

Blepharospasm

The word “blepharo” means “eyelid,” and a spasm is an uncontrolled muscle contraction. Blepharospasm is an involuntary condition usually involving both eyes, where the eyelids close involuntarily and the eyebrows twitch. Patients with blepharospasm have normal eyes. Their visual disturbance is due solely to the forced closure of the eyelids.

The term blepharospasm can be applied to any abnormal blinking or eyelid tic or twitch resulting from any cause, but it most commonly refers to Benign Essential Blepharospasm (BEB), which distinguishes the condition from the less serious secondary blinking disorders.

Symptoms

Blepharospasm usually begins gradually with excessive blinking and/or eye irritation. The early symptoms are occasional, involuntary winking, blinking or squinting of one or both eyes. There may also be increased difficulty in keeping the eyes open. In some cases, the eye symptoms are accompanied by twitching of some facial muscles, especially around the cheek and brow. In severe cases of blepharospasm, the eyelids close longer than the typical blink, causing problems with vision. Blepharospasm patients frequently experience sensitivity to light.

During sleep, the symptoms disappear, and in some patients, after a restful sleep, the spasms don't appear for several hours. As the condition progresses, the eyelid spasms increase in frequency and severity until both eyelids are clamped shut and the eyebrows pulled down. The eyelids may remain closed for several hours at a time, leaving the patient functionally blind.

Causes

Blepharospasm is thought to be due to abnormal functioning of the basal ganglia located at the base of the brain. The basal ganglia play a role in all coordinated movements, but doctors and researchers don't know what goes wrong in the basal ganglia to cause blepharospasm, although researchers suspect that there is a disturbance of the ‘messenger’ chemicals that transmit information between nerve cells.

In the early stages, blepharospasm sometimes occurs with specific precipitating stressors, such as bright lights, fatigue and emotional tension. However, most patients who develop blepharospasm do so without experiencing any advance factors. It has been observed that dry eye frequently precede the symptoms of blepharospasm, so it may be that dry eye may trigger the onset of the condition in susceptible persons.

Heredity may also be a factor, as sometimes more than one family member is affected with the condition. Blepharospasm can be induced by drugs. The medication used to treat Parkinson's disease has been known to bring on the symptoms. In most Parkinson's patients, reducing the dose alleviates the blepharospasm.

Blepharospasm symptoms occur more frequently in people aged 50 to 70, with women three times more likely to have the condition than men.

Treatment

Blepharospasm can be treated with medications, biofeedback, injection of botulinum toxin (commonly known as Botox) and, as a last resort, surgery. Wearing dark sunglasses is a common aid because they reduce the intensity of sunlight, and they hide the eyes from curious onlookers.

Drug therapy for blepharospasm is problematical and usually involves trial and error. A medication that works for some patients may not help others. Also, the effects may wear off with time, necessitating a replacement with a different medication. Finding the regimen that works best for you will require patience and communication of both the patient and physician. The use of most medications that have successfully controlled the symptoms of blepharospasm requires close supervision by a neurologist.

Botox, which is commonly known to most people for its use as a cosmetic enhancer, has been proven effective for temporarily treating blepharospasm and has been safely used for more than 20 years. An injection of botulinum helps the muscles in the eyelids relax so they won't contract or twitch. The relief from symptoms may last up to six months. Temporary side effects may include slight bruising and redness around the injection area.

Since stress can make any movement disorder worse, patients may benefit from stress management techniques, such as meditation, exercise, therapy and support groups. Being involved with support groups is especially important for those with blepharospasm, because they are at risk for becoming socially isolated. The fear of having spasms in public makes many patients stay home in safe surroundings. The support of family, friends and others with the condition is essential for mental well-being, and support groups can help with coping solutions to some symptoms.

We always recommend safer, effective, nonsurgical therapy first; however, as a last resort, surgery may be the option for patients who have unsuccessfully tried all other methods of controlling the symptoms of blepharospasm.