

It's a presbyope's life...

A Guide for Eye Care Professionals

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Introduction

Market research conducted by Bausch & Lomb* involving 1400 people in seven countries across Europe revealed that presbyopia has a significant impact on normal daily activities.

- 80% of people struggled with small print on labels
- 60% found difficulty using their mobile phone
- 20% signed receipts without being able to see them

In general, patients are aware of 'short-sight', 'long-sight' and sometimes astigmatism, but it is increasingly evident that patients require greater education about presbyopia. They also need to be made aware of the variety of options to solve their changing visual demands — and when they are pre-presbyopic, that they will face presbyopia eventually. The myth that 'wearing spectacles makes your eyes worse' is self-perpetuating; this will probably remain the case until presbyopes become well-informed about why their ability to focus tightly at near has altered. Given that the average emmetropic 55 year old patient notices an increasing reliance on their near vision correction compared with when they were in their 40s, it is not surprising that this observation causes them to lay blame on the implementation of vision correction rather than their vintage.

* Bausch & Lomb, data on file 2005

Educating patients

All too often patients describe their presbyopic vision as having become 'short sighted'. Clearly they do not realise that were they myopic, their presbyopia would be a little less troublesome! Such statements are revealing, and provide the eye care professional with the ideal opportunity to explain their change in vision. The small amount of time involved in doing so is not only a **tremendous investment** in the future care of the patient, but it is also an excellent **opportunity to educate** the patient so that they are better placed to inform their peers and become the 'expert' friend, thus resulting in **word-of-mouth marketing for your practice**.





It's now or never

It is prudent to **discuss presbyopia with patients before it hits**. When a pre-presbyopic patient aged 35 years or more presents for an eye examination, it is an ideal time to discuss the symptoms of the onset of presbyopia and what this will mean to them and to signal the various forms of available vision correction options. Phrases such as “the process of presbyopia starts around age 40 and it is a natural occurrence in which the eye can no longer tightly focus close up — a gradual change is then noticed over the next 15-20 years and your prescription will need tweaking every year or so” are simple and informative, and begin to inform the patient to the changes ahead. Once the patient develops the symptoms of presbyopia, they will remember the wise words of their optometrist, and this **instills tremendous confidence** and **subsequently loyalty**. The patient needs to search no further than the optometrist who first described this vision change to them, as they are clearly the expert having made the prediction about their eyes in the first instance.



Insight

Most optometrists encounter a large percentage of patients with presbyopia as part of a typical day. This refractive change is often first learned about by student optometrists at the tender age of 18, where 30 seems 'mature' and 40 is positively elderly! The technicalities of loss of lenticular elasticity are discussed, and several established presbyopes are wheeled into the university student clinics to be practised on. The RAF rule is tromboned before their eyes, and the 'reading add' is determined.

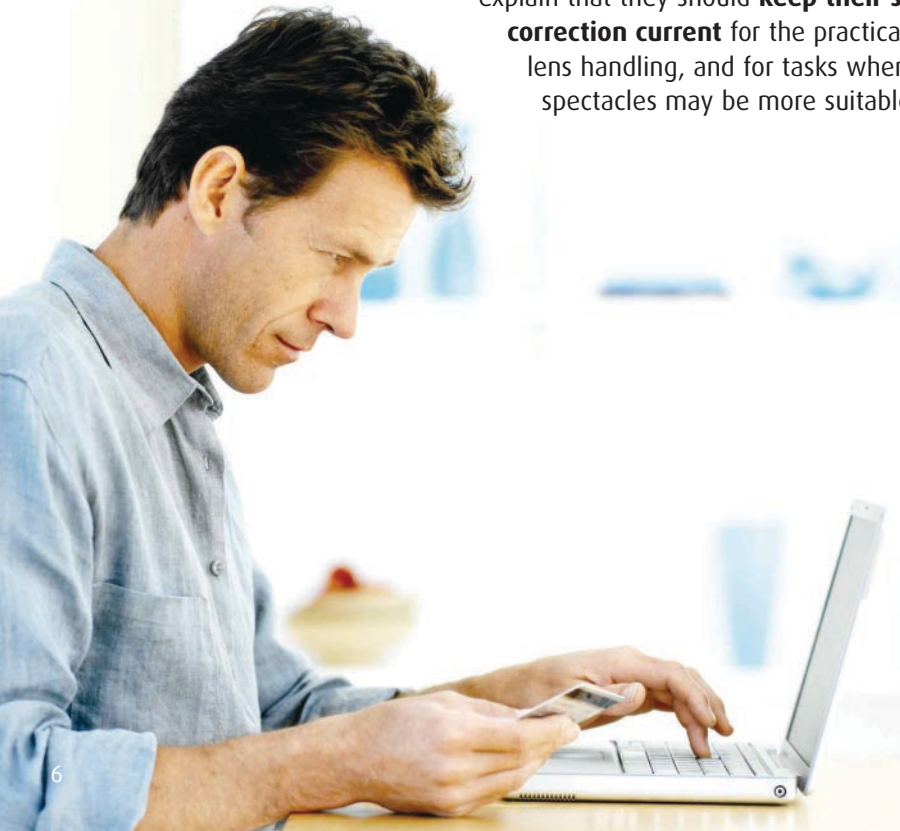
Correcting the vision of a presbyope is achieved with a small book of reading test types. Whilst this is undoubtedly a tried and tested technique, it rather puts all the emphasis on 'reading' — hence the deceptive term 'reading glasses' or 'reading correction'. Small font sizes are not the only thing out of reach in the world of the emerging presbyope, but also **anything that presents in their near range** — whether that be someone's face when whispering to a friend about some scandalous gossip, or looking at a wrist watch and noticing that a 3cm adjustment of distance is required in order to view it with clarity.

Discovering the issues

For an eye care professional to best advise a presbyope, it is essential to **have a measure of the range of tasks that can be hindered** by the recent onset of presbyopia. Previously, this would have been looking up a telephone number in a large telephone directory in a dimly lit hallway next to the corded telephone. For modern presbyopes, it is **reading an email on a Blackberry or iPhone** or simply **texting on a mobile**.

The emerging 'emmetropic' presbyope is often at pains to explain their clear distance vision, and their bizarre experience of no longer being able to focus at near. They are frequently in search of a solution, possibly even considering refractive surgery as a potential 'cure'. It is these patients for whom the thought of wearing spectacles is anathema, and **multifocal contact lenses provide an excellent escape from the realities of advancing years**. Such patients must be educated that laser surgery is, in the main, a fixed focus procedure. **Their motivation to minimise spectacle wear is a key factor in their potential success in contact lenses**. Whilst contact lenses may have

amazing benefits for them, it is important to explain that they should **keep their spectacle correction current** for the practicalities of lens handling, and for tasks when spectacles may be more suitable.



Discovery questions

Patients are filled with confidence when their **eye care professional seems to understand their problem** and they are likely to be immediately reassured when asked questions such as:

- when reading small print, do you hold it in your normal position or are you having to push it further away?
- how is your vision for reading print in low light?
- how do your eyes feel if you are reading late at night?

The answers to such questions indicate if the patient is 'experiencing the effects of presbyopia' — but how often is this phrase used with a patient? It is rare for patients to be aware of the term 'presbyopia' although they are familiar with the terminology of other refractive errors.

Discovering opportunities

Optometrists are familiar with the patient who arrives with several pairs of spectacles, as no one pair does the range of jobs particularly well. Whilst it might be considered a challenge to fit such a demanding patient with multifocal contact lenses, **solving the inconvenience of multiple pairs of spectacles** for some of the time could be of substantial benefit to such a patient.

Tradesmen are typical of those people who find the onset of presbyopia a worthy reason to consider early retirement. Focusing on the task in hand can be challenging when lying underneath a cupboard

looking up at an area requiring attention. The low position of the near correction in a bifocal or a varifocal spectacle lens makes such a task impossible, leading to much frustration and the patient considering a return to single vision spectacles. Any occupation requiring clear near vision above eye level, e.g. people working in pharmacies where accurate selection of medicines of the correct dosage is required prior to dispensing to the patient and with many items stored on shelves above eye level and labels with small print, the contact lens option is both appealing and practical.





Trying contact lenses

Introducing the idea of contact lenses

Perhaps one of the biggest challenges to fitting a patient with multifocal contact lenses is persuading the patient to try them in the first place. It is common for a patient to be sceptical about how they will work in addition to the usual concerns about the physical aspects of having something 'in' their eye. Offering the patient the **opportunity to try them for the purpose of choosing their spectacle frames** is sufficiently **low key to break down the initial barrier of trying a contact lens for the first time**. The psychological concepts of becoming a contact lens wearer versus their more familiar and hitherto comfortable existence as a spectacle wearer are significantly different.

During the EASE study (Enhancing the Approach to Selecting Eyewear — Atkins, Morgan & Morgan, 2008), the uptake of the offer to try contact lenses for this purpose was very high at 88%. During the study, a control group was used who did not use contact lenses and the dispensing outcome was monitored in both groups. **The group who used contact lenses to choose frames spent 32% more on their frames and ophthalmic lenses. Future contact lens purchases were also 2.5 times higher in this group.** Clearly, offering the opportunity to try contact lenses for this short-term and practical benefit is much less of a barrier than asking a patient if they wish to become a contact lens wearer.

Pitching the lens and the vision

Patients need to know that most presbyopia-correcting contact lenses **provide near vision 'all the way round'** so that the concept of a top and bottom of the lens (as for spectacle lenses) is quashed. The patient should be told that the **lens is an 'advanced design' which does not have a 'sweet spot' like varifocals**, which means the **lens gives clear vision above eye level**, for example when looking in kitchen wall cupboards for ingredients.

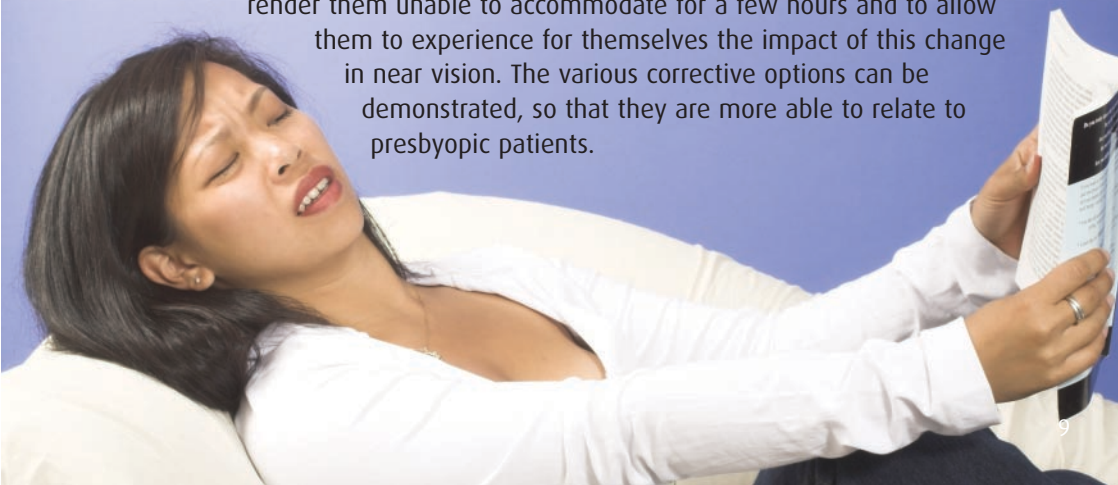
Patients can be quick to tell their practitioner what they 'can't see', such as the microscopic print found on some labels or legal documents. For this reason, it is prudent to explain that multifocal lenses are designed to **restore 'functional vision'**, and whilst the lenses are great equipment, it could be that **more light is required in certain environments** for the lenses to perform well. This helps to sow the seed of the **pupil dependent nature of most multifocal lenses**, and that some consideration must be paid to the environment and in particular lighting levels. Whilst in the consulting room it can be tempting to make big changes to lens powers, it can be more realistic

to make only moderate changes ($\pm 0.25D$) in the first instance whilst allowing for more change after two weeks of use. The patient should know that their vision is likely to improve after a couple of days' use and that there is a learning curve. **Some fine tuning** with lens changes may be necessary after this initial 'test drive' to suit the exact needs of the patient.

Every patient has their own individual requirements, which is why **lifestyle questions** are essential to effective prescribing of multifocal lenses. What are the **key areas where vision is felt to be commonly inconvenient in spectacles**? Many patients **use a computer** during their daily life, so it is important to determine if this is a small screen laptop with a shorter working distance or a desktop computer with a large monitor. **How much driving** does the patient do? **In what sort of lighting conditions** does the patient work and perform their tasks? Answers to these questions are helpful when designing the optimum vision goal of the lens.

It is common for eye care professionals to discuss presbyopia as a stage in life where vision is 'compromised' as a no choice scenario. Few people opt for compromise in their life as a matter of choice! It is important to avoid use of the word *compromise*, instead when discussing multifocal contact lenses, the patient can be asked where they would prefer **the 'balance' of their vision to be - near, intermediate or far in terms of their key visual needs**. They may not be fully aware of their requirements until they have tried contact lenses for a couple of weeks. This 'balance' can be better established in the follow-up visit.

Front-line staff play a key role in creating awareness of multifocal contact lenses. If they themselves are presbyopic, they provide ideal advocates for the options available in the practice. With pre-presbyopic staff, an interesting exercise is to use dilating drops for their mild cycloplegic effects in order to render them unable to accommodate for a few hours and to allow them to experience for themselves the impact of this change in near vision. The various corrective options can be demonstrated, so that they are more able to relate to presbyopic patients.



Aftercare of existing contact lens wearers

When contact lens wearers attend for aftercare, it is important that they receive some new information so their visit feels beneficial. **Keeping them up to date with new developments is important.**

If they are in their late 30s, **explaining how their vision is going to change in the near future** is both reassuring and confidence building. **Discussing the options** that will be open to them as a contact lens wearer is also vital; it is always better to hear about new technology at this visit as opposed to hearing about it elsewhere.

The bright lights of the slit-lamp are shone in front of their eyes with some patients oblivious to the benefits of such a detailed examination – **explaining what is being done and why increases value in their visit as well as confidence** in the practitioner. This might include some simple explanations about viewing lens centration, lens movement and the health of the cornea to check that the current lenses are performing well in terms of vision, comfort and eye health.

Both practitioner and patient should view follow-up visits as opportunities to take advantage of new technology lenses as soon as they are available.



The life of a presbyope

Managing presbyopes in the practice is an opportunity to build great relationships and by providing the opportunity to try both spectacles and contact lenses, the **practitioner is viewed as a specialist**. The recommendation of new technology is valued by patients and gives them confidence that their practitioner is at the cutting edge. It is well established that **contact lens patients are more loyal and recommend more patients** to the practice than spectacle-only patients.

Patients place a great deal of trust in their eye care professional, and recommendations are preferable to suggestions. Fitting multifocal contact lenses is rewarding, and not only is this viewed as the work of a 'specialist' but it is also a way of restoring natural vision. And remember, presbyopes have presbyopic friends!

Top tips for presbyopic pleasure!

- it is prudent to discuss presbyopia with a pre-presbyopic patient when they attend for an eye examination
- listen carefully during history and symptoms for opportunities where the patients feel their spectacles are inconvenient and where contact lenses will outperform spectacles (not just visually but also in practical terms)
- consider the EASE approach to help people choose their eyewear. The impact in patients being able to see their new frame choices cannot be underestimated. Patients can return at a later date for a full contact lens assessment if they wish to pursue this option
- use positive words to describe the contact lens options such as 'advanced design' and 'all round vision' and 'vision everywhere you look'
- keep all advantages personal to the life of the patient — there's little point talking about reading the labels of cooking ingredients if they are not the chef of the household!
- emphasise the 'restoration of functional vision' and be sure that the patient is aware of the importance of lighting conditions. Explain that print will always be more comfortable to see if it is bigger, bolder and the light is brighter
- discuss up front that some 'fine tuning' may be required and that work will be done to ensure the best 'balance of vision' is achieved for their visual needs

Sarah Morgan is an optometrist, staff development consultant and emerging presbyope. At the University of Manchester she is involved in undergraduate teaching across all three years of the optometry programme. She has trained hundreds of staff in her tailored interactive seminars. Sarah is the author of two books 'Up front — a practice knowledge guide' and her new book 'The Complete Optometric Assistant' includes the everyday information staff require in addition to recommendations on how best to train and develop staff in the practice. She has recently performed at the Comedy Store in Manchester and was the winner of the NIVEA Funny Women Awards 2 Hour Challenge 2008

The Eye Care Professionals' view on PureVision Multi-Focal

It makes me more confident in offering multifocal technology to patients, as I feel I have a really effective tool for correcting presbyopia. It's a lens that will be comfortable on a slightly dry eye or used in conjunction with a VDU; a lens that can be safely slept in overnight if the patient forgets about them and maintains a good level of eye health; a lens that will overall improve the patient's quality of life, and, bottom line, it will improve your business profits.

Andrew Watson, Aaron Optometrists, Ashington

My hypermetropic patients love them as they can see to put on their eye makeup, use their mobile phone and see their wristwatch.

Susan R Bowers, Susan R Bowers Optometrists, Coventry

Very good. Best multifocal disposable contact lens on the market.

Claire Keith, Douglas Straine Opticians, Aberdeen

Excellent - best success rate of all multifocal lenses I've tried.

David Wilson, Dollond & Aitchison, Huddersfield

After using the lenses and seeing follow-up patients, I am impressed. First choice; better than monovision.

Jeanne Mendonsa Waas, Vision Express, Brent Cross

Great success and is pulling me away from monovision dependency.

David Harrison, SpecSavers, Kendal



Ordering and contacts

Local rate customer service number: **Tel: 0845 602 2350 Fax: 0845 602 2351**

Republic of Ireland direct order line: **Tel: 1800 409 077 Fax: 1800 409 083**

Online ordering: **www.bauschonline.co.uk**

Order by email at: **orderline@bausch.co.uk**

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