

# The Influence of Smartphone Use on the Status of the Tear Film and Ocular Surface

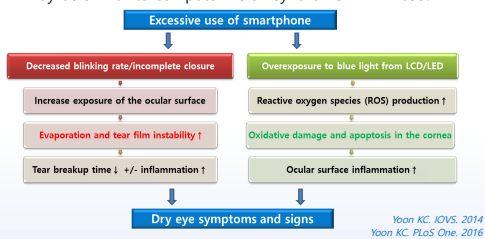
No.10

Kyung Chul Yoon, MD, PhD<sup>1</sup>, Jung Han Choi, MD<sup>1</sup>, Ying Li, MD<sup>1</sup>,  
Yung Hui Kim, MD<sup>1</sup>, In Cheon Yoo MD, PhD<sup>2</sup>

<sup>1</sup>Department of Ophthalmology, Chonnam National University Medical School and Hospital, Gwangju, Korea  
<sup>2</sup>Department of Ophthalmology, Chonbuk National University Medical School and Hospital, Jeonju, Korea

## Background

- Smartphone use can affect human health and life
  - Average daily use time: 98 min (2011) → 195 min (2013)
  - Sleep disorder, headache, musculoskeletal symptoms, malignant melanoma, brain tumors and leukemia...
  - Transient monocular vision loss (2016)
  - Acute acquired comitant esotropia in adolescents (2016)
- Ocular symptoms associated with smartphone use
  - Rate and mean time of smartphone use in children (2016)
    - dry eye group >> >non-dry eye group
  - May be similar to computer vision syndrome in VDT use?

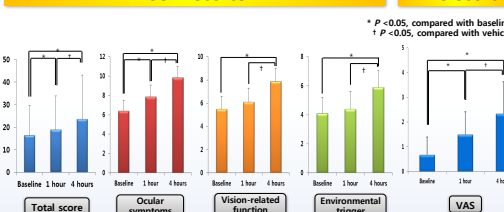


## Results

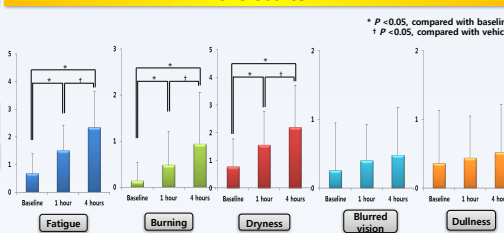
Characteristics	Healthy subjects (N=50)
Age (years)	25.52 ± 2.89
Gender (male/female)	33/17
FBUT (sec)	10.76 ± 2.03
Schirmer I test (mm)	13.66 ± 4.10
KEP (0-9)	0.26 ± 0.56
OSDI score (0-100)	16.43 ± 13.26
Refraction (spherical equivalent)	-2.91 ± 1.30

### OSDI scores

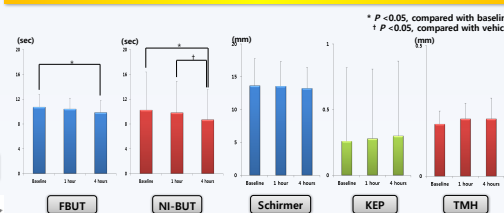
### VAS score



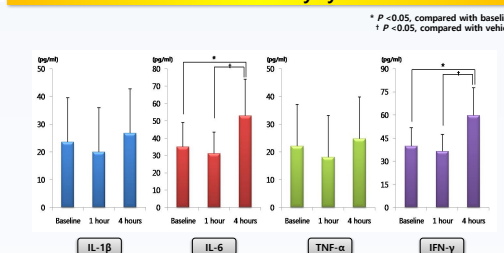
### CVS scores



### Status of the tear film

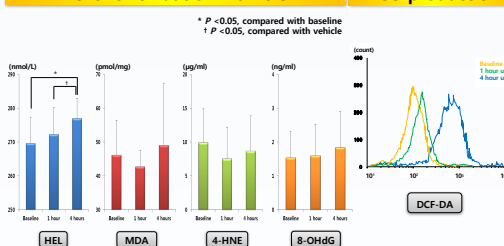


### Level of inflammatory cytokines



### Level of oxidation markers

### ROS production



## Conclusions

- Smartphone use could not only aggravate subjective symptom indices but also induce tear film instability, oxidative stress, and inflammatory response in the tears and ocular surface.

In relation to this presentation, I declare that there are no conflicts of interest(kcyoon@jnu.ac.kr)

## Purpose

- To firstly investigate the influences of smartphone use on subjective ocular asthenopia, status of the tear film, and levels of inflam. cytokines and oxidative markers in healthy subjects.

## Methods

### Subjects and examination

- Subjects
  - Fifty young healthy volunteers
  - No ocular diseases, systemic diseases, or surgical history
- Examination
  - Smartphone (Galaxy S, Samsung, Korea)
  - Fixed brightness, distance, and angle



### Evaluation

- Subjective visual asthenopia
  - Ocular surface disease index (OSDI, 0-100)
  - Visual analogue scale (VAS, 0-10 mm)
  - Computer vision syndrome (CVS) score (0-6, total score : 30)
    - Fatigue, burning, dryness, blurred vision, dullness
- Assessment of the tear film and ocular surface
  - Fluorescein breakup time (FBUT)
  - Schirmer test
  - Keratopathology (KEP)
  - Keratograph 5M (Oculus, Germany)
    - Non-invasive BUT (NI-BUT)
    - Tear meniscus height (TMH)
- Samples
  - Basal tear collection using glass capillary tubes or micropipettes
  - Lower nasal conjunctiva using impression cytology
- Measurement of inflammatory cytokines
  - Tear sampling
  - Magnetic bead-based immunoassay
  - Markers: IL-1β, IL-6, TNF-α, and IFN-γ
- Measurement of oxidative stress markers
  - Tear sampling
  - Enzyme-linked immunosorbent assay
  - Markers: Hexanoyl-lysine (HEL), Malondialdehyde (MDA), 4-hydroxy-2-nonenal (4-HNE), and 8-hydroxy-2'-deoxyguanosine (8-OHdG)
- Measurement of cellular ROS production
  - Conjunctival Impression cytology
  - 2',7'-dichlorodihydrofluorescein diacetate (DCF-DA) assay
- Statistical analysis
  - SPSS ver. 18.0
  - Repeated-measures ANOVA with post-hoc test
  - Paired T-test