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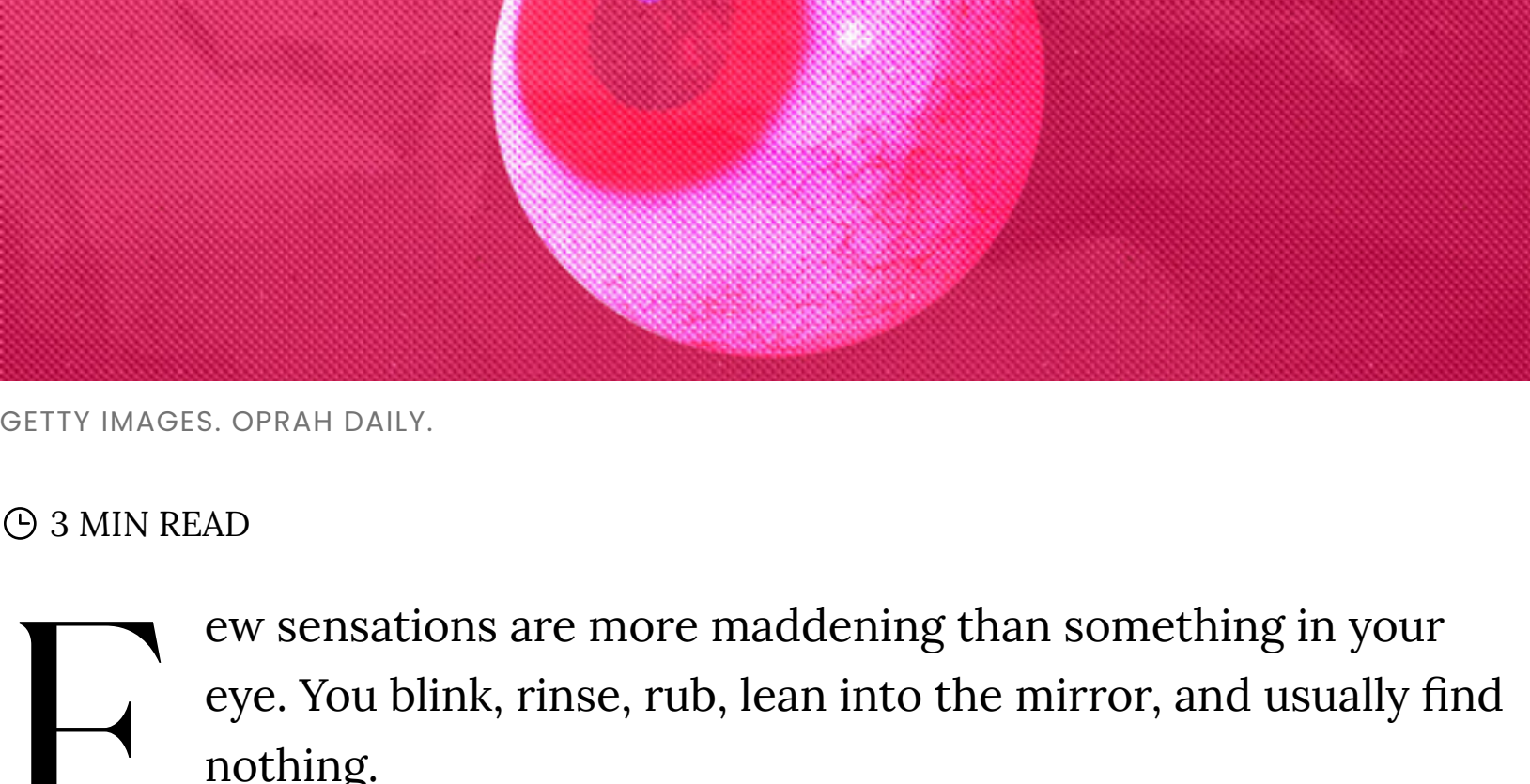


Is It Menopause or Is It Me: Dry Eyes

Hormonal changes can cause irritation, blurriness, or watering. The good news? It's treatable.

By [Lisa Arbetter](#) Published: Jun 17, 2026 10:51 AM EDT

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Few sensations are more maddening than something in your eye. You blink, rinse, rub, lean into the mirror, and usually find nothing.

When all is as it should be, the itchy, gritty feeling resolves itself, bringing sweet relief. When it doesn't, you may be dealing with dry eye: a condition in which your eyes either don't produce enough tears or the tears they do produce evaporate too quickly.

"The normal tear film is composed of three components," explains [Amita Vadada, MD](#), a board-certified ophthalmologist and a clinical spokesperson for the American Academy of Ophthalmology. "There's an inner mucin layer that helps spread the tears evenly across the surface of the eye, a middle water layer, and an outer oily layer that prevents tear evaporation."

When that system glitches, you feel constant irritation: burning, grittiness, blurry vision, and, confusingly, excess tearing. And if you're a [woman over 50](#), then congratulations—you're uniquely prone to glitching.

Midlife Dry Spell

More than 3.2 million American women over 50 have dry eye, with the prevalence increasing steadily with age, according to an [analysis](#) of nearly 40,000 women in the Women's Health Study.

As usual, aging and hormonal shifts are two main culprits. During perimenopause and [menopause](#), declining androgens (like testosterone) and fluctuating estrogen disrupt the tear film's natural functioning. As a result, the oil-producing glands in the eyelids become less efficient, tears evaporate more quickly, and inflammation on the eye's surface increases.

Aging works differently. Rather than speeding up evaporation, physiological changes that come with age gradually reduce the eye's ability to produce tears in the first place. This often overlaps with menopause-driven changes.

But hormones and aging are rarely the whole story. Screen time plays a bigger role in eye dryness than most people realize—we blink about one-half to two-thirds less when staring at devices. Other common contributors include air-conditioning and low humidity, medications like antihistamines or antidepressants, wearing contact lenses, and autoimmune conditions. "Usually it's not just one cause," says Dr. Vadada, "but a combination."

Back to Being Bright-Eyed (and Less Irritated)

Left untreated, dry eye is more than an annoyance. It can affect the cornea (the shield that keeps germs and dirt out of your eye), cause light sensitivity, and lead to lasting vision changes.

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Most people start treatment with over-the-counter, preservative-free artificial tears and warm compresses, which help the oil glands function more effectively. Look specifically for products labeled "artificial tears," and avoid anti-redness drops. "Those are not artificial tears," Dr. Vadada cautions. They can cause rebound inflammation, making redness and irritation worse over time.

If symptoms persist or they're interfering with your daily life—reading, driving, working—go to an ophthalmologist and get evaluated. They may prescribe anti-inflammatory eye drops or recommend in-office treatments. One option involves tiny collagen inserts called punctal plugs, which reduce tear drainage and keep your natural tears on the surface of the eye longer.

As for [hormone therapy \(HT\)](#): It isn't prescribed to treat dry eye, and the evidence is mixed. Some studies have found limited benefit, while others suggest that hormone therapy may worsen tear film stability. If you're already on HT and your eyes have changed, let both your ophthalmologist and your prescribing physician know.

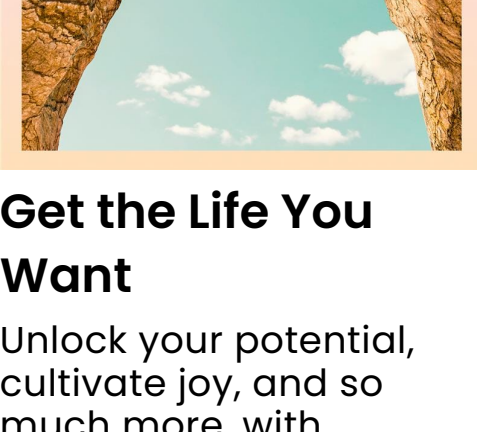
While dry eye is often chronic, the good news is it's also highly manageable. That means the next time you find yourself tearing up, it will be because of *feelings*, not the sensation that something's stuck in your eye.

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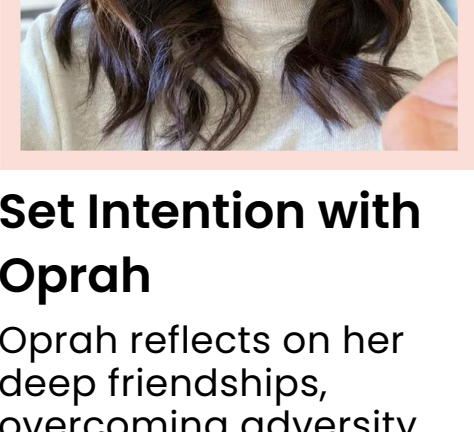
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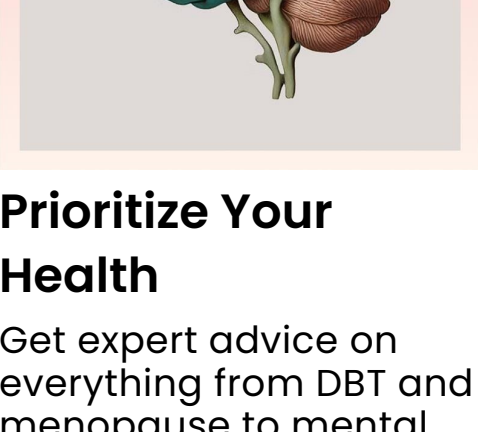
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Freelance writer

Lisa Arbetter is a writer, editor, and content consultant with bylines in *Real Simple*, *AARP*, and *Health*. She lives in Manhattan with her family and their dog Sosa, who is indeed a very good boy. Midlife insomnia has given her time to finally try writing a novel.

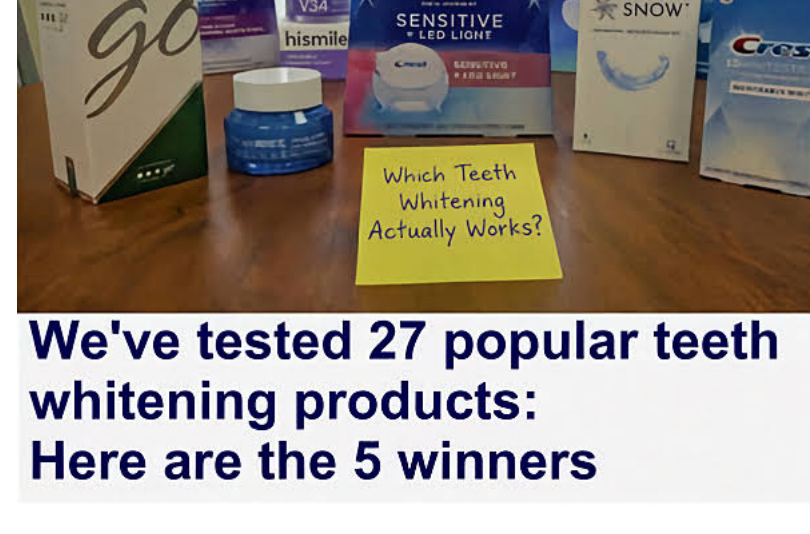
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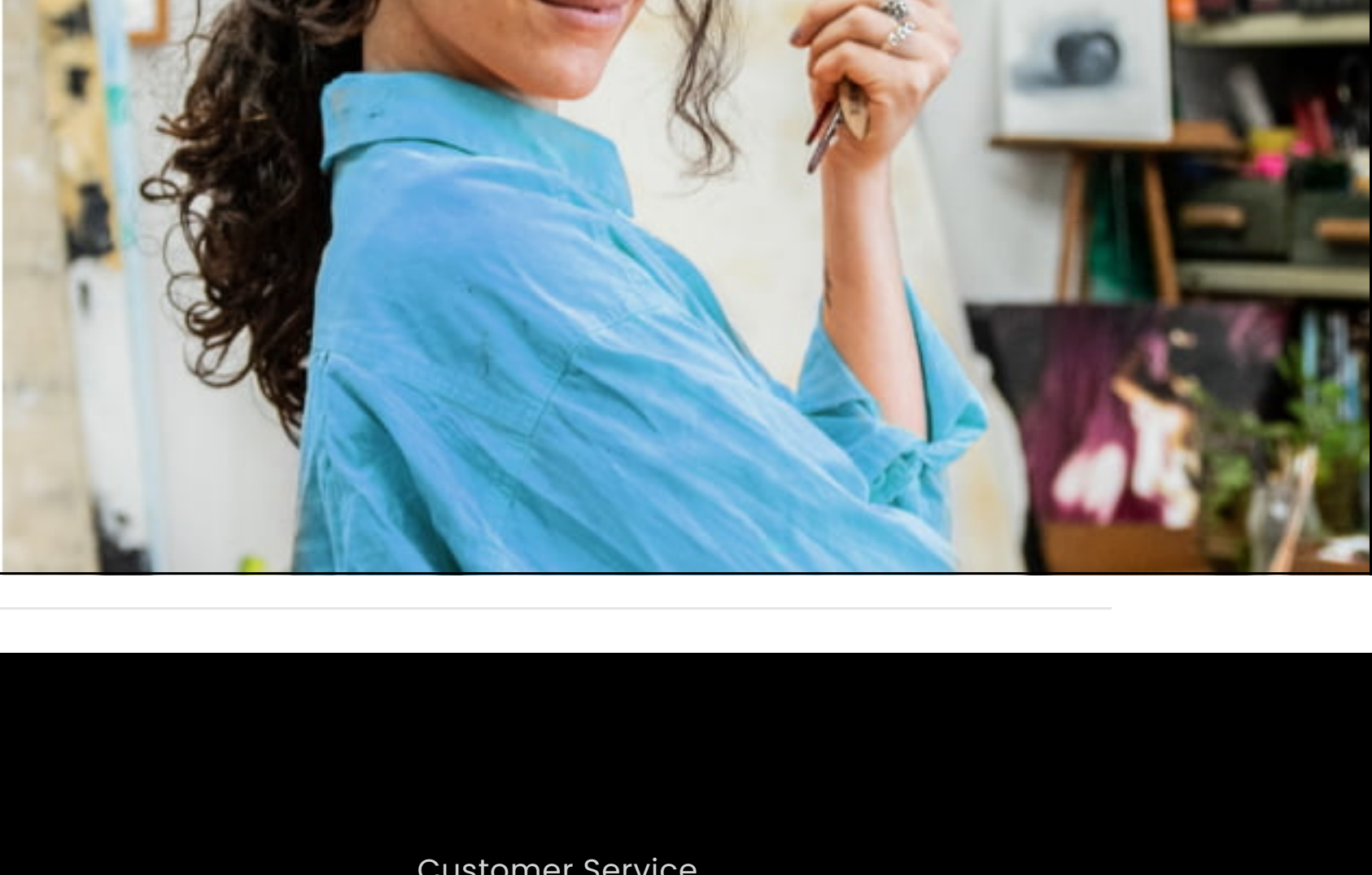
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