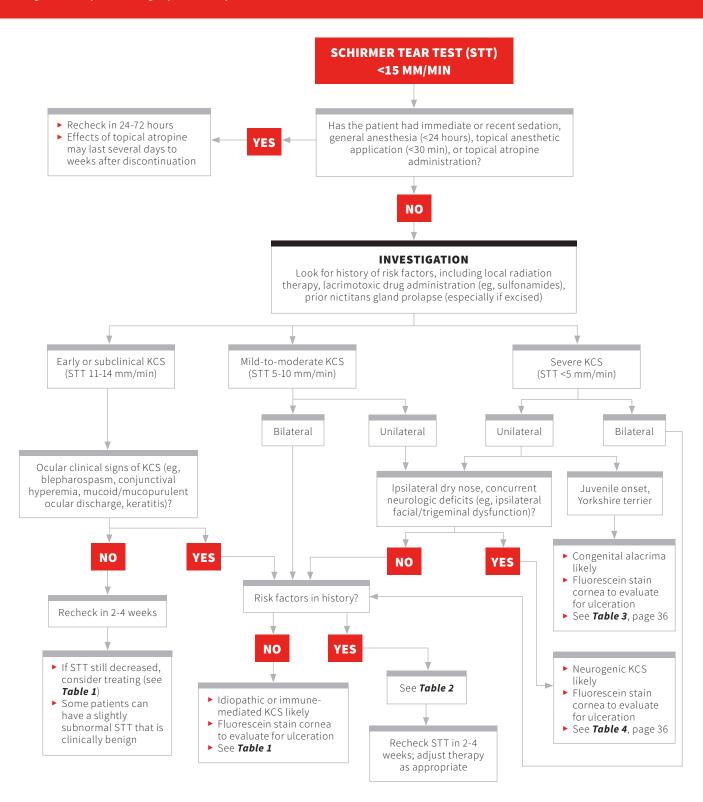
# **DECREASED TEAR PRODUCTION IN DOGS**

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# TABLE 1

# TREATMENT FOR IDIOPATHIC/IMMUNE-MEDIATED KCS

Treatment	Application
Topical ophthalmic cyclosporine (1%-2% solution, 0.2% ointment), tacrolimus (0.03%)	Apply to affected eye(s) q12h; lifelong therapy required
Topical lacrimomimetic PRN (ie, artificial tears; products containing sodium hyaluronate may be particularly beneficial)	Apply until signs resolve (usually unnecessary when STT >8 mm/min)
Topical ophthalmic broad-spectrum antibiotic (eg, neomycin, polymyxin B, gramicidin solution)	Apply to affected eye(s) q8h for 10-14 days or until corneal ulceration (if present) is healed
Topical mucolytic medication (2.5%-5% <i>N</i> -acetylcysteine)	Apply q6-8h if copious mucopurulent discharge is present
Warm compress to eyelids, periocular hair trimming, facial cleaning	Apply as warranted

# TABLE 2

# TREATMENT FOR KCS SECONDARY TO RISK FACTORS

Treatment	Application
Discontinue lacrimotoxic medication if suspected in KCS pathogenesis	N/A
Topical ophthalmic cyclosporine or tacrolimus can be attempted (see <i>Table 1</i> ) but is generally ineffective in these cases	Apply to affected eye(s) q12h
Topical lacrimomimetic PRN (ie, artificial tears; products containing sodium hyaluronate may be particularly beneficial)	Apply until signs resolve (usually unnecessary when STT >8 mm/min)
Topical ophthalmic broad-spectrum antibiotic (eg, neomycin, polymyxin B, gramicidin solution)	Apply to affected eye(s) q8h for 10-14 days or until corneal ulceration (if present) is healed
Topical mucolytic medication (2.5%-5% <i>N</i> -acetylcysteine)	Apply q6-8h if copious mucopurulent discharge is present
Warm compress to eyelids, periocular hair trimming, facial cleaning	Apply as warranted

KCS = keratoconjunctivitis sicca

STT = Schirmer tear test

## TABLE 3

### TREATMENT FOR CONGENITAL ALACRIMA

Treatment	Application
Topical lacrimomimetic PRN (ie, artificial tears; products containing sodium hyaluronate may be particularly beneficial)	Apply until signs resolve (usually necessary when STT >8 mm/min)
Topical ophthalmic broad-spectrum antibiotic (eg, neomycin, polymyxin B, gramicidin solution)	Apply to affected eye(s) q8h for 10-14 days or until corneal ulceration (if present) is healed
Topical mucolytic medication (2.5%-5% <i>N</i> -acetylcysteine)	Apply q6-8h if copious mucopurulent discharge is present
Warm compress to eyelids, periocular hair trimming, facial cleaning	Apply as warranted

### TABLE 4

## TREATMENT FOR NEUROGENIC KCS

Application
Initial oral dose, 2 drops/20 pounds (10 kg) body weight q12h; increase 1 drop at a time to effect or until systemic toxicity (eg, salivation, vomiting, diarrhea) is evident
Apply until signs resolve (usually unnecessary when STT >8 mm/min)
Apply to affected eye(s) q8h for 10-14 days or until corneal ulceration (if present) is healed
Apply q6-8h if copious mucopurulent discharge is present
N/A

### **Suggested Reading**

Guiliano EA. Diseases and surgery of the canine lacrimal secretory system. In: Gelatt KN, Gilger BC, Kern TJ, eds. Veterinary Ophthalmology. 5th ed. Oxford, UK: John Wiley & Sons; 2013:912-944.

Matheis FL, Walser-Reinhardt L, Spiess BM. Canine neurogenic keratoconjuctivitis sicca: 11 cases (2006-2010). Vet Ophthalmol. 2012;15(4):288-290.

Miller PE. Lacrimal system. In: Maggs DJ, Miller PE, Ofri R, eds. Slatter's Fundamentals of Veterinary Ophthalmology. 5th ed. St. Louis, MO: Elsevier Saunders; 2013:165-183.

Westermeyer HD, Ward DA, Abrams K. Breed predisposition to congenital alacrima in dogs. Vet Ophthalmol. 2009;12(1):1-5.