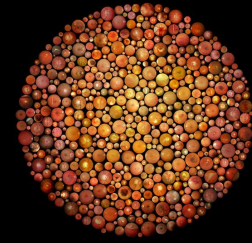


# Blepharitis

Patient Information Leaflet

GENERAL



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## KEY POINTS

- Blepharitis is a chronic inflammation of the eyelid margins. It is very common and can be persistent, but is not sight-threatening.
- There are two main forms, which often coexist:
  - **Posterior blepharitis (meibomian gland dysfunction, or MGD)** - affects the oil-producing glands inside the lid margin and is the more common type.
  - **Anterior blepharitis** - affects the front of the lid where the eyelashes attach.
- Symptoms include gritty, burning, or sore eyes, redness of the lid margins, watering, fluctuating blurred vision, and morning crusting of the lashes.
- The mainstays of treatment are warm compresses, lid hygiene, and lubricating eye drops. There is no quick fix - blepharitis is managed rather than cured.
- Most people gain good control with consistent daily care. More advanced treatments are available for the minority who need them.

## What Is Blepharitis?

Blepharitis is a chronic inflammation of the eyelid margins. It is common, often runs for many years, and typically fluctuates - with periods of comfort interspersed with flares of irritation. There are two main forms, posterior and anterior, which often coexist.

## Posterior Blepharitis (Meibomian Gland Dysfunction)

Along the inner edge of each lid sit a row of about 25 to 40 small oil glands called meibomian glands. Their tiny openings release a clear oil onto the tear film with every blink, and this oil layer is essential - it stops the tears from evaporating between blinks and keeps the eye comfortable.

In posterior blepharitis - the more common form, also known as meibomian gland dysfunction (MGD) - these glands become inflamed and their openings narrow or block, so they release a poor-quality, thickened oil or sometimes nothing at all. The tear film then evaporates too quickly between blinks, producing symptoms of dryness and irritation that paradoxically can include watering, as the eye attempts to compensate.

MGD is associated with rosacea (particularly facial rosacea affecting the cheeks and nose), the hormonal changes around the menopause, prolonged screen use (which reduces blink rate), and the use of contact lenses. Many people with MGD also have a tendency to drier skin generally.

## Anterior Blepharitis

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Anterior blepharitis affects the front of the lid, where the eyelashes emerge from small follicles surrounded by sebaceous glands of their own. Two patterns are recognised: a staphylococcal form, where bacteria colonise the lash bases and produce small hard crusts and occasional inflamed spots, and a seborrhoeic form, associated with greasy, flaky skin (often with dandruff of the scalp or eyebrows) producing waxy scales at the lash line. The two often overlap, and both can coexist with posterior blepharitis.

A related variant is Demodex blepharitis, caused by an overgrowth of microscopic mites that normally live harmlessly in human lash follicles. Demodex tends to produce a characteristic appearance of small collar-like sleeves around the lash base and is increasingly recognised as a contributor to chronic anterior blepharitis that does not respond well to standard lid hygiene alone.

## Symptoms

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Symptoms tend to fluctuate over weeks and months and are often worse in the morning. The most common include:

- Gritty or sandy sensation in the eyes
- Itching or burning along the lid margins
- Pink or red lid margins
- Watering, often worse in wind or cold
- Fluctuating blurred vision that clears with blinking - the tear film breaks up unevenly between blinks
- Crusting or stickiness of the lashes on waking
- An aching or heavy feeling in the eyelids, particularly later in the day
- Recurrent styes or small lid cysts (chalazia)

## Treatment

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Blepharitis is a chronic condition that requires ongoing management rather than a one-off cure. The foundations of treatment are simple, inexpensive, and can be done at home. The aim is to keep the lid margins clean and the meibomian glands working well, so that symptoms remain mild and infrequent.

### Warm compresses

Warmth softens the thickened oil in the meibomian glands and helps it to flow more freely. A reusable warmed eye mask (microwaveable wheat or bead bags such as the EyeBag or MGDRx are widely available) is more effective than a hot flannel, as it maintains an even temperature for the full duration. Use for 5 to 10 minutes, once or twice daily, ideally followed immediately by gentle lid massage along the line of the lashes to express softened oil from the glands.

### Lid hygiene

After the warm compress, the lid margins should be gently cleaned. A purpose-made lid cleanser (such as Blephaclean wipes, Blephagel, or Optase) used at the base of the lashes once or twice daily removes oily debris, scales, and bacterial colonisation. Cotton wool moistened with cooled boiled water can be used as an alternative. Be gentle - the goal is consistent daily cleaning rather than vigorous scrubbing.

## Lubricating eye drops

Regular lubricant drops support the tear film, which is often unstable in MGD. My usual recommendations are **Hilo Dual Intense** or **Thealoz Duo** - both are preservative-free, contain components that support both the watery and the lipid layers of the tear film, and are suitable for long-term daily use. Use them several times a day initially, and continue as needed once symptoms settle.

## When more is needed

If symptoms persist despite consistent lid hygiene and lubrication, several further options exist:

- **Oral antibiotics** - low-dose doxycycline (50 mg daily) or azithromycin courses can help in moderate to severe MGD by reducing inflammation and improving the quality of the meibomian secretions. These are typically used for a few months at a time.
- **Topical antibiotics** - a short course of chloramphenicol ointment to the lid margins can help in acute exacerbations.
- **Tea tree oil-based products** - for confirmed or suspected Demodex blepharitis (e.g. Blephadex wipes).
- **Intense pulsed light (IPL)** - an in-office treatment that uses light pulses applied to the skin around the eyes to reduce inflammation and improve meibomian gland function. Several sessions are typically needed. I do not provide IPL myself but I am happy to refer you to a colleague who specialises in ocular surface disease if this is something you would like to explore.

## Living With Blepharitis

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Blepharitis tends to wax and wane. Symptoms often flare during periods of stress, fatigue, illness, increased screen use, or in dry indoor environments (central heating and air conditioning are common triggers). Continuing the basic measures even when the eyes feel well is the single most reliable way of keeping symptoms minimal. Stopping when things settle and restarting only when symptoms return tends to produce a cycle of relapse rather than steady control.

If you have rosacea, treating the skin condition alongside your eye care will usually help the lids too. If you wear contact lenses, blepharitis often improves with a switch to daily disposables and a temporary break during flare-ups. Adequate omega-3 intake from oily fish or supplements may also help, although the evidence is modest.

## When to Come Back

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Most people manage blepharitis well at home once they have established a routine. Please contact my secretary on **01273 782500** if symptoms become noticeably worse despite consistent care, if you develop significant pain or a marked change in vision, or if you would like to explore further treatment options such as oral antibiotics or referral for IPL. A review every 6 to 12 months can also be helpful for those whose disease is more troublesome.