

# KISS: Blepharitis

Based on [NICE-PHE Antibiotic Guidance Dec 2018](#), [NICE-CKS 2015](#), [BMJ 2012](#) [eTG: Antibiotics 2019](#)

## Background

- Incredibly common recurrent condition, most common in middle aged and older adults but can occur at any age
- The symptoms (inflamed, sore, itchy, scratchy, burning, gritty eyes) are often much worse than the signs suggest
- Useful to divide into two broad types, which can co-exist
  - ◆ **Anterior blepharitis** at outer margins of lids where lashes emerge
    - Usually staphylococcal or seborrhoeic
    - May coexist with seborrhoeic dermatitis
  - ◆ **Posterior blepharitis** at inner margins of lid touching the eye
    - Usually due to meibomian gland dysfunction
    - Associated with dry eyes, chalazion and acne rosacea

## Management

- **Lid hygiene** essential for all patients at least twice daily
  - ◆ Warm compress twice daily (eyes closed) for 10 minutes, gentle massage of lids especially important for posterior blepharitis
  - ◆ Eyelid cleaning especially important for anterior blepharitis (e.g. dilute bicarb, baby shampoo)
  - ◆ [NHS Patient Info](#), [Patient.co.uk info](#)
- **Second line**
  - ◆ if lid hygiene alone ineffective after 2 weeks, add topical chloramphenicol for 6 weeks
- **Third line**
  - ◆ Oral doxycycline 50mg or 100mg daily for 4 weeks (erythromycin if pregnant/breastfeeding)
- **Fourth line**
  - ◆ Oral doxycycline or tetracycline for 8 weeks

## Recurrence prevention

- On-going regimen of lid hygiene
- Avoid eye make-up and contact lenses (which may interfere with meibomian gland dysfunction and increase risk of secondary keratitis)
- Treat dry eyes with lubricant drops
- Treat associated seborrhoeic dermatitis and acne rosacea
- Consider referral for surgical removal of persistent chalazia

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