



# **Examining Symptomatic Relief and Kinetic Tear Film Stability of I-DROP® MGD Eye Drops**

# Alison Ng<sup>1</sup>, Jaya Dantam<sup>1</sup>, Jill Woods<sup>1</sup>, Blair McEwen<sup>2</sup>, Lyndon Jones<sup>1</sup>

<sup>1</sup>Centre for Ocular Research & Education, School of Optometry & Vision Science, University of Waterloo, Canada. <sup>2</sup>I-MED Pharma, Saint-Laurent, QC, Canada

#### Introduction

- Artificial tears are commonly recommended by eye care professionals in the management of dry eye disease (DED), regardless of disease severity and subtype.<sup>1</sup>
- I-DROP® MGD is a novel formulation of viscoadaptive hyaluronic acid, phosphorylcholine and glycerin to support integration, stabilization and enhancement of the tear film lipid layer, as well as hydration of the ocular surface.

## Purpose

The purpose of this two-part pilot study was to:

- 1. Compare the difference in tear film measures over 2 hours after instilling I-DROP MGD (test) compared with Thealoz Duo (control) another hyaluronic acid-based lubricant drop.
- 2. Examine the subjective relief of dry eye symptoms with I-DROP MGD over 1 week vs. participants' habitual drops.

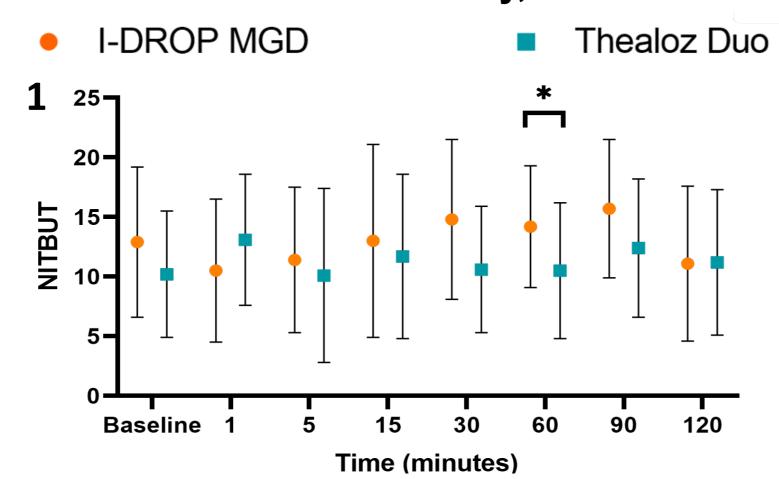
#### Methods

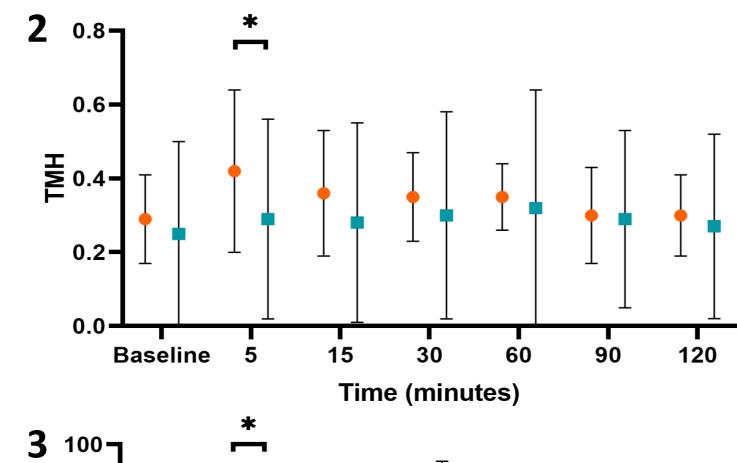
Ten participants with DED that habitually used artificial tears at least once daily for the past 30 days participated in a two-part study. **Part 1** was a randomized, double-masked study involving contralateral application of test and control drops, followed by a 2-hour observation period of objective non-invasive tear break-up (NITBUT) and tear meniscus height (TMH), assessed using the Keratograph 5M (Oculus, Germany), and lipid layer thickness (LLT), assessed using the TearScience LipiView II (Johnson & Johnson Vision, USA). In **Part 2**, participants were provided with one bottle of I-DROP MGD to use bilaterally at least once daily for 7 days. After 7 days, subjective ratings (0-100 scale, 0=poor

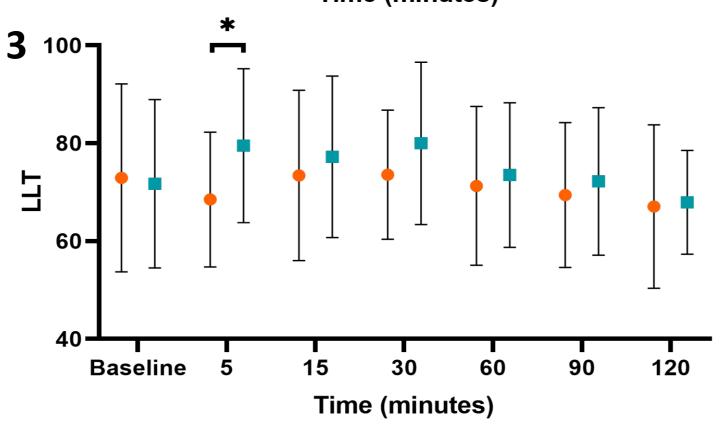
outcome) of comfort, dryness, soothing and quality of vision along with OSDI and SPEED scores were collected and compared with participant's habitual eye drops.

#### Results

#### Part 1: Contralateral study, 0-120 minutes







- NITBUT was higher in eyes that received I-DROP MGD from 5 to 90 minutes and was significantly greater than Thealoz Duo at 60-minutes (Fig. 1, 14.2 ± 5.1 vs. 10.5 ± 5.7s, p=0.037).
- TMH was higher in the eyes that received I-DROP MGD from 5 to 120 minutes and was significantly greater than Thealoz Duo at 5 minutes (Fig. 2, 0.42 ± 0.22 vs. 0.29 ± 0.10mm, p=0.005).
- LLT was significantly greater with Thealoz Duo at 5 minutes (Fig. 3, 79.5 ± 15.7 vs. 68.5 ± 13.8nm, p=0.005). LLT in eyes that received I-DROP MGD varied less than eyes that received Thealoz Duo (6.5 vs. 12.1nm).

#### Part 2: Bilateral, 7-days I-DROP MGD

- Subjective ratings for comfort and soothing were significantly greater with I-DROP MGD compared to habitual drops; no statistically significant differences were found for dryness or quality of vision (Table 1).
- There was a statistically significant and clinically relevant reduction (-12) in OSDI score<sup>2</sup> after using I-DROP MGD for 7 days compared to habitual drops.
- A similar statistically significant reduction (-4) in SPEED score was also observed.

Table 1: Subjective ratings & questionnaire scores (mean ± SD)

Subjective Rating / Questionnaire	Habitual eye drop	I-DROP MGD	p-value
Comfort	73 ± 14	82 ± 6	0.027
Dryness	68 ± 17	79 ± 6	0.091
Soothing	75± 20	86 ± 8	0.010
Quality of vision	81 ± 25	86 ± 10	0.799
OSDI	45 ± 15	33 ± 12	0.017
SPEED	15 ± 3	11 ± 4	0.006

### Conclusions

Over 2 hours, I-DROP MGD generally resulted in longer NITBUT and higher TMH compared to Thealoz Duo. When used for 7 days, I-DROP MGD resulted in clinically relevant reductions in dry eye symptoms, measured with OSDI compared to another hyaluronic acid-based lubricant. Improvements (>10%) in subjective ratings for comfort and soothing may be considered clinically relevant.

### References

<sup>2.</sup> Miller KL, Walt JG, Mink DR, et al. Minimal clinically important difference for the ocular surface disease index. Arch Ophthalmol. Jan 2010;128(1):94-101



links to PDF

Figures 1-3: NITBUT, TMH and LLT over two hours (mean, SD). \*p<0.05

<sup>1.</sup> Wolffsohn JS, Travé Huarte S, Jones L, et al. Clinical practice patterns in the management of dry eye disease: A TFOS international survey. Ocul Surf. Jul 2021;21:78-86.



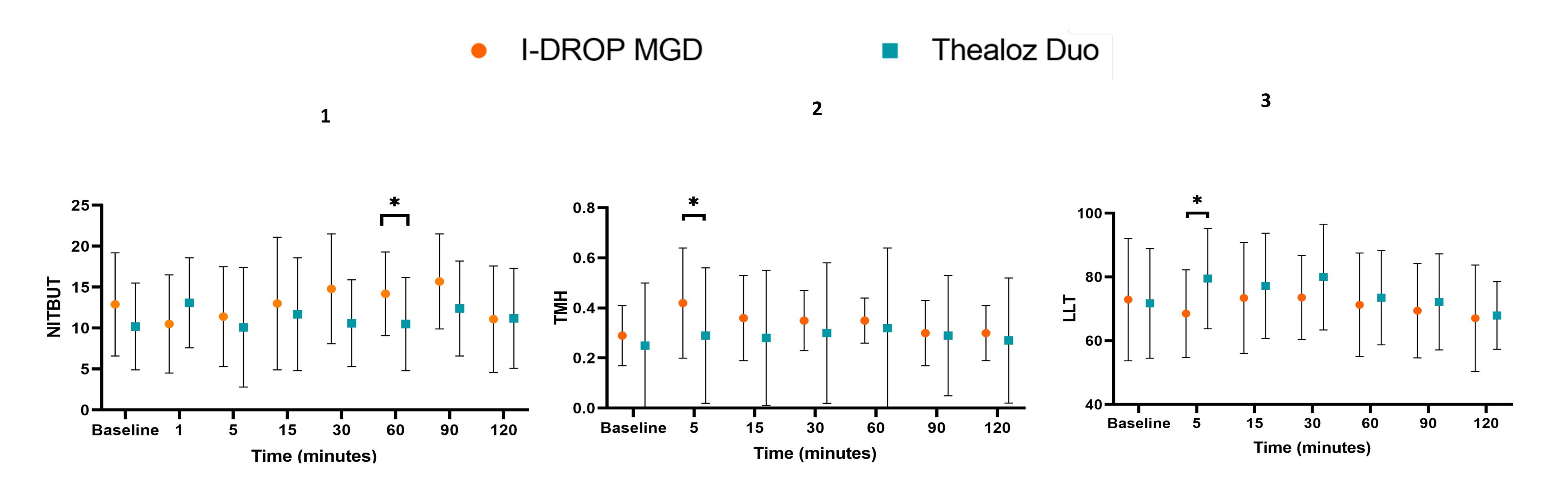


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