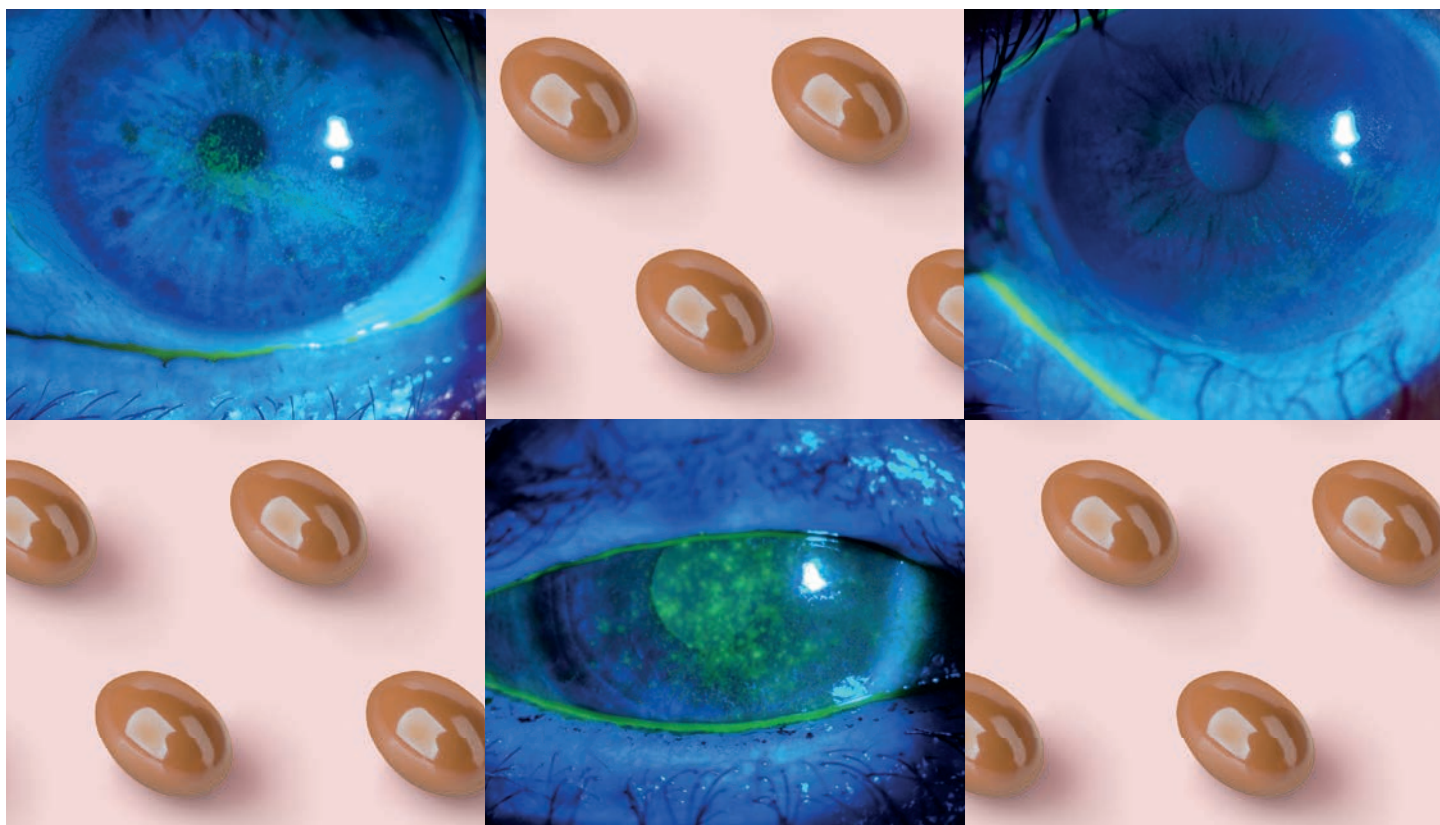


**BRUDY SEC 1,5g**  
Tridocosahexanoína-AOX®

## CLINICAL CASES OF PATIENTS SUFFERING DRY EYE SUPPLEMENTED WITH DHA TRIGLYCERIDE



MEDICAL NUTRITION SPECIALISTS | BRUDY LAB®

**BRUDYSEC 1,5g®.** Food supplement with Omega-3 fatty acids in triglyceride form (DHA 70%, EPA 8,5%, DPA 6%), Vitamins (A, C, E), Glutathione, Tyrosine, Cysteine, and Trace elements (Se, Mn, Zn, Cu).

Composition	In 1 capsule	In 2 capsules	In 3 capsules	%RI*
<b>Omega-3 fatty acids:</b>				
Docosahexaenoic (22:6ω3, DHA) (mg)	350	700	1.050	-
Eicosapentaenoic (20:5ω3, EPA) (mg)	42,5	85	127	-
Docosapentaenoic (22:5ω3, DPA) (mg)	30	60	90	-
<b>Vitamins:</b>				
Vitamin A (µg RE)	133,33	266,66	400	16,7-33-50
Vitamin C (mg)	26,7	53,4	80	33-66-100
Vitamin E (mg α-TE)	4	8	12	33-66-100
<b>Other components:</b>				
Tyrosine (mg)	10,8	21,6	32,5	-
Cysteine (mg)	5,83	11,66	17,5	-
Glutathione (mg)	2	4	6	-
<b>Trace elements:</b>				
Zinc (mg)	1,6	3,2	5	16,7-33-50
Copper (µg)	166	332	500	16,7-33-50
Manganese (mg)	0,33	0,66	1	16,7-33-50
Selenium (µg)	9,17	18,34	27,5	16,7-33-50

(\*RI: Reference intake for 1-3 capsules)

#### Energy values

(kcal / kJ)	6/24	12/48	18/72
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**Ingredients:** Omega-3 fatty acids in concentrated **fish oil** (Tridocosahexanoína-AOX® as source of docosahexaenoic acid); Capsule: Gelatine; Stabilizer: Glycerin, Sorbitol Syrup; Emulsifier: Glyceryl Monostearate; Vitamin C (L-Ascorbic

Acid); Coconut Oil; L-Tyrosine; **Soybean Oil**; Vitamin E (D-Alpha-Tocopherol); L-Cysteine (hydrochloride); Colour: Iron Oxides and Hydroxides; Zinc Oxide; L-Glutathione; Manganese Sulfate; Cupric Sulfate; Vitamin A (Retinyl Palmitate); Sodium Selenite. **Gluten and dairy free.**

**Nutritional and physiological effects:** BRUDYSEC 1,5g® has been conceived to supplement daily requirements in essential fatty acids of the Omega-3 family and of the included group of vitamins, minerals and glutathione. Brady has developed and patented a unique source of docosahexaenoic acid (DHA): Tridocosahexanoína-AOX®. Docosahexaenoic acid (DHA) is a polyunsaturated omega-3 fatty acid, which is necessary for normal brain and visual function. This benefit is obtained with the intake of 250 mg of DHA a day. Eicosapentaenoic acid (EPA) and DHA contribute to normal heart function. The beneficial effect is obtained with a daily intake of 250 mg of EPA and DHA. Vitamin A contributes to maintaining normal sight and contributes to keep the skin and the mucous membranes healthy, such as the conjunctiva. Vitamins C and E, and minerals such as zinc, selenium, manganese, and copper are contributing to the antioxidant protection of body cells.

**Instructions for use:** It is recommended a daily dose of 1 to 3 capsules per day, accompanied by a glass of water at mealtimes.

**Warnings:** Food supplements should not be used as a substitute for a varied and balanced diet. It is important to maintain a healthy lifestyle. Do not go over the recommended daily dose. Not recommended in case of hypersensitivity or allergy to any of the formulation constituents. In case of pregnancy and breastfeeding, check with your doctor before taking this product. **KEEP OUT OF THE REACH OF CHILDREN.**

**Storage:** Best if consumed before the end of the month printed on the container. Keep away from light and heat. Store in a dry place in its original packaging and temperature below 25 °C.

Text reviewed September 2021

## The mechanisms of action of BRUDYSEC® in dry eyes

**1** Improvement of antioxidant protection at the level of the ocular surface by means of inducing an increase in the glutathione (GSH) levels produced by the corneal-conjunctival epithelium cells. Synthesis is induced by the greater presence of DHA in their membranes after supplementation. There is also improvement of Total Antioxidant Capacity at the plasma level.

**2** Reduction in the expression of proinflammatory cytokines present in the blood and in the reflex tears. This aspect derives from the inhibitory effect that DHA exerts on the activation of nuclear factor-KB in leukocytes and endothelial cells, which hinders the neosynthesis of proinflammatory cytokines such as: IL-6, IL-1B, TNF-alpha, IL-10, VEGF,...

**3** Improvement of the anti-evaporative effect of non-polar meibomian lipids due to the greater stability provided by the polar lipid layer of the tear film. This derives from the greater presence of DHA in the membranes of meibomian acinar cells after supplementation. DHA provides greater fluidity and flexibility of its 6 double bonds to the phospholipids that make up their cell membrane and are responsible for forming the polar lipid layer of the tear film. (Responsible for the TBUT).

**4** It is the set of these 3 activities that are responsible for the evident improvement in the symptoms (OSDI index) and clinical signs (TBUT, T. Schirmer, Oxford,...) of dry eyes.

## CLINICAL CASES OF PATIENTS SUFFERING DRY EYES SUPPLEMENTED WITH DHA TRIGLYCERIDE

In this monograph are presented the results of a series of 10 clinical cases of patients affected by dry eyes in which Patricia Bayo Calduch, MD belonging to the ophthalmology department of Hospital Clínico Universitario de Valencia assesses the evolution of the patients after having carried out a period of supplementation with BRUDYSEC® capsules.

### Material and methods

- All the patients have been diagnosed suffering dry eye.
- Apart from being treated with eye moisturizers and lubricants, they are supplemented with BRUDYSEC® at a dose of 3 capsules/day for 90 days.
- Each case consists of an initial assessment/examination and a new final assessment/examination after having completed a 3-month supplementation period.

### Aspects that are assessed and presentation of the results

0. Identification data, sex, and age of the patient.
1. What is the usual treatment at the beginning of supplementation and at the final period of 90 days.
2. Results of the Schirmer Test at the beginning and at the end.
3. Oxford test (fluorescein staining), grading of the initial and final situation.
4. Evolution in Tear Breakup Time (B.U.T.) at the beginning and at the end.

5. Initial and final OSDI index.
6. Opinion of the patient regarding the level of perceived satisfaction.
7. Examiner's comments.
8. Initial and final photographic evaluation of the ocular surface with a slit lamp and cobalt blue filter after instillation of fluorescein, which aims to demonstrate corneal staining and observe possible areas of keratitis or alteration of the tear film.

### Results table

The clinical aspects included in points 0 to 7 are presented in a table that differentiates the initial situation, and again at the final period of the 3-months, indicating the result obtained in the right eye (RE) and in the left eye (LE).

### Photographic Assessment of the Ocular Surface

In the bottom of the page, and on the left side, the image of the initial situation of each of the eyes (RE and LE) is shown, and the image of the final situation of each of the eyes on the right side.

## Ocular Surface Disease Index® (OSDI) questionnaire

Please, answer the following questions by checking the box that best represents your answer and giving punctuation between 0 (not at any time), 1 (almost never), 2 (50% of the time), 3 (almost all the time), and 4 (at all times).

### Have you experienced any of the following changes in the last week?

	At all times	Almost every time	50% of the time	Almost no time	At no time	N/A
1. Sensitivity to light						
2. Sensation of grit in the eyes						
3. Eye pain						
4. Blurred vision						
5. Poor quality vision						

### During the last week, have you had eye problems that have limited or prevented you from doing any of the following?

	At all times	Almost every time	50% of the time	Almost no time	At no time	N/A
6. Reading						
7. Driving at night						
8. Work on a computer or use an ATM						
9. Watch TV						

### Have you felt discomfort in your eyes in any of the following situations during the last week?

	At all times	Almost every time	50% of the time	Almost no time	At no time	N/A
10. Wind						
11. Locations with low humidity (very dry)						
12. Air-conditioned areas						

N/A= Not answered

## Punctuation instructions

### Item scoring

The total OSDI index score is calculated based on the following formula:

$$\text{OSDI index score} = \frac{(\text{Total Sum of Points} \times 25)}{\text{Number of questions actually answered}}$$

where severity has been classified into a scale of:

- 0 = Not at any time
- 1 = Almost never
- 2 = 50% of the time
- 3 = Almost all the time
- 4 = At all times

### Interpretation

A score of 100 corresponds to a total disability ("At all times" response to all answered questions), while a score of 0 corresponds to no disability ("Not at any time" response to all answered questions). Therefore, the change from baseline of -12.5 corresponds to an improvement in at least one category in half of the questions answered.

## Subscale scores

Subscale scores are calculated in a similar way, using only the questions from each subscale to generate its own score. Therefore, all the subscales analyzed separately would have a maximum possible score of 100.

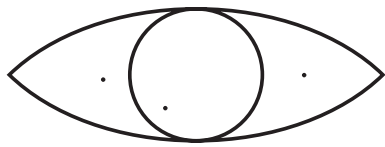
The three subscales (visual function, ocular symptoms, and environmental stimuli) are divided as follows:

Subscale	Answers
Eye symptoms	1, 2, 3, 4, 5
Visual function	6, 7, 8, 9
Environmental stimuli	10, 11, 12

## Assessment of the score obtained

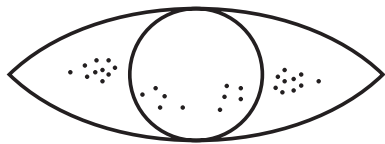
- **Score between 0 and 12 points:** ocular dryness is considered normal.
- **Score between 13 and 22 points:** dryness is considered mild.
- **Score between 23 and 32 points:** dryness is considered moderate.
- **Score above 33 points:** dryness is considered severe.

## Oxford Test



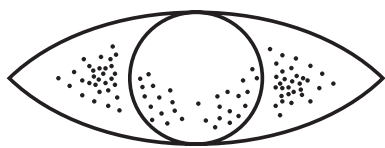
### Panel A

Equal to or less than panel A.  
Grade 0



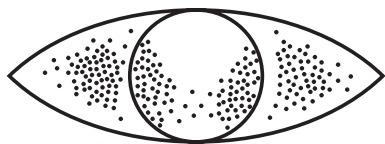
### Panel B

Equal to or less than panel B, greater than A.  
Grade 1



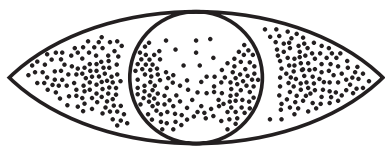
### Panel C

Equal to or less than panel C, greater than B.  
Grade 2



### Panel D

Equal to or less than panel D, greater than C.  
Grade 3



### Panel E

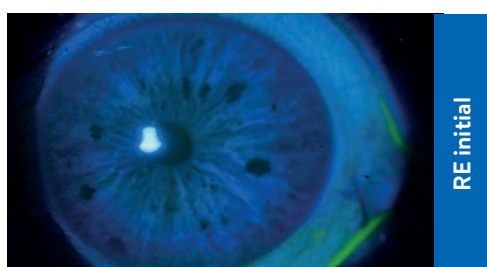
Equal to or less than panel E, greater than D.  
Grade 4

Greater than panel E  
Grade 5

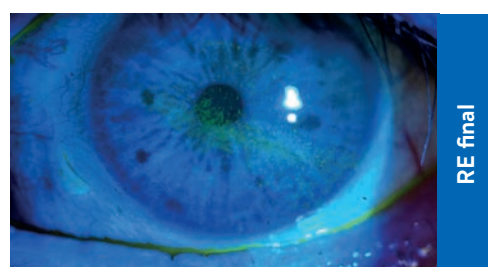
## CLINICAL CASE 1 ► 68-year-old female (20/11/1953)

	FIRST VISIT	SECOND VISIT
Usual treatment	· Autologus serum 1 drop 4 times a day · Relive Total Care® monodose on demand	· Autologus serum 1 drop 1 once a day
Schirmer Test (mm)	RE 0 mm // LE 0 mm	RE 3 mm // LE 0 mm
Oxford Test	RE I // LE II	RE I // LE II
TBUT (seconds)	RE 7" // LE 7"	RE 7" // LE 7"
OSDI questionnaire	Eye Symptoms: 28	Eye Symptoms: 20
	1. 4	1. 3
	2. 4	2. 1
	3. 4	3. 0
	4. 0	4. 0
	5. 0	5. 0
	Visual Function: 75	Visual Function: 12,5
	6. 4	6. 2
	7. 4	7. 0
	8. 1	8. 0
	9. 3	9. 0
	Environmental Stimuli: 8,3	Environmental Stimuli: 50
	10. 0	10. 3
	11. 1	11. 1
	12. 0	12. 2
	TOTAL OSDI: 52	TOTAL OSDI: 25
Patient satisfaction level		Very satisfied with the treatment because the symptoms have drastically decreased, and her quality of life has significantly improved by notably reducing the need for artificial tears.
Comments from examiner		Few changes in the Oxford tests, Schirmer and TBUT but important symptomatic improvement reflected in the OSDI questionnaire and in the significant reduction in the need for artificial tears. The images do not show a significant reduction in keratitis between the first and second visits, not correlated with the high level of satisfaction shown by the patient.

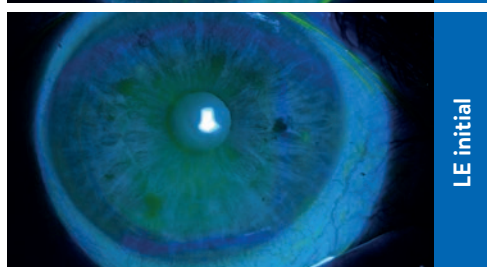
Situation of the ocular surface



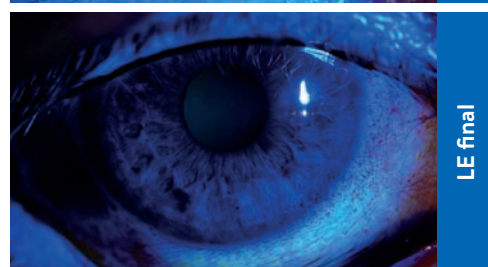
RE initial



RE final



LE initial



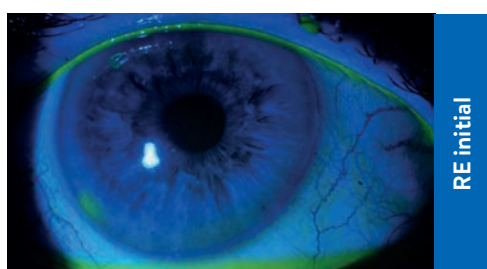
LE final



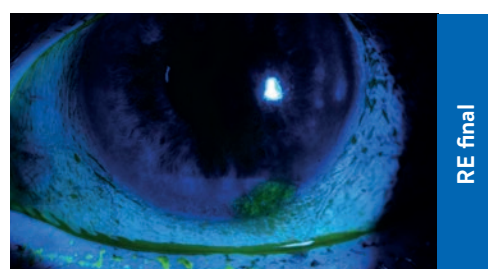
## CLINICAL CASE 2 ► 72-year-old female (01/09/1950)

	FIRST VISIT		SECOND VISIT	
Usual treatment	· Hylo Gel® 1 drop 4 times a day · Xilin Gel® 2 times a day		Same treatment schedule with decreased frequency of Hylo Gel® instillations.	
Schirmer Test (mm)	RE 9 mm // LE 2 mm		RE 15 mm // LE 11 mm	
Oxford Test	RE 0 // LE I		RE II // LE II	
TBUT (seconds)	RE 10" // LE 10"		RE 10" // LE 10"	
OSDI questionnaire	Eye Symptoms: 50	1. 3	Eye Symptoms: 45	1. 1
		2. 2		2. 0
		3. 1		3. 2
		4. 2		4. 3
		5. 2		5. 3
	Visual Function: 50	6. 2	Visual Function: 25	6. 1
		7. 0		7. 0
		8. 2		8. 1
		9. 2		9. 1
	Environmental Stimuli: 33,3	10. 3	Environmental Stimuli: 41,6	10. 2
		11. 0		11. 2
		12. 1		12. 1
	TOTAL OSDI: 45,4		TOTAL OSDI: 38,6	
Patient satisfaction level			She subjectively feels better. Refers have the feeling that "the stinging sensation has been reduced". It has also been decreased the need for artificial tear instillations along the day.	
Comments from examiner			Significant symptomatic improvement is reflected in the OSDI questionnaire and in the reduction in the need for artificial tears. It calls attention the significant improvement in the Schirmer test, although the Oxford stain has worsened. The images show a significant improvement in the keratitis between the first and second visit, especially in the left eye.	

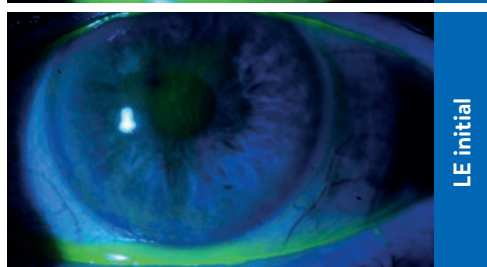
Situation of the ocular surface



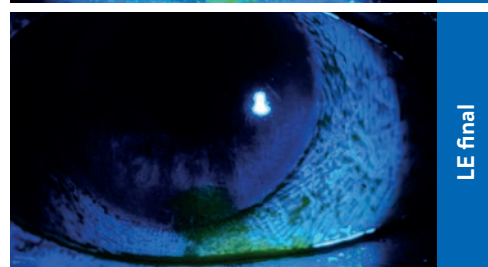
RE initial



RE final



LE initial

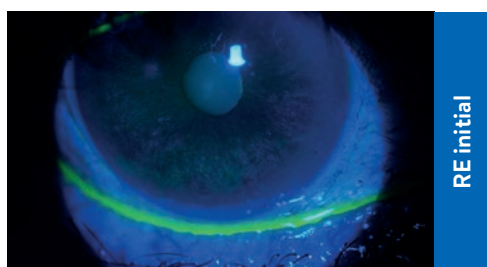


LE final

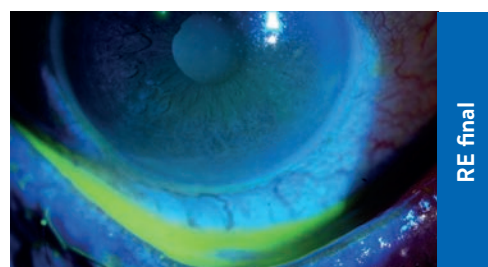
## CLINICAL CASE 3 ► 68-year-old male (11/01/1953)

	FIRST VISIT	SECOND VISIT
Usual treatment	<div><div>· Thealoz Duo® 6 times a day</div><div>· Vita Pos® at bedtime</div><div>· Ganfort® 1 drop at bedtime since nov. 2019</div></div>	Same treatment schedule with no reduction on the instillation frequency of artificial tears.
Schirmer Test (mm)	RE 9 mm // LE 5 mm	RE 15 mm // LE 10 mm
Oxford Test	RE I // LE I	RE 0 // LE 0
TBUT (seconds)	RE 2” // LE 3”	RE 1” // LE 1”
OSDI questionnaire	Eye Symptoms: 25	Eye Symptoms: 15
	Visual Function: 0	Visual Function: 0
	Environmental Stimuli: 25	Environmental Stimuli: 0
	TOTAL OSDI: 16,7	TOTAL OSDI: 6,3
Patient satisfaction level		Subjectively, he does not report any improvement. His main concern is the sensation of grit on waking up and the increase in red eye throughout the day.
Comments from examiner	Patient is affected by the periocular side effects of the topical prostaglandins. I prescribed applying Brudy Derm Dry Eye® twice a day in the skin of the periocular area.	On examination, there are few changes on the ocular surface after treatment. There is a discreet improvement in the OSDI questionnaire, the Schirmer test and the Oxford test. In my opinion, the discomfort reported by the patient is due to the use of prostaglandins to treat his glaucoma, and that the drugs he currently uses are not preservative free. It also presents a thickening of the lid margin, with meibomitis and telangiectasias. Treatment adjustment is recommended.

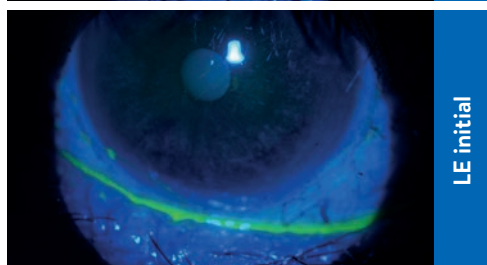
Situation of the ocular surface



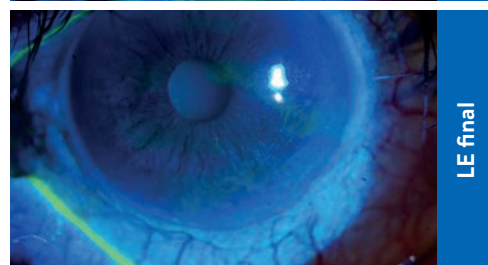
RE initial



RE final



LE initial



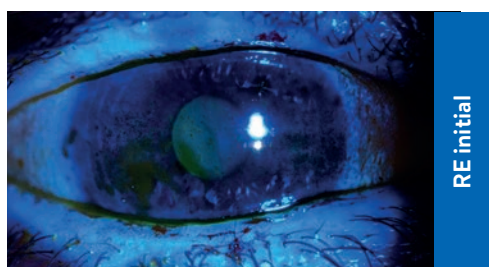
LE final



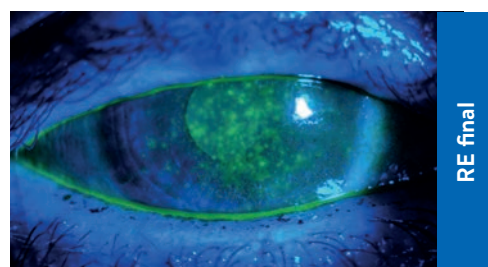
## CLINICAL CASE 4 ► 55-year-old female (04/08/1967)

	FIRST VISIT	SECOND VISIT
Usual treatment	· Endoret® 4 times a day · Systane® as needed	Only Endored® 1 drop 3 times per day
Schirmer Test (mm)	RE <0 mm // LE <0mm	RE <0 mm // LE <0mm
Oxford Test	RE III // LE III	RE III// LE III
TBUT (seconds)	RE 1" // LE 1"	RE 2" // LE 2"
OSDI questionnaire	Eye Symptoms: 25	Eye Symptoms: 35
	1. 2	1. 3
	2. 2	2. 3
	3. 0	3. 0
	4. 1	4. 1
	5. 0	5. 0
Visual Function: 6,3	6. 1	Visual Function: 25
	7. 0	6. 1
	8. 0	7. 0
	9. 0	8. 0
		9. 1
Environmental Stimuli: 83,3	10. 3	Environmental
	11. 3	Stimuli: 75
	12. 4	10. 3
		11. 3
TOTAL OSDI: 33,3		TOTAL OSDI: 37,5
Patient satisfaction level		Subjectively better, it stands out that the need to use artificial tears and the symptoms related to tasks of fixing/using screens have drastically decreased.
Comments from examiner	Severe dry eye due to Sjögren's syndrome, showing tears with abundant debris since long time ago, with associated subclinical inflammation, difficult to treat even with corticosteroids. Does not tolerate Ikervis®.	The OSDI questionnaire does not reflect the level of satisfaction transmitted by the patient. Keratitis has drastically improved in the LE compared to the RE, which is significantly worse, although the patient does not perceive it that way. Tear film debris has disappeared.

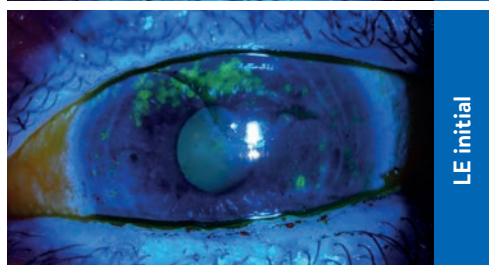
Situation of the ocular surface



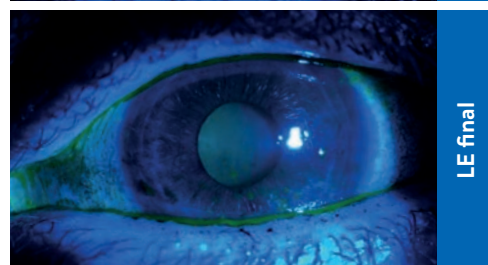
RE initial



RE final



LE initial

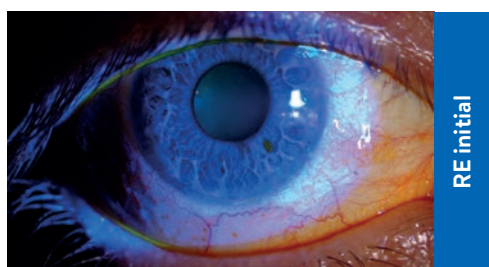


LE final

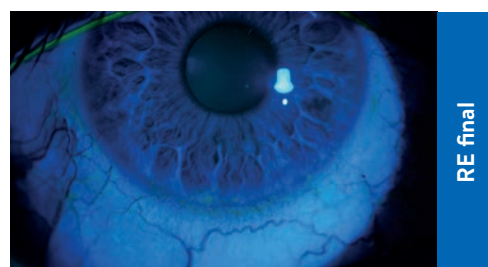
## CLINICAL CASE 5 ► 49-year-old female (06/03/1973)

	FIRST VISIT	SECOND VISIT
Usual treatment	<ul style="list-style-type: none"><li>· Autologous serum every 2 hours</li><li>· Systane Ultra® alternated with Optiben® every 2 hours</li><li>· Lipolac® at nighttime</li></ul>	Same treatment regimen but with a very significant decrease in the frequency of artificial tear instillations. Lipolac® is only used occasionally (competition days).
Schirmer Test (mm)	RE >30 mm // LE >30 mm	RE 10 mm // LE 10 mm
Oxford Test	RE I // LE I	RE 0 // LE 0
TBUT (seconds)	RE 2” // LE 3”	RE 5” // LE 5”
OSDI questionnaire	Eye Symptoms: 10	Eye Symptoms: 5
	1. 0	1. 1
	2. 1	2. 0
	3. 1	3. 0
	4. 0	4. 0
	5. 0	5. 0
	Visual Function: 83,33	Visual Function: 16,7
	6. 3	6. 0
	7. 3	7. 0
	8. 4	8. 2
	9. 0	9. 0
	Environmental Stimuli: 100	Environmental Stimuli: 50
	10. 4	10. 3
	11. 4	11. 2
	12. 4	12. 1
	TOTAL OSDI: 54,5	TOTAL OSDI: 20,5
Patient satisfaction level	Very poor despite treatment	Subjectively much better in terms of symptoms and quality of life. She perceives the change very significantly.
Comments from examiner	Diagnosed with Sjögren's syndrome. Schirmer's test greatly increased due to significant reflex tearing. Young patient whose activity is very limited due to symptoms related to dry eye (oppositionist and very athletic).	On examination, it shows much less keratitis. The improvement of OSDI in Visual Function and Environmental Stimuli are significant. The Schirmer test is within normality, at its low limit. In my opinion, the patient transmits satisfaction and improvement in her quality of life after oral treatment.

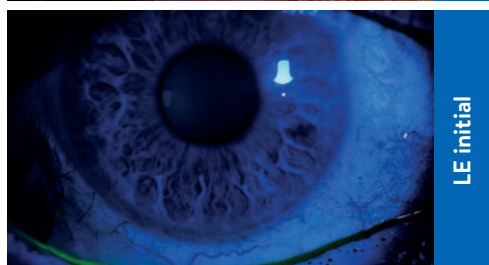
Situation of the ocular surface



RE initial



RE final



LE initial

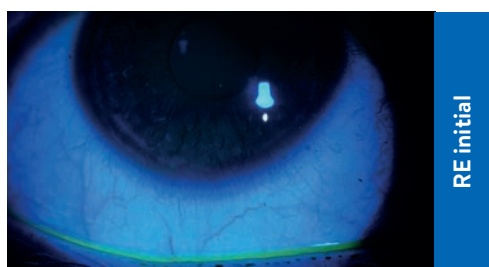


LE final

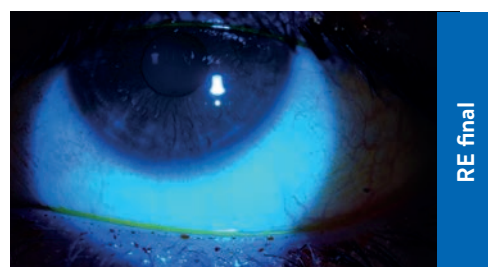
## CLINICAL CASE 6 ► 13-year-old boy (27/02/2009)

	FIRST VISIT	SECOND VISIT
Usual treatment	· Alterna Systane®, Hylo Dual® and Optiben® 3 to 4 times per day · Vita Pos® at bedtime	Same treatment regimen without reduction in the frequency of instillations.
Schirmer Test (mm)	RE 10 mm // LE 13 mm	RE 19 mm // LE 18 mm
Oxford Test	RE I // LE II	RE I // LE II
TBUT (seconds)	RE 6" // LE 6"	RE 6" // LE 6"
OSDI questionnaire	Eye Symptoms: 15	Eye Symptoms: 5
	1. 2	1. 1
	2. 0	2. 0
	3. 1	3. 0
	4. 0	4. 0
	5. 0	5. 0
	Visual Function: 0	Visual Function: 16,7
	6. 0	6. 0
	7. 0	7. 0
	8. 0	8. 0
	9. 0	9. 0
	Environmental Stimuli: 8,3	Environmental Stimuli: 16,7
	10. 0	10. 1
	11. 0	11. 0
	12. 1	12. 1
	TOTAL OSDI: 8,3	TOTAL OSDI: 6,3
Patient satisfaction level		Subjectively much better in terms of symptoms.
Comments from examiner	To highlight the symptoms and signs presented by such a young patient attending school, having the intensive need of so many artificial tears.	Given the age of the patient, the supplement has been administered at a dose of one single capsule per day instead of two per day. On examination, it is seen an improvement of the ocular surface signs (less keratitis). Good tolerance to oral treatment.

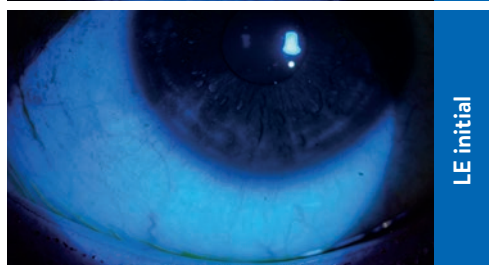
Situation of the ocular surface



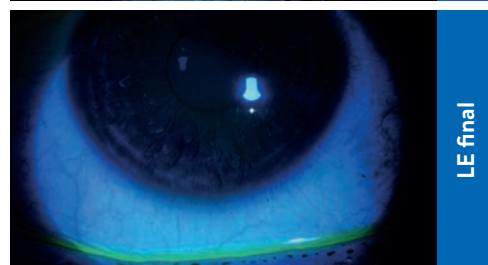
RE initial



RE final



LE initial

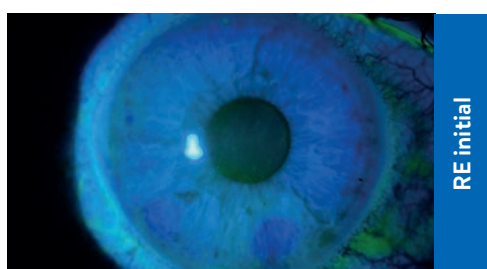


LE final

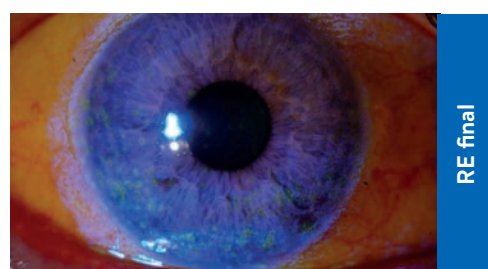
## CLINICAL CASE 7 ► 45-year-old male (04/04/1977)

	FIRST VISIT	SECOND VISIT
Usual treatment	<div>· Hylo Gel® on demand (usually 3 times/day)</div> <div>· Nocturnal eye ointments that he not able to specify</div>	Same treatment regimen without decreasing the frequency of artificial tear instillations due to the inertia in their use.
Schirmer Test (mm)	RE 14 mm // LE 16 mm	RE 14 mm // LE 16 mm
Oxford Test	RE III // LE III	RE II // LE II
TBUT (seconds)	RE 1”// LE 1”	RE 7” // LE 8”
OSDI questionnaire	Eye Symptoms: 45	Eye Symptoms: 5
	Visual Function: 6,25	Visual Function: 6,5
	Environmental Stimuli: 66,7	Environmental Stimuli: 66,7
	TOTAL OSDI: 37,5	TOTAL OSDI: 20,8
Patient satisfaction level		He refers a significant symptomatic improvement, especially in his daily activities. He has not reduced the instillation frequency of artificial tears because he has it quite systematized, but he insists that he could have reduced them at some point. Very satisfied after treatment.
Comments from examiner	The patient is diagnosed of suffering Sjögren's syndrome with significant symptomatic involvement in fixation tasks, which limits his life, given the patient's age.	Significant improvement in the Oxford and TBUT tests, while the Schirmer test remained as the initial (is striking the results obtained in a patient suffering Sajögren's disease). Significant improvement in OSDI index of the Eye Symptoms, and although it is not reflected in OSDI related with Environmental Stimuli, the patient reports that he feels qualitatively better. On examination, the keratitis has worsened on the second visit, and in the LE is frankly worse because he had a mishap while cooking three days before the last visit. In this case, the tests and the interview are more realistic than the examination of the patient.

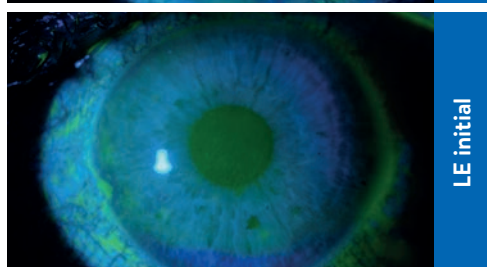
Situation of the ocular surface



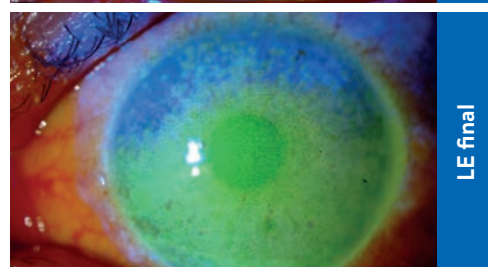
RE initial



RE final



LE initial

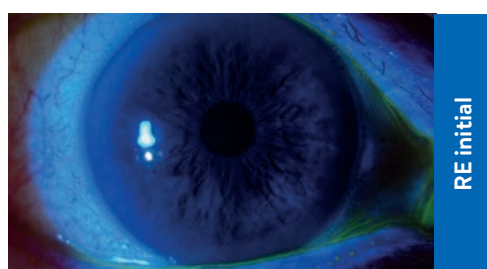


LE final

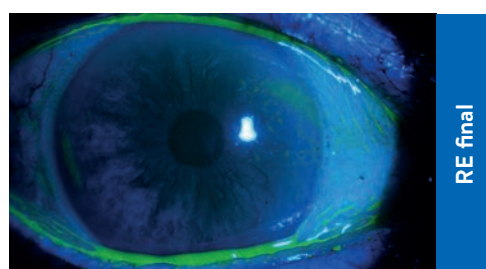
## CLINICAL CASE 8 ► 74 year-old-female (08/01/1948)

	FIRST VISIT	SECOND VISIT
Usual treatment	<ul style="list-style-type: none"> <li>· Thealoz Duo® 2-3 times a day</li> <li>· Ikervis® for more than 2 years</li> </ul>	<ul style="list-style-type: none"> <li>· He has withdrawn Ikervis® by his own 15 days before the last visit</li> <li>· Thealoz Duo® 2-3 times a day</li> </ul>
Schirmer Test (mm)	RE 13 mm // LE 17 mm	RE 15 mm // LE 15 mm
Oxford Test	RE 0 // LE 0	RE 0 // LE 0
TBUT (seconds)	RE 8" // LE 8"	RE 8" // LE 8"
OSDI questionnaire	Eye Symptoms: 25	Eye Symptoms: 10
	1. 4	1. 1
	2. 1	2. 1
	3. 0	3. 0
	4. 0	4. 0
	5. 0	5. 0
	Visual Function: 0	Visual Function: 0
	6. 0	6. 0
	7. 0	7. 0
	8. 0	8. 0
	9. 0	9. 0
	Environmental Stimuli: 83,3	Environmental Stimuli: 25
	10. 4	10. 1
	11. 2	11. 1
	12. 4	12. 1
	TOTAL OSDI: 31,2	TOTAL OSDI: 10,4
Patient satisfaction level		Subjectively, she reports much improvement, which is the reason she has spontaneously withdrawn Ikervis® (she was very reluctant to withdraw it in previous visits). Happy with the symptomatic improvement that allows her to perform fixation tasks without much limitation. He refers a greater independence from artificial tears.
Comments from examiner		On examination, few apparent changes in the ocular surface after treatment, but the keratitis is finer and more delimited, especially in LE. However, there is a significant improvement in OSDI index corresponding to Environmental Stimuli. Of note is her spontaneous abandonment of Ikervis due to subjective improvement, being a patient with significant emotional dependence on it for more than two years, despite the apparently minor signs.

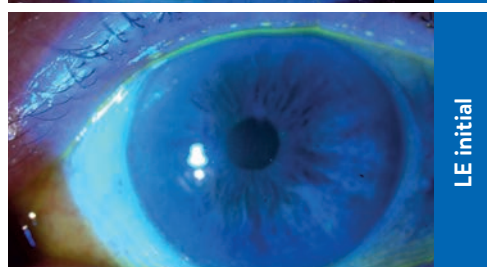
Situation of the ocular surface



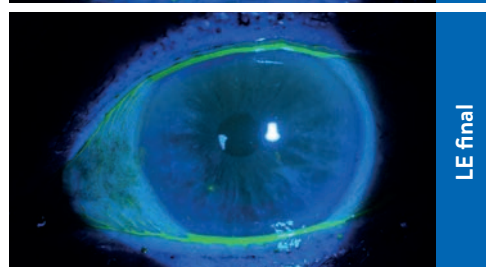
RE initial



RE final



LE initial



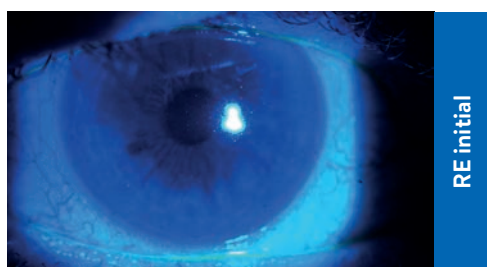
LE final



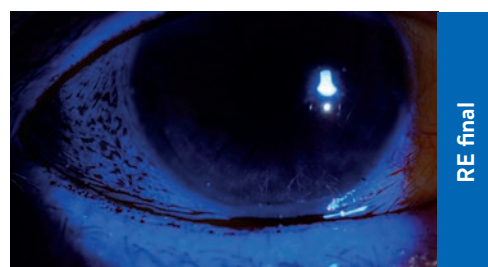
## CLINICAL CASE 9 ► 64 year-old-male (13/04 1956)

	FIRST VISIT	SECOND VISIT
Usual treatment	<ul style="list-style-type: none"> <li>· Endoret® 2 times a day (started 15 days ago)</li> <li>· Hylo Gel® eye drops 2 times a day</li> </ul>	<ul style="list-style-type: none"> <li>· Endoret® erratically (reports 2 or 3 days of treatment every week, 2 times a day)</li> <li>· Hylo Gel® 2 times a day</li> </ul>
Schirmer Test (mm)	RE 9 mm // LE 5 mm	RE 14 mm // LE 5 mm
Oxford Test	RE I // LE I	RE 0 // LE 0
TBUT (seconds)	RE 7" // LE 1"	RE 10" // LE 5"
OSDI questionnaire	Eye Symptoms: 0	Eye Symptoms: 0
	1. 0	1. 0
	2. 0	2. 0
	3. 0	3. 0
	4. 0	4. 0
	5. 0	5. 0
	Visual Function: 0	Visual Function: 0
	6. 0	6. 0
	7. 0	7. 0
	8. 0	8. 0
	9. 0	9. 0
	Environmental Stimuli: 0	Environmental Stimuli: 0
	10. 0	10. 0
	11. 0	11. 0
	12. 0	12. 0
	TOTAL OSDI: 0	TOTAL OSDI: 0
Patient satisfaction level		Subjectively better in terms of independence of treatment. He reports that he can spend many more hours working at the computer without remembering to lubricate. There is improvement of the VA of the LE.
Comments from examiner	Severe signs and symptoms of dry eye in the left eye after several surgeries performed in another clinic, where treatment with Endoret® was started. It stands out the null impact on the LE keratitis and on the OSDI questionnaire.	On examination, significant improvement of LE keratitis (clinical suspicion: toxic keratitis after several eye surgeries). Improvement in LE VA after almost complete resolution of the keratitis. Subjectively, the patient was very happy to carry out his usual activities without limitations and with practically independence from artificial tears.

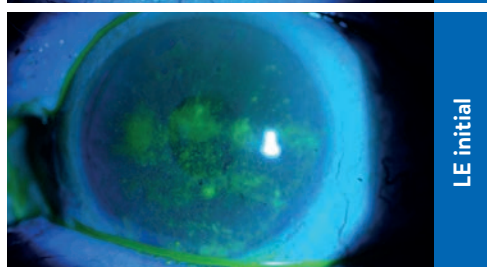
Situation of the ocular surface



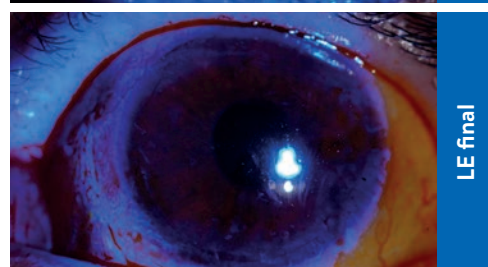
RE initial



RE final



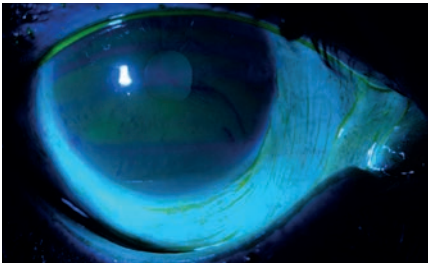
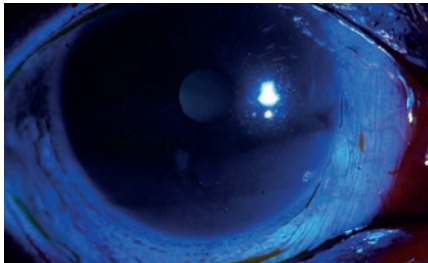
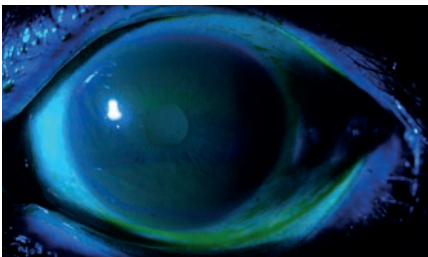
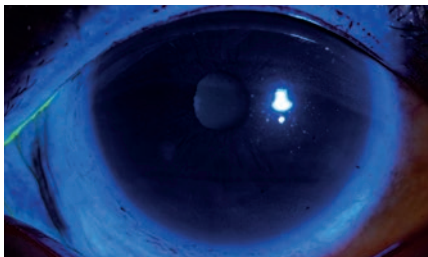
LE initial



LE final



## CLINICAL CASE 10 ► 47 year-old-female (15/11/1974)

	FIRST VISIT	SECOND VISIT
Usual treatment	<ul style="list-style-type: none"> <li>· Hylo Gel® every hour</li> <li>· Tebarat® every 12 hours</li> <li>· Ikervis® 1 drop at night</li> <li>· Xilin Gel® at night</li> </ul>	<ul style="list-style-type: none"> <li>· Hylo Gel® every 2 hours</li> <li>· Xilin Gel® at night</li> </ul>
Schirmer Test (mm)	RE 10 mm // LE 10 mm	RE 10 mm // LE 14 mm
Oxford Test	RE 0 // LE 0	RE 0 // LE 0
TBUT (seconds)	RE 7" // LE 6"	RE 8" // LE 8"
OSDI questionnaire	Eye Symptoms: 15	Eye Symptoms: 15
	1. 2	1. 2
	2. 0	2. 0
	3. 1	3. 1
	4. 0	4. 0
	5. 0	5. 0
	Visual Function: 37,5	Visual Function: 25
	6. 3	6. 2
	7. 0	7. 0
	8. 3	8. 2
	9. 0	9. 0
	Environmental Stimuli: 75	Environmental Stimuli: 33,3
	10. 3	10. 2
	11. 3	11. 1
	12. 3	12. 1
	TOTAL OSDI: 37,5	TOTAL OSDI: 23
Patient satisfaction level		He reports that he has stopped treatment with Tebarat® and Ikervis® due to the improvement experienced with oral treatment. Some photophobia and occasional itching persisted, but there is a general improvement in quality of life in terms of a decrease in the frequency of administration of artificial tears.
Comments from examiner	Very symptomatic patient upon arrival, very intense photophobia that limits daily activities. No correlation is observed with involvement of the anterior pole.	Significant symptomatic improvement in terms of photophobia. Although discreet, the signs in the anterior pole also show improvement. Above all, the improvement is seen in the performance of certain activities and the greater tolerance to adverse environmental factors, as shown by the score obtained in the OSDI test.
Situation of the ocular surface		
		
	RE initial	RE final
	LE initial	LE final



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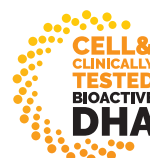
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