

# PRESBYOPIA HAPPENS

Sarah Morgan, optometrist and staff development consultant, discusses the impact of presbyopia on eye care professionals and their patients...



## “IT WON’T HAPPEN TO ME...” and then it does

By Sarah Morgan BSc(Hons) MPhil MCOptom FAAO FBCLA

In the early days learning about vision correction and how best to deal with this as an optometrist, it was hard to imagine life as a presbyope — this was something that just happened to ‘old people’. If ‘40’ is the ‘new 30’, it is difficult for most emerging presbyopes to come to terms with an age-related change — notwithstanding the double-whammy handed to myopes and hyperopes who have to cope with two prescriptions.

Dealing with presbyopia, for the eye care professional, is an everyday and common refractive change to prescribe for. However, for emmetropes who may falsely believe that they will remain spectacle-free as they have done so since birth, it is a new and unfamiliar concern - sometimes bordering on thoughts of eye disease. For the emmetrope, presbyopia is incomprehensible. How many times does this type of patient explain at length their ‘perfect’ distance vision, and then describe their rather inconvenient, but somewhat minor deterioration in their near vision for which they question whether or not a

‘cure’ is available. For this reason, the experience of the emmetrope should not be underestimated in its milestone in life — which typically serves to highlight, perhaps for the first time, the impact of ageing and with that emphasising the potential for unstoppable declining health. Experienced presbyopic eye care professionals (and wise by virtue of living with this change in vision) may have some concerns about their more junior, fully accommodative colleagues, being able to empathise with their presbyopic patients. It is only when one experiences the true nature of presbyopia, that its impact becomes so evident.

Too much emphasis is placed on near vision correction for ‘reading small print’ — hence the commonly used term ‘reading spectacles’. Text does not appear on food on a dinner plate or on someone’s face being viewed at an intimate distance.

This means that presbyopes are not limited only to difficulties with deciphering the news in the the daily newspaper, but they are compromised in every

task that involves distance, intermediate and near focus — for this the presbyope may need more than one solution.

The desire to retain comfortable vision at all distances continues, and the eye care professional is in the commanding position of delivering strong and bespoke recommendations to each individual patient. In the case of spectacles, more than one pair is not only desirable — ‘one to use and one to lose’ — but is also essential if all the various near and intermediate tasks are to be satisfied appropriately.

But what about the occasions when spectacles are simply inconvenient or not part of the day’s image? Contact lenses are there for the taking — if only they are offered as a test drive...

# TRAIN YOUR BRAIN...

— a great way to success with presbyopia vision correction

**Explaining** presbyopia to patients is the first step, and discussing it, before presbyopia strikes, is prudent. All too often the presbyope remains ignorant about their change in vision, and tries to avoid getting help in the hope that their ‘eyes will be exercised’ and the ‘muscles will strengthen’ and vision will be restored. They are surrounded by their peers who reinforce the myth that ‘wearing spectacles makes your eyes worse’.

**Educate** the patient so that they become an enthusiastic marketing and educational campaigner for your practice. Where possible, don’t just talk about small print — there are no words to be seen when threading a needle! Ensure that the patient is aware of all vision tasks that will be affected as presbyopia emerges. Most importantly, provide the reassurance that presbyopia does become more apparent over time and that this is a ‘frustratingly natural’ change.

**Key phrases:**

*“Presbyopia is a gradual and physical change in flexibility of the lens of the eye which affects the ability of the eye to grip focus at near. At birth, the lens is extremely flexible, which is why small children are happy to write and draw with their faces very close to their paper. Over time, this focusing ability decreases, until at around age 45, objects have to be pushed away to arm’s length in order to bring them into clear focus. This is the time to recognise that optical help is needed. Whilst distance vision is preserved to be what it has more or less always been, near vision is different and will require a special prescription for close work.”*

*“Presbyopia happens to everyone — men and women alike. Tall people may notice the changes later in life, as their arms are generally longer, so their natural near range is a little further away! It is a natural change that*

**“It’s not what we tell our presbyopic patients, it’s what we tell our PREpresbyopic patients that counts. Forecasting their vision future promotes confidence and places the eye care professional as a ‘visionary’ — and an authority on vision.”**

*occurs with increasing maturity and becomes more significant over time irrespective of whether or not spectacles and contact lenses are used. No amount of eye exercise or dietary change will reverse these physical changes to the lens of the eye, which is why an eye care professional is best placed to advise on what are the best options for vision. The majority of people who come for eye examinations are experiencing this change in their vision — it is the most common type of vision change.”*

*“Just as there are several pieces of equipment used in the kitchen to cook a recipe, and several golf clubs in a golf bag, there are multiple options to assist with this change in vision. For most people, more than one solution is beneficial. Spectacles are frequently the first choice, as the lenses can be made for just reading or they can be tailor-made to be multipurpose, so that the wearer can see both far and near in the lenses. Having both types of spectacle lenses is very useful, as when reading in bed, a single vision reading lens is often the most comfortable.”*

For the patient, awareness of contact lenses for presbyopia is virtually nil. The opportunity to offer this option into the ‘golf bag’ of equipment for vision is vast — and presbyopia affects everyone — eventually!”

Vision needs  
Presbyopes want their vision to be restored — not to be told that their eyes are ‘getting old’ — they want to be given solutions to ‘keep their eyes in good focus’.

Lifestyle plays a major role, so it is vital to ask questions about both work and leisure activities.

Correcting presbyopia is not just about making small print clear — it’s about bringing everything clear in the whole vision range — and this includes seeing clearly whilst driving, dining out and even gossiping!



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Most emmetropes find it interesting that a contact lens can work when the prescription is largely only for close work. This is where contact lenses offer huge flexibility. Not only is the vision there whenever you need it (as so many people forget where they have put their reading spectacles!), but the contact lens provides vision wherever the eye looks — such as reading labels on a supermarket shelf above eye level, or focusing on pipes or wires underneath a cupboard when doing DIY. Wearing contact lenses is the ‘secret’ way to ‘get your eyes back’! Near work spectacles are invaluable to most people when they are handling their contact lenses, which is why spectacles and contact lenses are a happy marriage. The most important thing to trying contact lenses for presbyopia is giving them a try, and not just for a few minutes — they need to be evaluated over a few days and in different situations to see in what way they can make a difference to everyday vision.

**Recommending** the best options for the patient is the most important part of the consultation. Perhaps the crucial aspect to advising and recommending, is to make that which is suggested seem easy to do. So much more can be achieved by allowing the patient to trial the lenses for a few days, than theoretical discussion about how the lenses may be useful. With multifocal contact lenses, it is always better to show than tell. People are often curious how the lens works, so when asked this many people are tempted to make comparisons with the previous spectacle experience of the patient — sometimes comparing multifocal contact lenses to the power being from the ‘centre out’ as opposed to ‘top down’ in spectacle multifocals. Is this helpful to the patient? Might it lead to further confusion? Could such an explanation lead to reduced confidence in the product? Vision is a processing function of the brain, so multifocal contact lenses may be described as “restoring the natural range of focus for the auto-focus camera system of the eye — the brain cleverly tunes into the multifocal contact lens — as vision at all distances is provided by the lens.” Patients look to their eye care professional for advice, and not simply a list of choices for them to choose from. They have come for an expert opinion, and they deserve to get one. The correction of presbyopia has multiple solutions — and the patient should understand the benefits and the limitations of their options. While in the consulting room, the eye care professional has the opportunity to show the limitations of fixed-focus single vision reading spectacles. The subsequent degradati-

**“Keep the explanations simple. Most importantly, demonstrate to the patient what the options are — in terms of single vision reading lenses, multifocal spectacle lenses and multifocal contact lenses. The experience leads to a more informed patient, so that no-one can ever say ‘nobody told me that’!**

on on distance vision when the near add is in place is both a powerful and an educational demonstration. This serves to illustrate to the patient their vision correction needs, at all distances, and flows into the opportunities open to them — both multifocal spectacles and multifocal contact lenses.

**Contact lenses** can be far from the mind of the presbyope who may still hold the perception that they need their vision correction ‘only for reading’, so offering the chance to experience lenses whilst choosing their new spectacle frames helps to break down the familiar barrier to trying lenses. It will also be self-evident to the patient that both spectacles and contact lenses are the order of the day.

**Cost** can burden the mind of the practitioner when this is not the uppermost thought in the mind of the patient. Treating patients as if they were a close member of the family, allows the practitioner to always provide the best options and choices to all patients. Vision is rather more important to life than maintaining a mobile phone contract — the costs of which most patients absorb into their daily lives without question.

**Solving** the new change in vision is what the eye care professional is required to do — and this includes offering a full range of options. Undoubtedly, this may involve a little ‘brain training’ as the eyes become gradually accustomed to their new form of vision correction — in spectacles and contact lenses alike.

**Summary:** presbyopia impacts on vision at all distances in one way or another; the myope discovers the need to remove their spectacles; the emmetrope believes the world has ended, and for the hyperope — the full extent of their refractive error is realised. One condition, which ultimately impacts on all distances, in these differing patient scenarios requires one solution — vision restoration

Making recommendations During the consultation, discover the individual needs of the patient, so that these can be specifically referred to when discussing the most appropriate vision correction options. Whenever possible, illustrate the options — both spectacle lens demonstrations and contact lens trials help the patient to experience first hand how the recommendations will work for them.

# TALK THE TALK...

## — vision into words

### Explaining presbyopia

**Don't** over-emphasise the age issue:

*"The problem is you have presbyopia — which happens to everyone as they age. It's part of getting old — just like grey hair and wrinkles. Everything's downhill from now on!"*

*"I'm still young — so my eyes are still fine. I'm really not looking forward to being like you..."*

**Do** discuss presbyopia with pre-presbyopes before it happens:

*"You may need near vision help soon..."*

*"You may need multifocals next time..."*

**Do take the time to explain presbyopia thoroughly:**

*"This change you're experiencing is frustratingly natural. It happens to everyone around the 'magic' age of 45. There is a lens inside the eye, which when you're born is very flexible, and over time it develops more layers and becomes less flexible. Around age 45, it is typical to experience the first signs of this change to your vision, noticing further changes up to around age 60. Every 18 months or so, you'll require an update on your prescription as this develops — this physical change in the lens of the eye occurs whether or not you wear spectacles or contact lenses, so there's no point attempting to go without! It has nothing to do with weak muscles, even though it may feel a bit like that, and no amount of eye exercises or a change in diet will change things. My advice is to get the benefit from this new prescription, and make sure you have lots of choices for vision — this includes spectacles and contact lenses. I'm sure you have friends who are experiencing the same vision changes as you, so make sure you tell them all about our discussion today and I'll be pleased to look after them too."*

### Explaining multifocal contact lenses to presbyopes

**Don't get technical:**

*"The lens is based around the optics of simultaneous vision, so there is a range of dioptric focus within the pupil zone!"*

**Don't be negative:**

*"You may feel that your vision isn't as clear as normal..."*

*"Some people find the vision with contact lenses to be a bit blurry at first..."*

*"They're not ideal, but you might as well give them a try..."*

**Don't set vision-related tasks on the initial trial:**

*"Let me know how they are for reading small print such as labels in shops and also deciphering signs in the distance"*

**Do encourage people to give contact lenses a try:**

*"Everyone deserves the chance to try these lenses..."*

*"Try these out whilst you're shopping for the next couple of hours — go for a coffee and have something to eat — and I want lots of feedback when you get back..."*

**Do base your vision performance questions around the experience:**

*"Where did you go? How did the lenses help you?"*

### Explaining multifocal contact lenses to emerging presbyopic contact lens wearers

**Don't make life seem even more difficult:**

*"They'll be a lot more expensive than what you currently use..."*

*"You might not like them very much..."*

**Do help make it easy for the patient to try multifocal contact lenses:**

*"I'd like you to try these lenses for seeing, and do give me lots of feedback..."*

*"I have some lenses ready for you to try to your individual specifications, so let's give them a go..."*

**Do present the costs in relative terms:**

*"Multifocal lenses are similar in price to a good quality pair of spectacles..."*

*"Try them for yourself, so you can evaluate how they work for you..."*

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## — vision into words

### Explaining why contact lenses and spectacles go hand in hand

**Don't emphasise red eyes and infections:**

*"You'll always need a pair of spectacles in case your eyes are ever red or for when you get an infection..."*

**Do discuss the everyday usefulness of spectacles:**

*"You'll always find having a pair of spectacles a useful option — such as when you're relaxing at home"*

### Explaining the advantages of multifocal contact lenses over monovision

**Don't talk in jargon:**

*"Multifocal contact lenses are better than monovision because you'll enjoy better stereopsis and binocular vision"*

**Do provide the evidence:**

*"Research has shown that multifocal contact lenses help the eyes to perform well as pair giving better 3-D vision"*

### Explaining the advantages of multifocal contact lenses compared with distance contact lenses and reading spectacles

**Don't be too negative about spectacles:**

*"Multifocal contact lenses are far superior to spectacles in every way, for all situations..."*

**Do give examples of the freedom of contact lenses:**

*"One of the best things about multifocal contact lenses is being able to see wherever your eyes go — for example, this means being able to see things on shelves even above eye level, as the lens travels with your eyes..."*

*"Of course, contact lenses don't steam up when you walk into a warm room in the winter, and neither do they steam up when you open the oven door..."*

### Explaining the costs of multifocal contact lenses

**Don't be say:**

*"Well, the problem is, multifocal contact lenses are expensive..."*

*"You're not going to like the price..."*

**Do say**

*"The multifocal lenses I recommend for you cost ..... and this includes ....., how do you feel about trying them?"*

*"As a guide, multifocals are similar to a good quality pair of spectacles..."*

*"The main thing is to give them a try for you to see how they work for you..."*

## Sarah Morgan – the author

Sarah Morgan is an optometrist and staff development consultant. She has trained hundreds of staff in her tailored interactive seminars. Her new book 'The Complete Optometric Assistant' covers the full breadth of optometry and can be used to help train and develop staff in the practice.