

Gently clean the edges of your eyelids near your lashes. Wipe from the inside (near your nose) to the outside corner of your eye. Moorfields Eye Hospital advises to clean behind the lashes (the meibomian glands), but not the inside edge, by gently pulling away the eyelids from the eye. Repeat this twice a day at first and reduce this to once a day as the condition improves. You may need special cleaning treatments to help remove crusts or infestations from your eyelids and lashes. Your optometrist or eye doctor will tell you if these are suitable for you.

3. Antibiotics – If warm compresses and cleaning your eyelids do not work, your optometrist or eye doctor may prescribe antibiotic ointment or tablets. They will tell you how long to use these for. If you need to take antibiotic tablets you may need to take these for several weeks or months and the benefits may last for some months after you finish the treatment.



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

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

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 eye health specialists. An eye examination is a vital health check and should be part of everyone's regular health care. Visit lookafteryoureyes.org for clear and helpful information on vision and eye health issues and keeping your eyes healthy.

The College of Optometrists is the professional body for optometry. We provide qualifications, guidance and development opportunities for optometrists so that they can maintain and develop the knowledge and skills they need to deliver the highest standards of care. Membership of the College shows your optometrist's 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 or fellow of the College. Other letters after your optometrist's name mean they have done further training and gained extra qualifications in diagnosing and managing specific eye conditions. The qualifications are available in different subject areas such as low vision, paediatric eye care, glaucoma and macular degeneration.