University Hospitals Bristol and Weston NHS Foundation Trust

Moorfields Eye Hospital NHS Foundation Trust

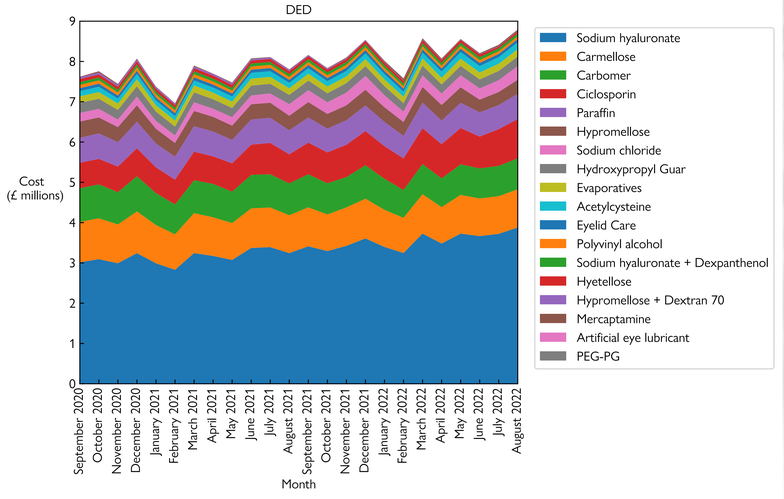
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How has Dry Eye Disease prescribing changed since the COVID-19 pandemic?

Dr Sunil Mamtora,[1] Dr Neil Dave,[1] Dr Ronak Patel, [1] Dr Sachin Shah, [1] Miss Laura Maubon[2]
Affiliations: 1. Bristol Eye Hospital NHS Trust, Bristol, UK 2. Moorfields Eye Hospital, London, UK. .

INTRODUCTION

The diagnosis of dry eye disease (DED) and its symptoms are increasing in prevalence. This is multi-factorial and in part may be due to an increase in screen-time. DED represents a significant burden to quality of life for patients. The number of consultations and prescriptions issued for DED in both primary and secondary care have increased significantly in recent years. We report trends in prescribing for DED over a 23-month period.

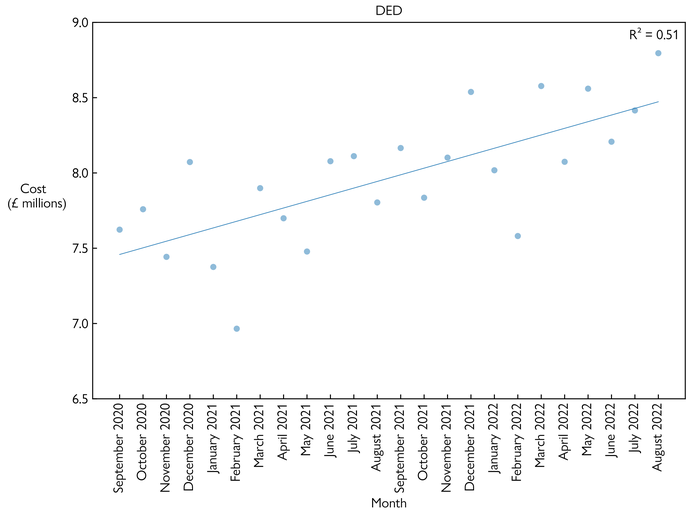


METHODS

A retrospective review of all prescribing for dry eye disease in primary care was undertaken using data supplied by GPrX. Prescribing data was recorded for 23 months between September 2020 and August 2022 including classes of treatments used, brands of treatments prescribed, cost of all prescriptions issued, number of packs issued per prescription and the location of prescriptions. The data was subsequently analysed to identify trends over time and regional prescribing variation.

RESULTS

A total of £199,097,641.00 was spent on dry eye prescribing in primary care during the study period with an average spend of £8,219,819.73 per month. Sodium hyaluronate based treatments accounted for 44% of total expenditure for dry eye disease. Dry eye prescribing accounts for 38% of all primary care Ophthalmology prescribing costs. No significant increase in cost over time was observed. An increase in the proportion of preservative-free treatments was seen although this was not significant. Significant differences in regional and national prescribing data were identified.



CONCLUSION

Dry eye disease prescribing represents a significant financial burden on the NHS. There are significant regional and national variations in prescribing behaviours for both brand and classes of treatment. Strategies to standardise dry eye prescribing may result in a significant reduction in expenditure for the NHS.