



THE ROLE OF BIMATOPROST OPHTHALMIC SOLUTION IN MANAGING OCULAR DRYNESS: MECHANISMS, EFFICACY AND PATIENT OUTCOMES

Joan Vijetha R ^(1*), Purushothaman G ⁽²⁾ and Deepak M ⁽³⁾

^{2,3} M.Pharmacy, Sathayabama Institute of Science and Technology, Chennai-600119.

¹ Associate Professor, Sathayabama Institute of Science and Technology Chennai-600119.

Corresponding author: Dr. Joan Vijetha. R

Associate Professor, Sathayabama Institute of Science and Technology Chennai-600119.

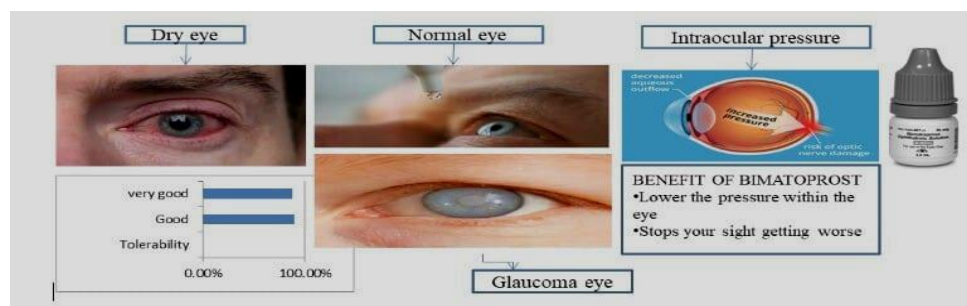
Mail id: joanvijetha.rnn@gmail.com

Orcid ID: 0000-0001-6113-1264

ABSTRACT:

A synthetic prostamide called bimatoprost ophthalmic solution is frequently used to patients with open-angle glaucoma and ocular hypertension in order to lower intraocular pressure. Its efficacy in treating ocular dryness, which can occasionally be made worse by reduced tear production or greater evaporation, has been examined in recent studies. Bimatoprost may enhance the health of the ocular surface by increasing trabecular and uveoscleral outflow. This abstract highlights the potential of ophthalmic solution of bimatoprost as a therapeutic alternative beyond its typical use in intraocular pressure management by examining its mechanisms of action, efficacy, and patient outcomes in the context of ocular dryness. Further investigation into bimatoprost's wider potential in ophthalmic treatment is warranted by the results, which suggest that it may help individuals with glaucoma, dry eyes, and ocular hypertension.

Key words: Bimatoprost, dryness, ophthalmic, hypertension, intraocular





INTRODUCTION:

A technique for administering medication to the eye to address conditions relating to vision is called an ocular drug delivery system (ODDS). ODDS's objective is to:

- To improve ocular health, consider increasing the amount of medicine that can enter the cornea.
- Reducing the amount of medication needed
- Cutting back on the number of administrations
- Increasing medication retention in the specific tissues ^[1].

There are several types of ODDS, including^[2]:

- **Ocular inserts:**

Solid patches that are positioned within the eye's conjunctival sac. They can be made hydrogel-like soluble or erodible.

- **Inserts for soluble ophthalmic drugs:**

N-vinylpyrrolidone, ethyl acrylate, and acrylamide are combined to create tiny oval wafers. They stick to the surface of the eyeball after being moistened by tear fluid.

- **Iontophoresis:**

A non-invasive method that uses a voltage gradient to deliver drugs to the eye.

- **Intracameral injections:**

Involves injecting antibiotics directly into the eyeball.

- **Intravitreal injections:**

Comprises administering medication via injection into the vitreous, which is located near the retina at the rear of the eye.

- **Juxtасcleral injections:**

Used to treat some posterior part complaints.

- **Retrobulbar injections:**

Involves injecting a needle to provide medicine behind the globe through the orbital fascia and eyelid.

- **Subconjunctival injections:**

Frequently used when topical administration doesn't penetrate the anterior part of the eye well.



- Upper respiratory tract infection

Eye & its structure:

The eyes have intricate structures and functions. Every eye continuously modifies the amount of light it allows in concentrates on nearby and distant things, and creates continuous images that are sent straight to the brain^[3]. The structure of eye has shown in figure 1.1

Orbit: The eyeball, blood vessels, muscles, nerves, and the mechanisms that makes drain tears are all located in this bony hollow. A pear-shaped structure made up of many bones makes up each orbit. There is a white sclera, moderately durable coating that covers the outside of the eyeball. The conjunctiva is a thin, transparent membrane that covers the sclera toward the front of the eye in the region shielded by the eyelids, and extends to the cornea's border. The moist rear surface of the eyelids and eyes is likewise covered by the conjunctiva^[4]. The cornea, the transparent, curved layer in front of the iris and pupil, is where light enters the eye

Iris: The pupil is surrounded by a pigmented, circular area of the eye that controls the amount of light that enters the eye. In a dark environment, the iris lets increased illumination for the eye, which causes the pupil to dilate, and in a bright environment, it lets less light into the eye, which causes the pupil to contract. As the quantity of light in the short term environment varies, The pupil contracts and dilates similarly to a camera lens's aperture. The pupillary sphincter and dilator muscles work together to regulate the pupil's size^[5].

Lens: The lens is located behind the iris. Light is focused onto the retina via the lens by altering its shape. The lens becomes bigger to focus on nearby objects and narrower to focus on distant ones thanks to the work of tiny muscles known as the ciliary muscles.

Retina: It includes the blood arteries that support the photoreceptors—the cells that perceive light. The macula, a tiny region of the retina with millions of closely spaced photoreceptors (cones), is the most sensitive component of the retina. Similar to how more megapixels are found in high-resolution digital cameras, the macula's high cone density creates a complex visual picture^[6].

Cones, which are mostly found in the macula, are in charge of color vision and fine, detailed center vision.



Rods are in charge of peripheral (side) vision and night vision. Although rods are more common than cones and far more light-sensitive, they are not as good at registering color or supporting central vision as cones are. Rods are mostly found in the retina's outer regions^[7].

Eyeball is made up of two fluid-filled regions. The eyeball fills out and keeps its form thanks to the pressure these fluids provide. The anterior segment, or front part, runs from the inner, inner from the cornea to the lens's front surface. Its inside structures are nourished by a fluid known as the aqueous humor. There are two chambers in the anterior section. The front (anterior) chamber extends from the cornea to the iris. Between the iris and lens is the rear (posterior) chamber. Normally, the posterior chamber produces the aqueous humor, which then slowly moves enters the anterior chamber through the pupil and then exits the eyeball via outflow channels that are found where the cornea and iris meet. The posterior segment, or back part, runs from the lens's rear surface to the retina. It has a substance called vitreous humor that resembles jelly^[8].

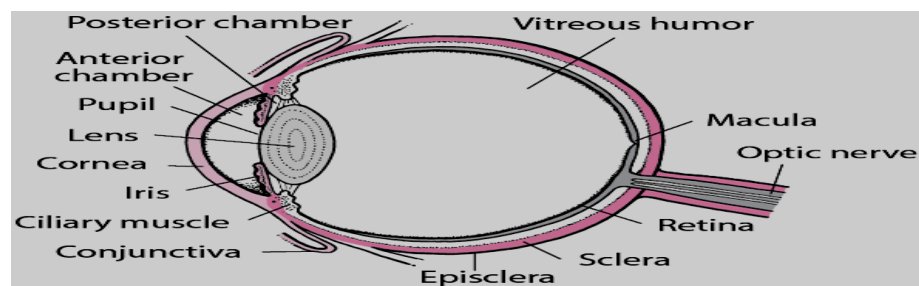


Figure 1.1 Structure of the eye

Various types of eye disease^[9]

There are several kinds of eye conditions, including:

- *Cataracts*: A condition in which lens of the eye become cloudy due to the breakdown of proteins in the lens.
- *Diabetic retinopathy*: It is an eye condition that occurs when high blood sugar levels damage the blood vessels in the retina.
- *Glaucoma*: A class of illnesses known as glaucoma can harm the optic nerve, which causes blindness and loss of vision.
- *Amblyopia*: Often referred to as "lazy eye," amblyopia is the most common form of visual impairment in children.



- *Strabismus*: A frequent visual issue in children is strabismus, occasionally called crossed eyes.
- *Nearsightedness*: Myopia, another name for nearsightedness, is the condition in which you can see well up close but poorly at a distance.
- *Farsightedness*: Farsightedness, occasionally called hyperopia, is the ability to see well at a distance but poorly up close.
- *Presbyopia*: People over 40 are typically affected by presbyopia, a disorder that makes it difficult to focus up close or read small type.
- *Astigmatism*: A condition that causes blurred vision due to the form of the cornea.
- *Scleritis*: A rare but serious inflammatory condition that has an impact on the eye's white outer layer.

Some eye diseases are minor and don't last long, but others can lead to permanent vision loss.

You should seek immediate medical care if you experience:

- A sudden change in vision
- Dimness
- Flashes of light
- Pain
- Double vision
- Fluid coming from the eye
- Inflammation

Ocular Dryness:^[10]

It is commonly known as dry eye, is a common ailment that arises when the eyes do not generate enough sufficient tears or the tears they do produce do not function effectively enough to keep the eyes moisturized.

Several causes can contribute to dry eye, such as:

- Aging
- Hormonal changes in women
- Poor blinking habits



- A dry, indoor environment
- Contact lenses
- Certain medications
- Conditions like lupus, rheumatoid arthritis, diabetes, scleroderma, Graves' disease, and Sjogren's syndrome

If ocular dryness is untreated it may lead to

- Eye inflammation
- Corneal abrasions or ulcers
- Vision loss
- Difficulty reading or driving
- Headaches
- Mood disorders like depression
- Inability to wear contact lenses

Ocular dryness can also make it difficult to perform everyday activities.

There are various kind of treatment available to treat eye dryness:

Various treatments exist for dry eyes including over-the-counter artificial tears, prescription eye drops like cyclosporine (Restasis), eyelid hygiene practices like warm compresses and lid scrubs, perforated plugs to stop the flow of tears, special contact lenses and in some cases lifestyle changes to manage environmental factors that worsen dryness. Table 1.1 lists topical medications that might cause or worsen dry eye^[11].

Table no 1.1 Topical eye medications that might induce or worsen dry eye



Class	Examples
Agents used to treat glaucoma	
Beta-blocking agents	Betaxolol Carteolol Levobunolol Metipranolol Timolol
Adrenergic agonist drugs	Apraclonidine Brimonidine
Carbonic anhydrase inhibitors	Brinzolamide Dorzolamide
Cholinergic agents	Pilocarpine
Prostaglandins	Bimatoprost Latanoprost Travoprost Dipivefrine Unoprostone Ecotiadipate
Agents used to treat allergies	Emedastine Olopatadine
Antiviral agents	Aciclovir Idoxuridine Trifluridine
Decongestants	Naphazoline Tetryzoline
Miotics	Dapiprazole
Mydriatics and cycloplegics	Cyclopentolate Tropicamide Hydroxyamphetamine
Preservatives	Benzalkonium chloride
Topical local anesthetics	Cocaine Proxymetacaine Tetracaine
Topical ocular NSAIDs	Bromfenac Diclofenac Ketorolac Nepafenac

Introduction on bimatoprost:

Bimatoprost is a drug used to treat glaucoma and ocular hypertension. High pressure might occur when too much fluid accumulates within your eye. Bimatoprost helps remove the fluid and Bimatoprost can induce dry eyes as a consequence, in addition to redness and itching, which are more typical kinds of eye irritation from the drug. You may also suffer dryness, burning, or the feeling that you have something in your eyes. Some eye drops, like artificial tears, can moisten your eyes and make them feel better^[12]. Bimatoprost is only available on prescription. There are eye drops of bimatoprost available in both bottles and single-dose droppers. Some bottled eye drops contain a preservative (benzalkonium chloride) that keeps the eye drops sterile. Bimatoprost will be used in combination with dietary supplements, to treat glaucoma. Multiple clinical and experimental research have shown that it lowers IOP. Meanwhile, when used with regional drugs, FDA-approved dietary supplements can help patients take their prescriptions more consistently. More study is needed to see if they can become therapeutically useful medications in the future^[13]. The future clinical studies of bimatoprost has shown in table 2.1



Bimatoprost isn't right for everyone. To ensure your safety, notify your doctor before starting bimatoprost if you have ever experienced symptoms such as:

- An allergic response to any medication, including bimatoprost
- Wear contact lenses; have dry eyes; have any issues with your cornea (the transparent outer layer of your eye); or have had eye surgery, especially cataract surgery^[17]. Bimatoprost is still safe to use, however you must take off your contact lenses before applying the drops.
- Have issues with your kidneys or liver
- Have low blood pressure or a bradycardia, a form of cardiac arrhythmia, when your heart beats more slowly than usual.
- Have a respiratory condition like COPD or asthma.
- Because Eyreida eye drops include trace quantities of silver, you may be allergic to the metal.

*Side effects:*The following adverse effects may improve with timeas the medication takes effect in your body. Inform your healthcare professional right once if you continue to encounter these symptoms or if they worsen over time.

Other Side Effects

- Burning sensation in the eyes
- Feeling like there's something inside your eye
- Redness around the eye
- Eye irritation
- Eye pain
- Blurry vision

Table 2.1 The future clinical studies of bimatoprost^[13]

Clinical studies	
IOP reduction	Bimatoprost is more effective than other prostaglandin ocular drops in reducing IOP.

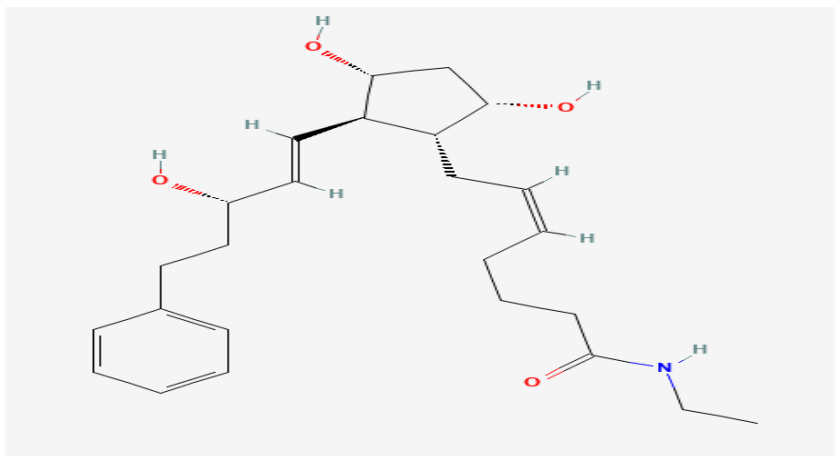


Safety	Although bimatoprost is usually well tolerated, ocular discomfort, conjunctival hyperemia, and foreign body feeling are some frequent side effects.
Eyelash length	0.03% bimatoprost ophthalmic solution can increase the length, volume, and darkness of eyelashes.
Tolerability	In one research, bimatoprost 0.03%'s tolerability was judged as "very good" or "good" by 87.3% of patients and 89.7% of doctors.

Drug profile^[14]

Summary: Bimatoprost is an analog of prostaglandin that is used to treat eyelash hypotrichosis and intraocular pressure in glaucoma with an open angle, as well as ocular hypertension and dry eye.

- Brand Names: Lumigan, Durysta, Latisse
- Generic Name: Bimatoprost
- Background: Bimatoprost, frequently known as Lumigan or Latisse, is a member of the class of medications known as prostamides, which are artificial structural analogues of prostaglandin. Allergan sells bimatoprost, which is delivered as an implant or as an ophthalmic solution. It is effective in treating conditions including ocular hypertension and glaucoma because it can lower ocular hypotension. Eyelash hypotrichosis or scanty eyelash growth can also be treated with bimatoprost. Since eyelash development became a desired side effect for individuals using this medication, the FDA first authorized it in 2001 for hypertension of the eyes and then again in 2008 for hypotrichosis.
- Type: Small Molecule
- Groups: Approved, Investigational
- Average Monoisotopic: 415.272258677
- Chemical Formula : $C_{25}H_{37}NO_4$
- Mechanisms of Action:



Role of Bimatoprost in increasing tear production: Bimatoprost does not increase tear production but it is used to treat eye conditions that can cause dry eyes.

Intraocular pressure (IOP) reduction: Bimatoprost treats Both ocular hypertension and glaucoma by reducing intraocular pressure. It accomplishes this by boosting the flow of aqueous humor via the uveoscleral pathway^[17].

Eyelash growth: Eyelash hypotrichosis, or insufficient eyelashes, is treated with bimatoprost. Eyelashes get thicker, longer, and darker as a result.

Bimatoprost's Ocular Tolerability at 0.1 mg/mL Preservative-Free: This research examined the OSDI of 0.1 mg/mL of bimatoprost with BAK and bimatoprost 0.1 mg/mL without preservatives^[15].

Bimatoprost is an eye solution that lowers intraocular pressure (IOP). It has been demonstrated to increase efficiency than other prostaglandin ocular drops, including travoprost, tafluprost, and latanoprost. Bimatoprost can cause the iris, eyelids, and eyelashes to darken, which may be permanent^[16].

COMPARISON OF BIMATOPROST TO OTHER TREATMENT FOR OCULAR DRYNESS IN TERM OF EFFICACY

Studies comparing bimatoprost to different therapies for ocular dryness usually indicate that, while bimatoprost may not directly address dryness. Because of the dryness, it may be regarded a better alternative than certain other glaucoma drugs due to the possibility for less dryness-related adverse effects. Particularly when compared to preserved versions of other



prostaglandin analogs such as latanoprost; nonetheless, individual experiences may differ, and seeing an eye specialist is essential to establish the optimal therapy for your personal needs^[17].

An ophthalmic medication called bimatoprost is frequently used to treat ocular dryness and has been demonstrated to be successful in cutting down on intraocular pressure (IOP):

Comparison with other IOP medication:

Comparing bimatoprost to other prostaglandin drops like as Triprostadil, tafluprost, and latanoprost. It is equally or even more efficient in lowering IOP^[18].

Timolol:

For lowering IOP, bimatoprost works better than timolol.

Travoprost:

When it comes to lowering IOP, bimatoprost works better than travoprost.

Bimatoprost is used once daily, generally at night, and starts to work four hours later. Bimatoprost should be used at least five minutes apart from any other eye medicine^[19].

Comparison with additional glaucoma drugs:

Latanoprost:

Research frequently suggests that bimatoprost may result in somewhat less dryness than latanoprost, particularly when latanoprost formulations are kept.

Travoprost:

Travoprost may also be linked to a somewhat increased risk of dryness in comparison to bimatoprost, much like latanoprost^[20].

Cyclosporine:

Restasis, which is frequently advertised as an immuno-modulator that reduces inflammation in the eye, helps lessen ocular dryness. This permits the generation of more tears.

Lifitegrast:

Lifitegrast, which is marketed under the Xiidra brand, works by reducing inflammation on the surface of the eyes by modifying the immune system. Essentially promoting improved tear production and soothing the eye's immunological system^[21].

Pilocarpine



By acting as a cholinergic agonist, pilocarpine could be capable of lessen ocular dryness by promoting the generation of tears. However, because of the possibility of serious side effects including pain and impaired vision, it is not usually regarded as the first-line therapy for dry eye [22].

Miebo:

Miebo reduces ocular dryness by directly targeting tear evaporation, forming a protective layer on the eye surface that prevents tears from drying out too quickly. Unlike most glaucoma medications, which primarily aim to reduce intraocular pressure and do not directly address dry eye symptoms; this makes Miebo a unique option for patients experiencing dry eye alongside glaucoma.

Comparison with other ocular dryness medication:

Bimatoprost, a prostaglandin eye drop, is used to treat ocular dryness and excessive pressure inside the eye.

Here are some comparisons with other ocular dryness medication:

When comparing different ocular dryness medications, consider the active ingredient, mechanism of action, how it works to alleviate dryness, potential side effects, onset of relief, and suitability for different kinds of dry eye diseases. Common options include Restasis (cyclosporine), Xiidra (lifitegrast), Cequa (cyclosporine), and basic artificial tears. Depending on the underlying reason of your arid eyes, each may be more helpful than the other.

- *Cyclosporine:*

It is regarded as a standard treatment for mild to severe dry eye. It may take a few weeks to observe the full effects, and it may occasionally create a little burning sensation when applied. It works by regulating the immune system to encourage the production of tears, especially in situations of inflammation^[23].

- *Lifitegrast:*

An additional prescription drug that targets inflammation, but works differently from Restasis. Often claims to relieve symptoms more quickly than restasis.

- *Cyclosporine:*



Although its active component is similar to that of restasis. The formulation may change significantly, which might result in a somewhat different profile of side effects and effectiveness.

- *Artificial Tears (Hyaluronic Acid, Carboxymethylcellulose):*

The main purpose of over-the-counter remedies is to treat minor dryness. Replenishing lost tears in order to provide temporary lubrication. For severe instances or those with underlying inflammatory problems, it may not be enough^[24].

OCULAR DRYNESS CAN HAVE A NUMBER OF NEGATIVE OUTCOMES FOR PATIENTS, INCLUDING:^[10,11]

Eye surface damage:

If left untreated ocular dryness can lead to corneal ulcers, abrasion of the corneal surface, eye inflammation and vision loss.

Eye infections:

The eyes are more prone to infections when they don't get enough tears.

Decreased quality of life:

Reading and other daily tasks may become challenging if you have dry eyes.

Poor sleep quality:

According to a 2016 study, inadequate quality of sleep is linked to dry eye illness.

Pain and discomfort:

Burning, stinging, pressure, and redness are common pain and discomfort symptoms for patients with ocular dryness.

Blurred vision:

Periodically hazy or fluctuating vision might be a symptom of ocular dryness.

Glare or haloes around lights:

At night, glare or haloes surrounding lights might be caused by poor tear film quality. When the eyes are not adequately moisturized by tears, which can happen because of either an increase in tear evaporation or a reduction in tear production, ocular dryness results. There's no remedy for ocular dryness, and it can persist for a lifetime.

DISCUSSION OF THE POTENTIAL FUTURE DIRECTIONS FOR RESEARCH ON BIMATOPROST FOR OCULAR DRYNESS^[25]



Bimatoprost ophthalmic dosage form shows that it is used in the management of ocular hypertension and glaucoma. But an study done by Andys.etal (2024) shows that it can be also help in treatment of ocular dryness and even eyelash growth. Though bimatoprost is not primary used for ocular dryness but few studies done by shows that it stimulate the meibomian gland we helps in preventing dryness. Thereby overcoming ocular dryness.

CONCLUSION:

Bimatoprost is a medicine which is most commonly used to treat IOP and glaucoma. Recent study has shown that it can be applied to treat ocular dryness also an comparative study between various other ocular delivery drug was studies and from those study we can conclude that bimatoprost is effective to treat ocular dryness. And few article showed that bimatoprost may (or) maynot lead to ocular dryness but to avoid this kind of side effect we can add CMC (or) cyclosporine (or) any other high viscosity enhancing agent which can help in retention of the moisture in eye. Thereby avoiding the possible cause of ocular dryness.

Reference

1. Ahmed S, Amin M M, Sayed S, et al, 2023. Ocular drug delivery: a comprehensive review. *AAPS PharmSciTech*, 24(2), p.66. Doi:10.1208/s12249-023-02516-9.
2. Achouri D, Alhanout K, Piccerelle P, Andrieu, V, et al, 2013. Recent advances in ocular drug delivery. *Drug development and industrial pharmacy*, 39(11), pp.1599-1617. Doi: 10.1208/s12249-023-02516-9 39(11), pp.1599-1617.
3. Gross H, Blechinger F, Aichtner B, et al, 2008. Human eye. In: *Handbook of Optical Systems Volume 4. Survey of Optical Instruments*, 4, pp.1-87. Doi:10.1002/9783527699247.
4. Navarro R. The optical design of the human eye: a critical review. *Journal of Optometry*. 2009 Jan 1;2(1):3-18. Doi: 10.3921/joptom.2009.3.
5. Meek KM, Knupp C. Corneal structure and transparency. *Progress in retinal and eye research*. 2015 Nov 1;49:1-6. Doi: 10.1016/j.preteyeres.2015.07.001.
6. Masland RH. The fundamental plan of the retina. *Nature neuroscience*. 2001 Sep 1;4(9):877-86. Doi: 10.1038/nn0901-877.



7. Rod IE. Rods and Cones. The Visual Process: The Eye 2014 May 12:13.https://books.google.co.in/books?hl=en&lr=&id=30CoBQAAQBAJ&oi=fnd&pg=PA13&dq=6.%09Rod+IE.+Rods+and+Cones.+The+Visual+Process:+The+Eye.+2014+May+12:13.&ots=PUUgmCMO45&sig=cDXwNOPsA64cKGIEJuRaX7yiIXI&redir_esc=y#v=onepage&q&f=false.
8. Rehman I, Hazhirkarzar B, Patel BC, et al, 2023. Anatomy, Head and Neck, Eye. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan.<https://www.ncbi.nlm.nih.gov/books/NBK482428>.
9. Galloway NR, Amoaku WMK, Galloway PH, Browning AC, Galloway NR, et al, 1999. *Common eye diseases and their management* (pp. 7-18). Springer. Doi:10.1007/s00417-018-4041-6.
10. Medeiros Araújo JN, Botarelli FR, de Lima Fernandes APN, Dantas AC, da Silva AB and Vitor AF, et al, 2024. Content validity of the nursing diagnosis proposal Ocular dryness in adult patients admitted to the intensive care unit. *Enfermería Global*, 23(1), pp.355-403. Doi.org/10.1590/0034-7167-2022-0698.
11. Fraunfelder FT, Sciubba JJ, Mathers WD, et al, 2012. The role of medications in causing dry eye. *Journal of ophthalmology*. 2012(1):285851. Doi: 10.1155/2012/285851.
12. Woodward DF, Phelps RL, Krauss AH, Weber A, Chen J, Liang Y, Wheeler LA, et al, 2004. Bimatoprost: a novel antiglaucoma agent. *Cardiovascular drug reviews*. 2004 Jun;22(2):103-20. Doi: 10.1111/j.1527-3466.2004.tb00134.
13. Patil AJ, Vajaranant TS, Edward DP, et al, 2009. Bimatoprost—a review. *Expert opinion on pharmacotherapy*. 2009 Nov 1;10(16):2759-68. Doi: 10.1517/14656560903292649.
14. National Center for Biotechnology Information. "PubChem Compound Summary for CID 5311027, Bimatoprost" *PubChem*. Accessed 22 November, 2024.
15. Easthope SE, Perry CM, 2002. Topical bimatoprost: a review of its use in open-angle glaucoma and ocular hypertension. *Drugs & aging*. 2002 Mar;19:231-48. Doi: 10.2165/00002512-200219030-00008.



16. Eisenberg DL, Toris CB, Camras CB, et al, 2002. Bimatoprost and travoprost: a review of recent studies of two new glaucoma drugs. *Survey of ophthalmology*, 47, pp.S105-S115. Doi: 10.1016/s0039-6257(02)00327-2.
17. Figus, M, Nardi M, Piaggi P, Sartini M, Guidi G, Martini L, Lazzeri S, et al, 2014. Bimatoprost 0.01% vs bimatoprost 0.03%: a 12-month prospective trial of clinical and in vivo confocal microscopy in glaucoma patients. *Eye*, 28(4), pp.422-429. Doi.org/10.1038/eye.2013.304.
18. Alagoz G, Bayer A, Boran C, Serin D, Kukner A, Elcioglu M, et al, 2008. Comparison of ocular surface side effects of topical travoprost and bimatoprost. *Ophthalmologica*. 2008 May 22;222(3):161-7. Doi: 10.1159/000126078.
19. El Hajj Moussa WG, Farhat RG, Nehme JC, Sahyoun MA, Schakal AR, Jalkh AE, Abi Karam MP, Azar GG, et al, 2018. Comparison of efficacy and ocular surface disease index score between bimatoprost, latanoprost, travoprost, and tafluprost in glaucoma patients. *Journal of Ophthalmology*, 2018(1), p.1319628. Doi: 10.1155/2018/1319628.
20. Li G, Akpek EK, Ahmad S, et al, 2022. Glaucoma and ocular surface disease: more than meets the eye. *Clinical Ophthalmology (Auckland, NZ)*, 16, p.3641. Doi: 10.2147/OPTH.S388886.
21. Higginbotham EJ, 2010. Considerations in glaucoma therapy: fixed combinations versus their component medications. *Clinical Ophthalmology*, pp.19. Doi:10.2147/OPTH.S6645.
22. Messmer, Elisabeth M. "The pathophysiology, diagnosis, and treatment of dry eye disease." *DeutschesArzteblatt international* vol. 112,5 (2015): 71-81; quiz 82. Doi:10.3238/arztebl.2015.0071.
23. Wu JH, Wang TH, Huang JY, Su CC, et al, 2021. Ocular surface disease in glaucomapatient randomized to benzalkonium chloride-containing latanoprost and preservative-free bimatoprost. *Journal of Ocular Pharmacology and Therapeutics*, 37(10), pp.556-564. Doi: 10.1089/jop.2021.0071
24. Sayegh RR, Yu Y, Farrar JT, Kuklinski EJ, Shtein RM, Asbell PA, Maguire MG, et al, 2021. Ocular discomfort and quality of life among patients in the dry eye assessment and management study. *Cornea*, 40(7), pp.869-876. Doi: 10.1097/ICO.0000000000002580



-
25. Huang AS, Zeppieri M, Meyer JJ, et al, 2024. Bimatoprost Ophthalmic Solution. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. PMID: 35015446.<https://pubmed.ncbi.nlm.nih.gov/35015446>.