## **Risk factors** Wind · Primary Sjögren's syndrome affecting the lacrimal and Sjögren's Dry air syndrome salivary glands Pollution and tobacco Secondary Sjögren's syndrome: eg rheumatoid arthritis, smoke systemic lupus erythematosus Hormonal status such as androgen deficiency, menopause, hormone replacement therapy Non-Sjögren's · Lacrimal duct obstruction from chronic conjunctival Medications such as syndrome inflammation: eg trachoma, erythema multiforme, chemical isotretinoin, β-blockers, diuretics, antihistamines, **ADDE** · Lacrimal gland insufficiency - Primary: eg age related, antidepressants and anticongenital alacrimia Parkinson medication Lacrimal gland Insufficiency - Secondary: eg lacrimal gland Contact lens wear infiltration, lacrimal gland ablation, lacrimal gland denervation Reflex hyposecretion - Sensory block: eg corneal Occupational factors such as prolonged computer surgery, diabetes, infection (herpes simplex keratitis, zoster exposure ophthalmicus), neurotropic keratitis from cranial nerve V compression Nutritional factors such Reflex hyposecretion - Motor block: eg cranial VII damage as low omega-3 fatty acid, vitamin A from skin cancer surgery, anticholinergic medications Laser surgery such as LASIK Systemic disease such as thyroid and diabetes Ocular surface eg Allergic conjunctivitis disorders Blink disorders eg Infrequent blinking **FDF Eyelid disorders** eg Exophthalmos, poor lid apposition, entropion/ectropion Meibomian gland eg Meibomian gland dysfunction from local disease/systemic dysfunction dermatoses (such as psoriasis, rosacea and seborrheic dermatitis), congenital aplasia, distichiasis

**Figure 1.** A diagrammatic representation of how ADDE and EDE can be divided, with associated common risk factors ADDE, aqueous deficient dry eye; EDE, evaporative dry eye