

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about [dupilumab](#)-related ocular surface disorders (DROSD). It explains what they are, what causes them, what can be done about them, and where you can find out more.

WHAT IS DROSD?

[Dupilumab](#) is a biologic medicine. Biologic medicines are made using living cells, designed to reduce inflammation by acting on the immune system. Dupilumab is used to treat [atopic eczema](#). For many people with atopic eczema, it is highly effective at reducing itch and rashes. Dupilumab is also used to treat other medical conditions including asthma.

Eye (ocular) problems are the most common side effects of dupilumab treatment. About 1 in 4 patients who take this medication experience eye problems.

These problems usually affect the outer surface of the eye, which includes the cornea, sclera, and conjunctiva. Most of the time, these problems are mild. In a small number of people, they can be severe.

Healthcare professionals call these problems dupilumab-related ocular surface disorders (DROSD). For most patients, DROSD can be treated, and they can keep taking dupilumab.

WHAT CAUSES DROSD?

The exact causes of DROSD are not known. Several factors appear to be important for its development:

- People using dupilumab to treat [atopic eczema](#) are more likely to get DROSD than people using it for asthma.

- If you have eye problems before starting dupilumab, like dry eyes, keratitis, or eczema affecting the eyelids, you are more likely to develop DROSD.
- DROSD are less common in children than in adults.

WHAT DOES DROSD FEEL AND LOOK LIKE?

DROSD usually affects both eyes. It may cause the eyes to feel dry, itchy, gritty, or uncomfortable. Rarely, the eyes may become painful or sensitive to light, and eyesight may become hazy. The eyes may appear red, and the eyelids may swell.

HOW IS DROSD DIAGNOSED?

DROSD can be diagnosed by a Dermatologist (skin specialist). To do this, they will ask questions about your eye symptoms. They will also look for signs of DROSD in the eyes. The Dermatologist may also ask you to read a text with one eye covered. This is to assess your eyesight.

When DROSD keeps coming back or is severe, you may be referred to an Ophthalmologist (eye specialist). The Ophthalmologist will perform additional tests as needed, to confirm the diagnosis.

CAN DROSD BE CURED?

In most cases DROSD are mild and can be treated easily. Eye drops (called artificial tears) usually help, and your dermatologist can prescribe them to you. DROSD often get better or go away over time.

In some cases, you may need additional treatments from eye specialists. Rarely, the treatment for DROSD is not effective. In such cases, you may have to stop taking [dupilumab](#).

HOW CAN DROSD BE TREATED?

Patients with DROSD are advised to use eye drops called ocular lubricants 3 to 4 times a day. These drops help keep the eyes moist and comfortable.

If your symptoms do not get better with these drops, your healthcare professional may recommend antihistamine eye drops. If the problem is more serious, or if you are a young child, you may need to see an eye specialist. They may recommend stronger treatments such as:

- Tacrolimus ointment for the skin around the eyes
- Corticosteroid eye drops
- Ciclosporin eye drops

Your healthcare professional will help choose the right treatment for you.

SELF-CARE (WHAT CAN I DO?)

Before starting dupilumab:

It is important that your eyes are healthy before starting [dupilumab](#). Things to check:

- Tell your dermatologist if you've had severe eye problems in the past, such as:
 - Corneal transplant (surgery to replace the clear front part of your eye)
 - Keratoconus (a condition that makes the front of your eye thin and cone-shaped).

In these cases, your dermatologist may refer you to an eye specialist before starting dupilumab.

- Take care of mild eye conditions that you may have. For example:
 - Dry eye
 - Mild eye irritation and inflammation (also called keratoconjunctivitis).

You should use lubricating eye drops (artificial tears) to help keep your eyes comfortable during treatment.

- Treat any new eye infections before starting dupilumab. If you recently developed an infective conjunctivitis (red, itchy, or sticky eyes caused by infection), this should be treated before you begin dupilumab.

After starting dupilumab:

It is important to pay attention to any changes in your eyes while you are taking dupilumab.

- Let your dermatologist know if you notice any of these eye symptoms:
 - dryness
 - a gritty feeling (as if something is in your eye)
 - itching
 - redness
- Seek urgent help if things get worse. If the white part of your eye (conjunctiva) becomes red **and** you have any of the symptoms below, you should attend an eye emergency clinic as soon as possible. These symptoms include:
 - Blurred vision or your eyesight gets worse
 - Eye pain
 - Sensitivity to light (bright light hurts your eyes)
 - Visible damage to the clear part of your eye (cornea).

WHERE CAN I GET MORE INFORMATION ABOUT DROSD?

Links to patient support groups:

National Eczema Society:

eczema.org/information-and-advice/treatments-for-eczema/dupilumab/

Jargon Buster:

www.skinhealthinfo.org.uk/support-resources/jargon-buster/



It is important to report suspected side effects of medicines. The Medicines and Healthcare products Regulatory Agency (MHRA) manages the Yellow Card scheme. This scheme collects information and safety concerns about medicines and medical devices. Anyone can report these side effects or concerns by using:

- the Yellow Card website <https://yellowcard.mhra.gov.uk/> or
- the Yellow Card app, available from the Apple App Store or Google Play Store

Please note that the BAD provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

PATIENT INFORMATION LEAFLET

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