Contact lens compliance: the aftercare challenge

Sarah Morgan BSc (Hons), MPhil, MCOptom, FAAO, FBCLA

Ongoing aftercare and management is necessary to both monitoring and maintaining success in contact lens wear. Why do some wearers need persuasion by support staff to attend? How can aftercare appointments help the flow of a busy clinic diary? This article reviews how eye care professionals can be effective during the consultation time spent with lens wearers to help them get the best out of their lenses.
Fit then abandon…
When a spectacle wearer is first fitted with contact lenses, it can take up a considerable amount of practice time, not only when discovering the optimum lens type and modality, but also in the time spent teaching the patient how to wear and care for their contact lenses. So what happens after that? Most patients have a great fitting experience, but it is of some concern that some give up in the first few days due to issues relating to vision, comfort and handling.\(^1\) Industry data indicate that 21% of new wearers abandon contact lenses in the first month.\(^1\)

The simplicity of the fit
Perhaps the ease of fitting modern soft lenses has lulled practitioners into a false sense of security that contact lenses are very easy for patients to handle. While many elements of lens wear have been simplified over the past decade or more (for example wide availability of daily disposable lenses, several multipurpose easy-to-use care products), the mechanics of commencing lens wear remain relatively similar. New wearers have to decipher whether or not a soft lens is inside out or the right way round, as well as mastering the technique of lens application and removal. How consistent is this instruction? This role is often delegated to optical assistants. Where there is more than one member of staff providing this teaching, it is important that every member of staff follow practice guidelines and protocols to ensure that patients are sufficiently competent before leaving the practice with their lenses. For example, teaching all patients the technique for restoring comfort on lens application in the event of a speck under the lens and making every patient aware of, and teaching them how to use, comfort drops. A simple checklist can be utilised to enable staff to cover the everyday essentials of lens wear in the hope of starting the new wearer on the route to success.\(^4\)

Follow up
In a presentation at the British Contact Lens Association Clinical Conference and Exhibition last month, Aftab Aslam (market research insights director at Johnson & Johnson Vision Care EMA) cited that, while one in five new wearers stopped wearing lenses in their first month of wear, one third of new wearers had discontinued at the three-month point. This is a stark reminder that, after investing the time with fitting and teaching a new wearer, perhaps greater attention needs to be paid to their management in this critical first three months. Prior to the widescale use of disposable lenses in the mid 1990s, patients were typically followed up at the two-week, one-month and three-month points – not least to check that they had not torn or damaged their single pair of soft lenses. Additionally, emphasis was placed on lens care with respect to ensuring that lenses ‘lasted’ for at least one year. In 2013, damaged lenses are relatively inconsequential with patients able to replace a torn or chipped lens from their own supply. This may be a factor in some relaxation of the early-stage monitoring of new lens wearers, but perhaps the knowledge of increased discontinuation of recently fitted patients suggests that these early aftercare visits are critical for maximising lens wear success. Following a lens wear and care instruction appointment, making a follow-up appointment for the new wearer in one to two weeks’ time allows the opportunity for the practitioner to assess the initial ocular response to lens wear and to answer any questions the patient may have. What if the patient does not turn up for this appointment? Does the practice have a system in place to follow-up this type of no-show? Sometimes, patients do not turn up as they are embarrassed that they have lost or torn a lens. They may be finding lens handling difficult and feel unable to ask for more time to be spent with them on this. In this regard, the optical assistant who taught the new wearer can offer to call the patient after a few days to answer any questions. It is also a good opportunity to quash any issues relating to lost or damaged lenses so that they can be replaced ahead of the follow-up appointment.

For regular ongoing care, monitoring and advice, many successful contact lens practices find it helpful to see wearers every six months – one visit spent fully evaluating their current lens type and performance, and the other visit as a full eye examination and refraction. Due to NHS regulations, many patients are not deemed to require an annual eye examination. However, this does not preclude a private eye examination being conducted as part of the contact lens professional care plan. This means that there will always be an up-to-date refraction for reference purposes which is ≤12 months old. Should a patient urgently require new spectacles, there is a usable prescription on hand. Additionally, there is always an accurate sphere/cyl
correction to refer back to, which may be helpful when ongoing contact lens aftercare is provided by a contact lens optician – in the case of whether or not a patient requires updating to a toric lens.

The challenge of the experienced wearer

Once lens wear is well established and successful, an easy phrase which is often used is ‘if it’s not broken, don’t fix it’ where perhaps it may be better to consider ‘fix it now, so that it doesn’t break in the future’. It is much easier to allow a wearer to continue with a lens type which they have been satisfied with, but were they to walk into the practice today to be fitted, would they be fitted with that same lens type? This is a great self-test question, so that each wearer is given consideration as to whether or not they are wearing the best currently available lens. If there is something new, it is better that they discover this from their practitioner than from a friend at a party.

Updating versus upgrading

The word ‘upgrade’ is frequently used in contact lens aftercare appointments, and this can be associated with unnecessary luxury and increased cost. A better phrase to use when asking an existing wearer to try a new product is ‘I’ve got a new lens/solution I’d like you to try, which brings you up-to-date with the very latest technology’. This is also a great phrase to use when taking on a new patient at the practice who is an existing wearer. Over time, they can develop habits or simply have not been updated on current wear and care advice. Arranging an appointment with the member of staff who teaches wear and care is very helpful with respect to ‘bring them up-to-date’ with how to get the best from their lenses. This also ensures consistency of advice across all contact lens wearers at the practice.

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Lens type</th>
<th>Relative risk</th>
<th>% wearers non-compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>No disinfectant used</td>
<td>DW, EW</td>
<td>55.9 – 21.8</td>
<td>18%</td>
</tr>
<tr>
<td>EW beyond six nights</td>
<td>EW</td>
<td>6.7</td>
<td>15%</td>
</tr>
<tr>
<td>Lenses worn beyond replacement schedule</td>
<td>DD, DW, EW</td>
<td>4.8</td>
<td>63%</td>
</tr>
<tr>
<td>No hand-washing prior to lens handling</td>
<td>DD, DW, EW</td>
<td>4.5 – 1.5</td>
<td>60%</td>
</tr>
<tr>
<td>Overnight wear (when not prescribed)</td>
<td>DD, DW</td>
<td>4.0</td>
<td>4.7%</td>
</tr>
<tr>
<td>Inadequate case cleaning</td>
<td>DW, EW</td>
<td>4.0</td>
<td>96%</td>
</tr>
<tr>
<td>No rub and rinse step (when product specifies)</td>
<td>DW, EW</td>
<td>3.5</td>
<td>80%</td>
</tr>
<tr>
<td>Topping up solution in lens case</td>
<td>DW, EW</td>
<td>2.5</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

Table 1 Relative risk of microbial keratitis with improper versus proper patient behaviours

Compliance issues – behaviours to influence

Of great interest to all eye care practitioners (ECPs) is to maximise safety of contact lens wear for all patients, and in particular, encourage compliance to reduce the risk of microbial keratitis (MK). Table 1 shows a range of non-compliant behaviours which are associated risk factors for MK, and includes the percentage of wearers who are non-compliant. The relative risk figures show the magnitude of the risk being taken for a non-compliant patient versus a compliant patient.

One approach is to highlight the behaviours carrying the greatest risk (in spite of a lower non-compliance risk) and also to correct those behaviours with a high level of non-compliance.

Discovering what patients do with their lenses on removal and prior to application the next day is best elucidated by saying ‘tell me what you do with your lenses when you remove them at the end of your day,’ and continuing with ‘and tell me what you do before you apply them in the morning.’ Having listened carefully to all the steps, or lack thereof, the patient can be educated and reminded about why changing this behaviour is so important. Perhaps some patients need to be shown an opaque cornea infected with Pseudomonas or Acanthamoeba to drive the point home. While it is more comfortable to phrase change in behaviours in relation to a gain in terms of the safety of lens wear and improvements in vision and comfort from correctly cleaning and disinfecting the lenses, some patients respond better knowing what they stand to lose if they do not comply with the recommended procedures.

Case care

All patients must be asked ‘does tap water ever come into contact with your lenses or your lens case?’ It can be staggering how many patients continue to rinse their case in tap water or think that hot tap water is in some way better. Not that long ago, rinsing cases with water was the recommendation, so discovering which patients continue to follow this outdated advice is important. ‘Let me bring you up-to-date with the latest advice on looking after your lens case and why this is so important’, Patients understand that there are scientific advances over time, and contact lens microbiology is no exception. Indeed, rinsing the lens case with the disinfecting solution,
and then wiping out the case with a tissue is relatively new advice and storing the case face down on a fresh tissue. Educating patients about the aerosol effect of flushing a toilet is very helpful when encouraging them to look after, and replace their lens case.

Some patients report putting the case caps back on in the morning with last night’s solution still in the case, taking their case for ‘emergencies,’ with the old used solution in their pocket or bag. This highlights a key need for wearers to have access to a small bottle of solution and a clean case for this purpose and the availability of this can be explored and discussed both at the initial instruction visit, as well as subsequent aftercare appointments. Small volume bottles are particularly useful for frequent travellers where low volume liquids are required for airplane travel to comply with security restrictions. In the case of wearers using reusable lenses, additional supplies of daily disposable lenses can be discussed during their aftercare appointment.

Comfort drops
With discomfort cited as the most common reason for contact lens discontinuation, ECPs can campaign with their wearers to utilise comfort drops whenever necessary. This could make the difference between continuing in lenses and giving up – even if a minor discomfort happens only infrequently. Using drops appropriately with a good technique requires some instruction and support staff can be helpful in this regard.

Price differences
Discussing the cost differences when updating from one lens type to another can seem uncomfortable from the perspective of the wearer. Even small differences in cost in changing from a spherical lens to a toric lens can be discussed in an apologetic fashion – ‘I’m sorry these are more expensive’. Small differences in cost are often considered consequential to the wearer, especially with the promise of a better lens wearing experience. The highest price point of lens wear pales into insignificance when compared with the monthly cost of HD cable television packages. Taking a view of some of the everyday items people happily pay for and then relating them to the best contact lens available seems an easy task.

Too much solution
Support staff must be made aware to communicate with the ECP about any patient who seems to have an excess of contact lens solutions – especially if they are a full-time wearer. This highlights that the correct procedures are not being followed in terms of the rub and rinse step and possibly even not always changing their solution for each use. All staff can refer this comment back to the prescribing ECP so that it can be addressed.

A worthwhile visit
Not only is the practice spending time looking after the patient at aftercare, but also the patient is taking valuable time to visit the practice. The contact lens wearer should leave the appointment feeling like they have gained something from their visit, such as information about a new product, awareness of comfort drops, a lens handling tip or simply that they are still wearing the very best lens available for them. As they leave, asking them to return for their next visit is important with ‘contact lens technology is really fast moving, and while you’re using what I’d prescribe for you were you to walk through the door today, I don’t want you to miss out on something new which might be around the corner – so I’ll see you again in six months for a review’.

Diary management and appointment timing
Contact lens appointments generally provide the practice with relatively straightforward and predictable patient visits. For this reason, they can offer an excellent means of smoothing patient flow at times where the practice is more stretched with fewer staff (for example over the lunch period) and when a clear finish time is required (for example the end of the working day). Aftercare appointments are best scheduled when the patient has been wearing their lenses for as long a time as possible, in the case of an all-day wearer. An appointment at 9am does not offer much clinical insight. Support staff require some guidance when such a strategy is first being implemented, and the benefits are obvious to all staff within a short period of time.

Conclusion
The role of the contact lens aftercare appointment is multifactorial. It serves to provide support in the case of the new wearer with opportunities to troubleshoot any initial challenges in the first three months of wear. For the existing wearer, attention can be paid to their wearing routine – are they getting the best out of their current lens type and do they need updating on their non-compliant behaviours? The increased patient-practitioner interaction with contact lens wearers is thought to be a key factor in their likelihood of recommending new patients to the practice, compared with spectacles-only patients. A healthy contact lens practice proactively reviews the eye health of its wearers and aims to keep them in contact lenses for a lifetime.

MORE INFORMATION

References Visit www.optometry.co.uk/clinical, click on the article title and then on ‘references’ to download.

Exam questions Under the new enhanced CET rules of the GOC, MCQs for this exam appear online at www.optometry.co.uk/cet/exams. Please complete online by midnight on August 9, 2013. You will be unable to submit exams after this date. Answers will be published on www.optometry.co.uk/cet/exam-archive and CET points will be uploaded to the GOC every two weeks. You will then need to log into your CET portfolio by clicking on ‘MyGOC’ on the GOC website (www.optical.org) to confirm your points.

Reflective learning Having completed this CET exam, consider whether you feel more confident in your clinical skills – how will you change the way you practice? How will you use this information to improve your work for patient benefit?

For the latest CET visit www.optometry.co.uk/cet