

# Senior-Eyetis

## How ECPs Are Managing Boomers' Aging Eyes



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**A**ging is full of little surprises. One morning, a stiff knee. On a quiet evening, trouble hearing a family member's question across the dinner table. And perhaps, after two or three strained drives home from work, the realization that you can't see the highway quite as clearly as you used to, and the glare from those oncoming LED high-beams leaves you in a deer-in-the-headlights daze for a moment too long.

Small shortcomings in eyesight are normal as we age, but for many Baby Boomers—those born between 1946 and 1964—moments that were negli-

gible in their 30s and 40s become more acute in their 50s, 60s and 70s, with issues like dry eye, night vision and light sensitivity interfering with daily life. And as instances of these issues persist, a host of more serious age-related eye diseases are not far away.

According to the Prevent Blindness report "Vision Problems in the U.S.: Prevalence of Adult Vision Impairment and Age-Related Eye Disease in America," the fifth edition of which was published in 2012, the leading causes of vision impairment and blindness in the U.S. are primarily age-related eye diseases, with the number of Americans at risk for age-related eye diseases increasing as the Baby Boomer generation ages.


Further, the number of Americans with age-related eye disease and subsequent vision impair-

ment is expected to double within the next three decades. According to the report, these threatening conditions include:

- **Age-related macular degeneration (AMD), affecting more than 2 million adults aged 50 and older.**
- **Cataract, affecting more than 24 million adults aged 40 and older.**
- **Diabetic retinopathy, affecting 7.7 million adults aged 40 and older.**
- **Glaucoma, affecting 2.7 million adults aged 40 and older.**
- **Low vision, or visual impairment, affecting 2.9 million adults aged 40 and older.**

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These age-related threats are particularly problematic for members of the Boomer generation, who are staying in the work force longer than preceding generations, many at visually demanding jobs. According to the Population Reference Bureau's 2015 report, "Aging in the United States," 23 percent of men and about 15 percent of women aged 65 and older were in the labor force in 2015, with levels projected to rise to 27 percent for men and 20 percent for women by 2022.

According to The Vision Council's 2015 report, "Hindsight is 20/20/20: Protect Yourself from Digital Devices," 64 percent of adults in their 50s report digital eye strain symptoms resulting from device use, and 37 percent of adults aged 60 and older spend five or more hours per day on digital devices.

But, for as many problems as there are facing Baby Boomers today, there are solutions. As aging eyes become more vulnerable, optometrists and other eyecare professionals are mastering new techniques to alleviate eye health conditions common among the Baby Boomer cohort.

With this feature, *Vision Monday* is launching a three-part series exploring Boomer vision, supplying a snapshot of how optometrists and other ECPs are preparing and positioning themselves to meet the needs of this dominant age group. In this first installment, we take a look at the latest approaches to three broad spectrums: presbyopia and the prescription of progressive lenses; night vision, glare and the tints that can effectively reduce them; and the tools and tactics to best equip practitioners for reaching and treating those affected by low vision. Here's how the experts are fighting Senior-Eyetis.

## Presbyopia: Up Close and Personal

Known as the "aging eye condition," presbyopia is among the most common eye health issues faced by adults today. Defined as the inability to focus up close, presbyopia often requires a bifocal or multifocal prescription, creating an opportunity for ECPs to fit patients with personalized progressive lenses.

While presbyopia may be common to treat, not



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**Chris Udina, OD**

every presbyopic patient is created equal. A variety of patient needs must be met, a process exemplified by Christopher Udina, OD, owner of Concord Family Vision in Concord, N.H.

"I prescribe a different progressive for all different situations," said Dr. Udina, who stressed that even for Boomers working in office settings, lens choices may range from traditional progressives to those that are variably customized. "For

people who do computer work in an office and don't need to look up a lot, I would prescribe a different progressive from what I would prescribe people who are on the move or who have to see across the room."

To determine which type of progressive lens patients will most benefit from, Dr. Udina first assesses their history, inquiring into their type of work, tasks they do most often, and fun and leisure activities they enjoy. "I always explain to the patient that a pair of glasses is a tool, and they need to find the best tool for them for what they want to do."

Udina also prepares his staff for Boomer patients by training them on how to engage with different types of presbyopes. "My opticians and I discuss these things so they have the same information and approaches as I do," he said. "When I hand the patient off to the optician, they get more into the different styles and price points available, and get the patient into the best progressive for their situation."

Opticians are also personally prepared to empathize with patients, Dr. Udina said. "One of our opticians is presbyopic, and one is not, so we make lenses up for [both of] them so they can experience what the patient is going to experience. That way, they have firsthand knowledge and are not just telling the patient how they should see."

To ensure overall preparedness for the influx of Boomers and their varying aging eye problems, Dr. Udina suggests staying up to date with the latest products and research. "Aside from progressives, [treating Boomers' vision] is making sure you do an in depth review of their systemic history, and making sure there's no underlying disease or medication that will affect their vision."

Another helpful step taken at Concord Family Vision is pre-screening patients prior to their appointment. "If they're having issues at their work station or computer, or have dry eye or allergies, we're prepared before we even see them to address those issues a little more closely," Dr. Udina said.

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In the exam lane, Dr. Udina finds a hands-on approach is more effective than “fancy equipment.” He said, “What’s more important is taking the time to observe the patient’s workplace behavior. When it comes to equipment for presbyopia, nothing can really replace having your patient in a workstation where they can sit and you can take measurements to see what they’re actually doing, instead of estimating centimeters.”

For ODs without a workstation for patients, another option is a reading card. Barry Toyzer, OD said this has proven to be effective at his practice, The Eye Doctors, in Havertown, Pa.

“Some progressives work better than others, depending on how a workstation is set up,” explained Dr. Toyzer, who, like Dr. Udina, follows the lifestyle dispensing approach. He believes activities, work environment and ergonomics in daily tasks are just a few points that should be addressed from the get-go. “I give them a reading card and say, ‘pretend this is your computer at work.’ Then I measure the distance and also get an idea of the elevation of their screen.”

Achieving the most accurate estimate of a patient’s positioning throughout the day is not only helpful to the patient, but ultimately, to the practice as well.

“My lab called me up and said, ‘What are you doing right? I get so few remakes from you.’ I think 90 percent of progressive lens failures are probably due to poor fitting,” said Dr. Toyzer. His answer was no secret: “I do what the books tell me to do. Careful measurements of pupillary distance, segment height, and if we’re getting into free form, position of wear measurements,” he said, referring to back vertex distance, pantoscopic tilt and frame or face form wrap.

Like Dr. Udina, Dr. Toyzer believes that when it comes to progressive lenses, lifestyle customization is key. “In the free form world of progressives, you can tell your lab how you want it designed”—for example, lenses might require a wider intermediate area if the patient is a desktop user, a wider



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reading area if they are someone who reviews a lot of documents, or less peripherals if they’re seeking a lens for general use and driving—“which definitely ups the wearability and comfort of the progressive,” he said.

## Glare: Helping Patients Steer Clear

Another issue Baby Boomers are facing as their eyes age is glare, which, according to Palmer Cook, OD, can increase with age and physiological changes in the retina, or as a result of cataracts, known to cause an increased scattering of light and, ultimately, a degraded retinal image.

“Older adults simply can’t recover from light stimulation on a retinal cellular level as fast as they could when they were younger,” said Dr. Cook, who serves as director of education at Diversified Ophthalmics in Cincinnati, Ohio.

“A good diet can help give our retinas the nutritional needs they require for optimal functioning,

but there are other threats to our retinal health that may need to be addressed. And when eye conditions and illnesses crop up—as they often do with age—sometimes it is necessary to filter the amount of light the eye is receiving by prescribing different lens treatments or tints.”

Tints can be especially helpful while driving, noted Dr. Cook, which is important to keep in mind when treating patients in their later years. “A great fear among aging adults is the loss of their wheels, because they view that as a loss of their independence,” said Dr. Cook. “The more we can do to make Baby Boomers and seniors feel more comfortable and safe while out on the road, the better.”

For light-sensitive patients in particular, Dr. Cook suggests an anti-reflective treatment for driving and polarized sunglasses for daytime wear, which will help cut down on glare that alternates between the windshield and dashboard.

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## Night Vision: Blinded By the Night? (Not Quite)

Another issue experienced among many older adults is driving at night, particularly highway driving, due to newer headlights on vehicles which emit a greater concentration of blue light. Boomers with this problem might benefit from briefly glancing toward the shoulder when passing an oncoming vehicle, along with wearing an anti-reflective lens treatment for additional comfort, Dr. Cook advised.

## Tints: An Optimistic Perception

An additional treatment many ODs are using to combat unwanted glare is tinted lenses. For Lissa Rivero, OD of the Sarasota Retina Institute in Sarasota, Fla., the best strategy is trying different colors to test how each optimizes a patient's usable vision, as well as their visual comfort. "Most of the Baby Boomers that are not visually impaired and who complain of glare indoors or at night are affected by incipient cataracts, and sometimes also dry eyes," said Dr. Rivero.



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"I start treating this by prescribing an anti-reflective treatment over their full distance prescription and maybe a 450 nm filter, which is a light yellow tint with 85 percent transmission, or 10 percent to 15 percent absorption, if it was observed to be beneficial during their eye exam. Some patients prefer a light amber tint instead of the 450 nm yellow filter. If the patient has dry eye as well, then artificial tears and other common treatments are recommended."

For the visually impaired, or legally blind patient, tints can provide additional relief as well, though a darker lens is advisable for those in brighter climates, Dr. Rivero said. "When it comes to the glare outdoors in the beautiful Florida sun, some patients need a darker lens, usually between 480 to 550 or 600 nm." (480 nm is 12 percent transmission, a dark plum color; 550 nm is 20 percent transmission, a bright red-orange color; and 600 nm is 5 percent transmission, a dark red.)

Dr. Rivero believes sports goggles are the best option for patients with extreme glare sensitivity. "I prefer sports goggles in patients with extreme glare sensitivity because they are so close to the eye that they don't allow light to come from the side, allowing the patient to fully open their eyes and see better," she explained.

"Although sports goggles might impair their peripheral vision, most of these patients are already legally blind or have significant vision impairment and they don't drive, and their peripheral vision is usually not worsened. Also, these patients are usually excellent scanners and they already compensate for the loss of peripheral vision.

"It's much better that they're able to open their eyes outdoors. That outweighs all other factors. You have to realize that some of my patients end up closing their eyes almost completely, at which point they are basically blind, because they are uncomfortable with regular glasses and the vision is very poor. Some of these patients are usually using a white cane to assist in mobility outdoors."

For Boomers who suffer from vision issues caused by eye disease, Dr. Rivero has a toolbox of tints that she finds most effective: "Patients with diseases of



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the macula, retinitis pigmentosa (RP), retinopathy of prematurity (ROP) and diabetic retinopathy benefit mostly from blue blocking lenses. On the other hand, patients with diseases of the optic nerve, like glaucoma or optic atrophy, benefit most from neutral density filters, or grey tints," she said.

However, she noted, tints should not be prescribed solely based upon a patient's eye disease diagnosis—rather, optometrists should always try different tints on each individual to assess their specific needs.

## Low Vision: A High Priority

As stated in The Vision Council's 2015 low vision report, "Vision Loss in America: Aging and Low Vision," approximately one in 28 Americans aged 40 and older have low vision, defined as visual impairment that is not correctable through surgery, pharmaceuticals, glasses or contact lenses. As Baby Boomers age, those numbers are expected to climb.

The majority of low vision patients are in their 80s and older, but this does not mean ODs should

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forget about the younger sets—after all, it is their children, the Baby Boomers, who are likely the ones to be reached to get their parents care. David Armstrong, OD, a low vision optometrist with offices in Roanoke, Harrisonburg and Wytheville, Va., depends on a three-tiered approach to reaching both Boomers and their low vision parents: referrals, print advertising and an engaging, up-to-date online presence.

On his Facebook page ([facebook.com/Virginia-LowVisionOptometrist](https://www.facebook.com/Virginia-LowVisionOptometrist)), with patients' permission, Dr. Armstrong regularly publishes posts that include photos and descriptions of recent success stories. For example, a recent photo posted in June depicts a brother and sister in bioptic glasses, both now able to obtain driving credentials from the DMV (a Virginia driver's permit and North Carolina bioptic license, respectively), as a result of their new prescriptions for glasses.

Armstrong even posts photos and videos of himself—a recent image slideshow follows the smiling doc in “selfies” taken during a bike riding journey, throughout which he is wearing bioptic glasses. “It took a few minutes to get used to them, but after that, I enjoyed using the 4X telescope to spot things ahead of me on the greenway,” the slideshow caption reads, continuing, “Bioptics have lots of applications that are helpful for people with low vision. I'd be happy to answer your questions and tell you if you would benefit from low vision glasses. Give me a call.”

Behind this approachable digital bedside manner is a long-practicing OD who believes optometrists have lost sight of the simpler goals of optometry in favor of state-of-the-art equipment and technology. When it comes to low vision, he said, training, trials and careful evaluation are the essential tools.

“Remarkably, what I find is some people just need a correct prescription that will do a better job than what they had before,” said Dr. Armstrong. “The average eye doctor doesn't put as much emphasis on giving good vision with glasses as they do with detecting and treating disease. You can't do

it with high-tech equipment. I'm not downplaying the importance of that—they are both important—but it seems to take precedence over giving patients the best vision possible, which sometimes is a regular pair of glasses with a microscopic lens or telescopic lens.”

To treat low vision patients (many of whom, he said, have been told they cannot be helped), Dr. Armstrong first listens to each patient's individual needs, then fits them accordingly. “Low vision glasses are prescribed in several different forms, depending on a patient's vision requirements and their anticipated use,” Dr. Armstrong said.

“They usually include the patient's spectacle Rx plus magnification. For reading and other near tasks, microscopic lenses are often recommended. These include strong plus-power and focus very close to the wearer's face. When the person requires help with distance vision, telescopic glasses are prescribed; common uses are watching TV, driving and recognizing other people's faces.”

Another type of low vision glasses Dr. Armstrong prescribes is telemicroscopic glasses, or reading telescopes, which focus at a greater distance than microscopic glasses and may be prescribed for reading a computer monitor or other tasks with an intermediate working distance.

Should an optometrist or eyecare practice feel inadequately prepared to handle a visually impaired patient, Dr. Armstrong strongly suggests establishing a referral program. “Optometrists need to realize that somebody else can help the patient if they can't,” he said.

As evidenced by Dr. Armstrong and other eyecare experts across the nation, the key to meeting Baby Boomers' needs lies not only in staying up-to-date in the latest lens technologies and treatments, but being willing to listen to their individual needs.

“You have to ask the question: What do you expect to do with this new pair of glasses?” said Dr. Toyzer, of the Eye Doctors in Havertown, Pa. “That opens up a whole discussion of what they used in the past, what they have now, whether it's working and what its shortcomings may be.”



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Successfully prescribing the right treatment “mostly revolves around listening to the patient, their needs, desires, what they do and what they want to be able to do,” said Dr. Toyzer. “If I can design and dispense a product which is safe, comfortable and meets the demands of the patient, then everyone's smiling.” ■

## Coming Up: Senior-Eyetis

### How ECPs Are Managing Boomers' Aging Eyes

This three-part *Vision Monday* series will continue to explore Boomer vision, supplying a nationwide snapshot of how ODs and ECPs are preparing and positioning themselves to meet the needs of this dominant age group. Look for these next two installments coming your way in the September and October print editions of *Vision Monday*.

#### Part 2 – Sept. 12

Boomers, Blue Light and UV.

#### Part 3 – Oct. 17

Boomers and Macular Degeneration, Cataracts and IOLs, Retinitis Pigmentosa, Diabetic Retinopathy and Dry Eye.