

How Screen Time Is Driving Dry Eye in North Texas: A Dallas-Area Eye Doctor Explains When Drops Stop Being Enough

A Dallas-area eye doctor explains why screen time is behind the dry eye epidemic in North Texas and when drops stop being enough.

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EINPresswire.com/ -- Most North Texas adults who reach for eye drops during a long workday assume they're dealing with tired eyes. A growing number of eye care professionals say the reality is more specific and more treatable than that.



Screen time reduces blink rate by 40 to 60 percent compared to normal activity. In an office environment with aggressive air conditioning, that suppressed blink rate combines with low indoor humidity to break down the tear film faster than it can recover. The result is a clinical condition called digital eye strain, and in many cases, the early stages of dry eye disease. Neither condition responds reliably to artificial tears alone.

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Dr Karen Allen

[Premier Vision of Dallas](#) is making this case to adults throughout the Dallas-Fort Worth area: what feels like eye fatigue after a long screen day is frequently something more specific, and the right response is a medical evaluation, not a different brand of drops.

"The tear film is a layered structure, and screen use disrupts it in a very particular way," said Dr. Karen Allen, Therapeutic Optometrist and Optometric Glaucoma Specialist at Premier Vision of Dallas. "When blink rate drops during focused screen use, the oil layer of the tear film breaks down progressively. Artificial tears replace moisture. They don't address the oil layer. That's why

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The most common underlying cause of screen-related dry eye is meibomian gland dysfunction, a condition involving the oil-producing glands along the eyelid margins. When those glands are blocked or dysfunctional, the tear film becomes inherently unstable regardless of screen habits or how frequently a patient uses lubricating drops. Meibomian gland dysfunction is also progressive. Gland tissue that atrophies from chronic dysfunction does not fully recover, which means early evaluation preserves more treatment options than late evaluation does.

North Texas creates a particularly difficult environment for tear film health. Summer heat and air conditioning running from May through September reduce indoor humidity significantly. Combined with the screen exposure that defines most modern workdays, DFW adults face multiple simultaneous stressors on the ocular surface. This dynamic explains why so many patients in the area experience symptoms year-round rather than seasonally.

"I see patients regularly who have been using drops for months, sometimes years, without lasting relief," Dr. Allen said. "In many of those cases, what we find is meibomian gland dysfunction or early ocular surface disease that was never properly evaluated. The drops were never going to fix it. What those patients needed was a diagnosis and a treatment plan."

Treatment options for dry eye disease go well beyond artificial tears. Depending on the type and severity identified during evaluation, options may include prescription anti-inflammatory drops, punctal plugs to reduce tear drainage, and intense pulsed light therapy for meibomian gland dysfunction. The appropriate approach depends on a clinical assessment of the tear film, gland function, and ocular surface health.

Premier Vision of Dallas recommends a comprehensive [dry eye evaluation](#) for any adult experiencing persistent eye discomfort, fluctuating vision that clears with blinking, contact lens intolerance, or burning and stinging that worsens throughout the day. More information about [screen time and dry eye](#) is available on the Premier Vision of Dallas website.

"Getting evaluated while symptoms are still mild is not overreacting," Dr. Allen said. "Meibomian gland dysfunction progresses over time. Early care preserves more options. That's the case we're making to patients across DFW. Don't wait for it to get worse."

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