

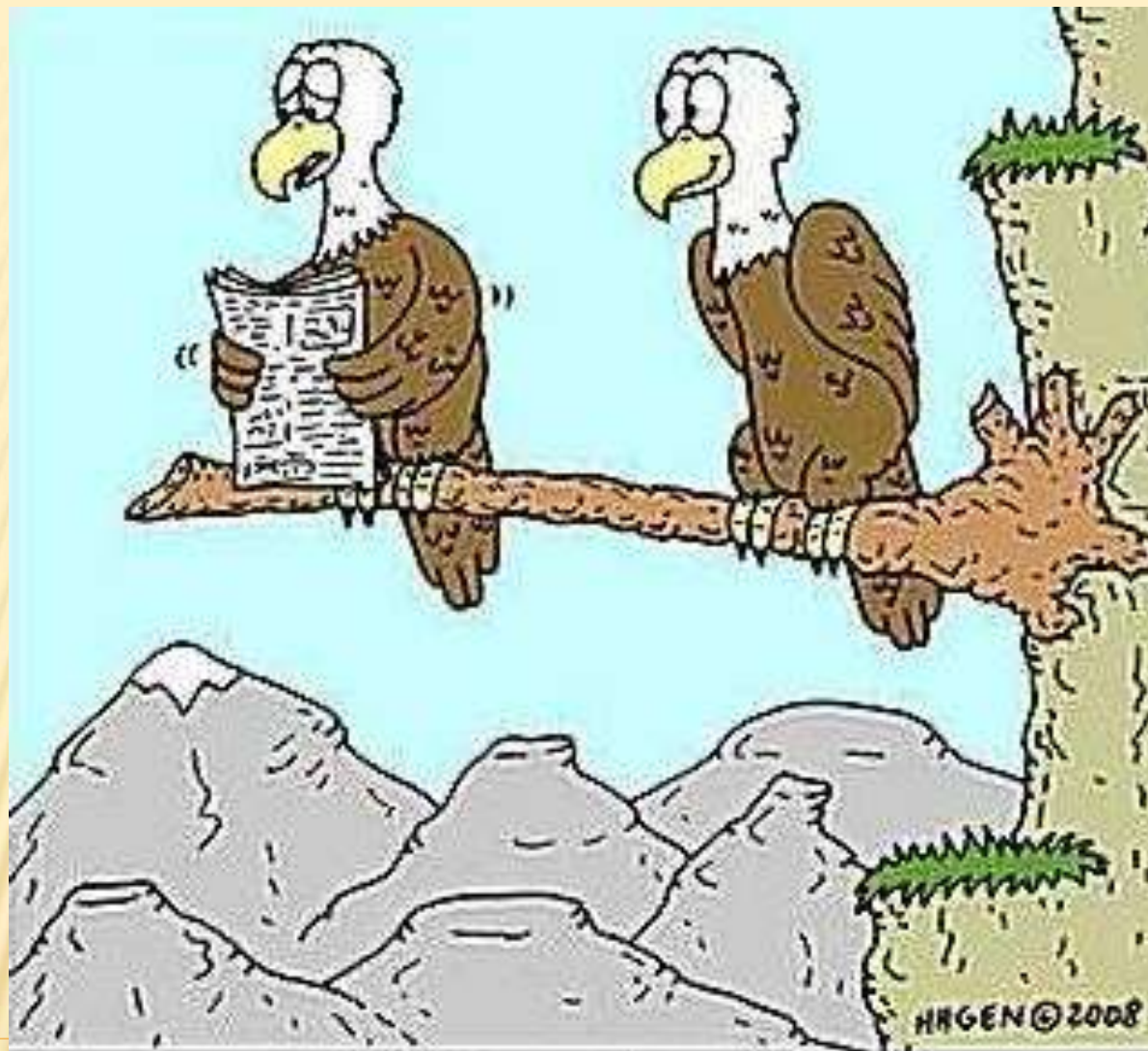


DIFFERENT OPTIONS TO SUCCESSFULLY FIT PRESBIOPIC PATIENTS

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**I'm getting old:
I can still spot a rabbit a kilometre away,
but I can't read the newspaper anymore...**

PRESBYOPIA

- ✘ Presbyopia is a “physiological” condition affecting every one of us, after 40^s
- ✘ No relation with:
 - + Gender
 - + Race
 - + Anterior refractive condition (Hyperopia, Myopia, Astigmatism)
- ✘ Presbyopia is one of the earliest signs of aging
- ✘ the need of glasses for near makes the presbyops feel “old for the first time”...and sometimes it comes as a shock



PRESBYOPIA

- ✘ **Presbyopia** (Greek word "presbys" - πρέσβυς), meaning "old man" or "elder", with Latin root "-opia", meaning "eye") describes the condition where the eye exhibits a progressively diminished ability to focus on near objects with age
- ✘ The presbyopia - the most common physiological disease of the lens



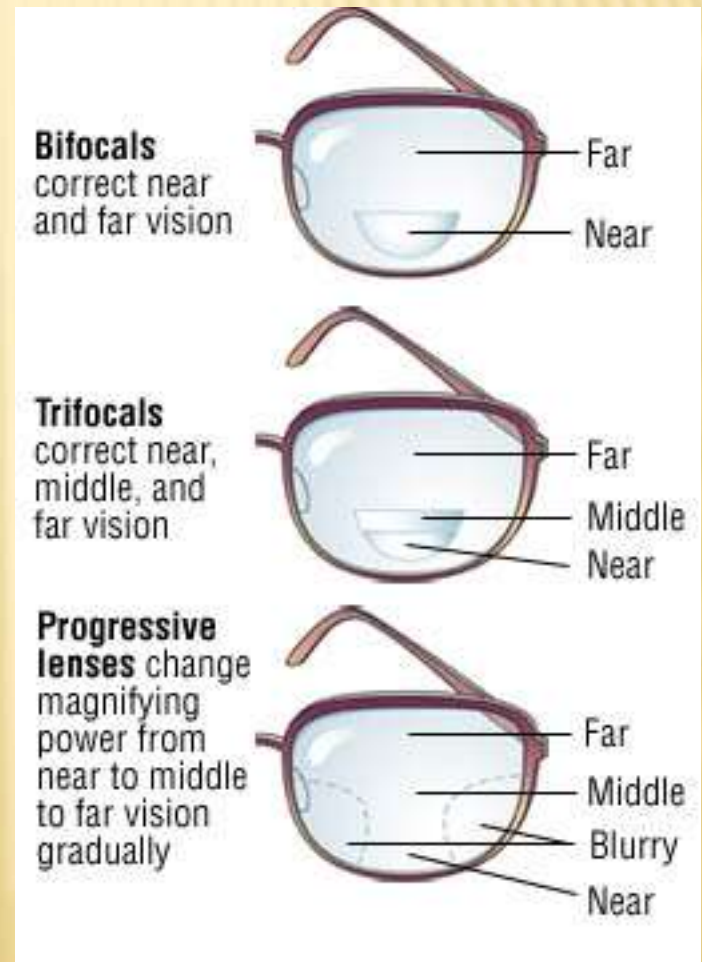
PRESBYOPIA CORRECTION METHODS

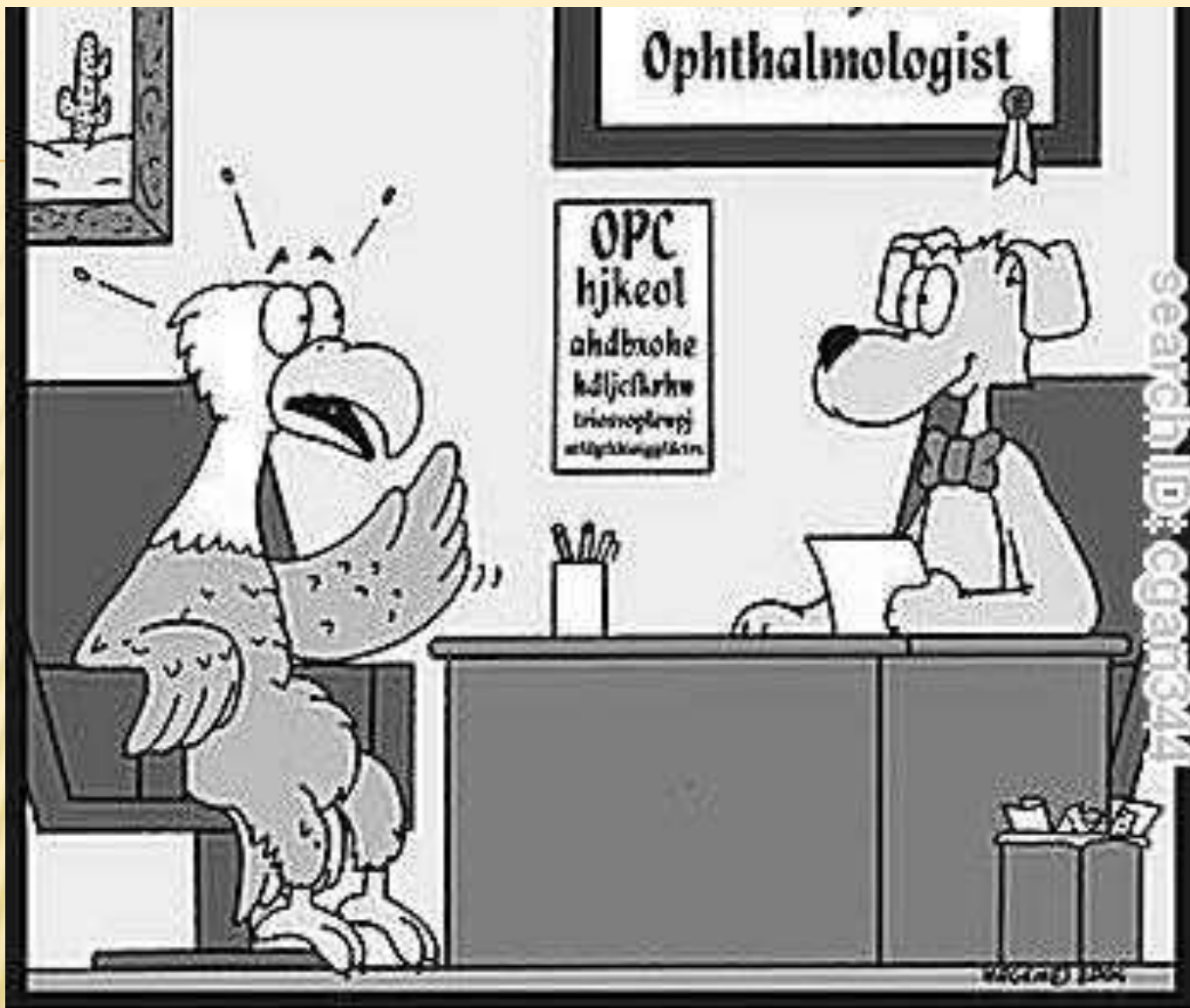
- ✘ Presbyopia can be corrected with glasses, contact lenses or surgical procedures



PRESBYOPIA CORRECTION METHODS

- ✘ Spectacle correction
 - + Separate reading spectacles
 - + Bifocal / trifocal lenses
 - + Progressive eyeglasses





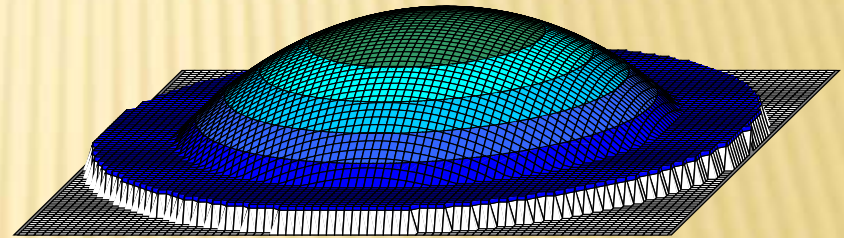
But Doc, I am an eagle: I can't be seen wearing glasses... Can't you prescribe contact lenses?

PRESBYOPIA CORRECTION METHODS

✘ Contact lens options:

+ Simultaneous vision

+ Monovision



PRESBYOPIA CORRECTION METHODS

× Surgical treatments:

- + Surgical reversal of presbyopia – scleral expansion bands (SEB) placed below the surface of the eye's sclera
 - + Anterior ciliary sclerotomy – 8 incisions in a radial pattern across the surface of the sclera
 - + Laser presbyopia reversal – similar to anterior ciliary sclerotomy
 - + Photophaco reduction – uses a laser to create cavities in the lens and reduce its size
 - + Lens replacement
- × Excimer solution for presbyopia
 - × Femtosecond laser intrastromal treatment for presyopia

PRESBYOPIA CORRECTION WITH CLs

- + For people currently wearing contact lenses and becoming presbyops
- + For simple presbyopes/hyperopes - searching for a mean to keep their active lifestyles at the same level

PRESBYOPIA CORRECTION WITH CLs

✘ PATIENT SELECTION

- + Good motivation
- + Occupation
- + Concern about appearance
- + Female gender
- + Previous/current CL success
 - ✘ myope/early presbyope
- + Realistic expectations
- + Occasional wear



PRESBYOPIA CORRECTION WITH CLs

✘ PATIENT SELECTION

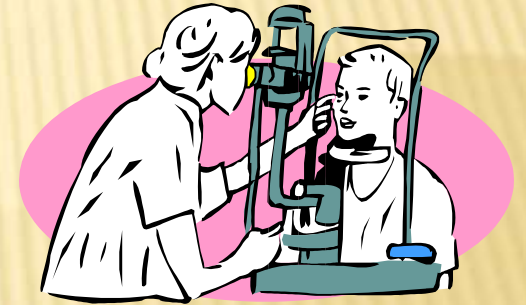
- + Explaining presbyopia to emerging presbyopes – reading prescription will advance with age
- + Visual expectations – pros and cons of each modality
- + Adaptation time, follow-up visits
- + Adjustment time when changing modality
- + Costs



PRESBYOPIA CORRECTION WITH CLs

✘ KEY FACTOR - REFRACTION

- + Emmetropia/Presbyopia
 - ✘ Low tolerance of simultaneous vision
- + Hyperopia
 - ✘ Maximize distance correction
- + Myopia
 - ✘ Minimal addition
- + Astigmatism $>0,75$
 - ✘ toric design, enhanced monovision
- + Addition
 - ✘ Up to 1,75 – monovision, aspherical bifocals
- + Very high refractive errors
- + Amblyopic eye
 - ✘ No monovision



PRESBYOPIA CORRECTION WITH CLs

✗ VISUAL ASSESSMENT

+ Manifest over-refraction

- ✗ binocularly, for distance and near
- ✗ using trial lenses or +/-0,25/0,5 flippers
(no phoropters)



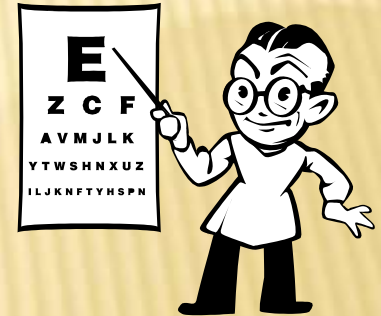
PRESBYOPIA CORRECTION WITH CLs

× FINAL PRESCRIPTION

+ Simultaneous vision

+ Monovision

- × Informed consent
- × May require additional spectacles for driving
- × Add >2 - spectacles for small prints



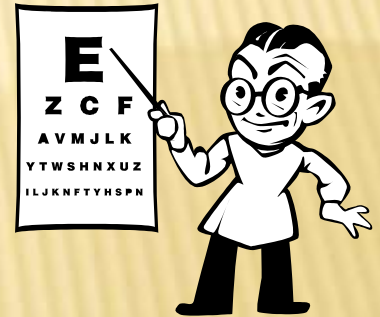
PRESBYOPIA CORRECTION WITH CLs

- ✘ Monovision ?
 - ✘ a multitude of options and opinions
- ✘ Monovision = name given to the art of science of fitting contact lenses on a patient with presbyopia
 - ✘ one eye is fit with a distance lens (if needed) and the other eye is fit with a near lens
 - ✘ when we look into the distance – we are using the vision from the dominant eye
 - ✘ our brain pays more attention to the visual information received from the dominant eye
- ✘ Monovision works because the brain is tricked into thinking that the CL actually is a part of the natural eye

PRESBYOPIA CORRECTION WITH CLs

✗ FITTING STRATEGY – LENS SELECTION

- + Low to moderate adds (+1,50 or less)
 - ✗ Monovision
 - ✗ Aspheric simultaneous vision design
- + Moderate to high adds (+1,75 or more)
 - ✗ Concentric simultaneous vision design
 - ✗ Aspheric simultaneous vision design



CONCLUSIONS

**I'M A PRESBYOP...
AND I DON'T WANT
TO WEAR GLASSES!**



CONCLUSIONS



- There are a lot of possibilities to correct presbyopia
- Spectacles are still the first choice!
- The correction of presbyopia need to be explained clearly to the patient before proceeding to detail the options (i.e. contact lenses and spectacles) along with the advantages and disadvantages of each

CONCLUSIONS



- Monovision provides the simplest method of correcting both distance and near vision with contact lenses
- A more complex monovision approach uses a bifocal/progressive lens in one eye and a single vision contact lens in the other, so-called modified monovision

CONCLUSIONS



- Correction of young presbyops is better tolerated with multifocal contact lenses in both eyes (simultaneous vision)
- Success rate depends on:
 - Previous correction
 - Occupation
 - Motivation
- Presbyops > 50ys – in our opinion, the best solution is monovision correction - correcting the dominant eye for distance and the non dominant eye with a multifocal lens

THE 12TH CONGRESS
ROMANIAN CONTACT LENSES SOCIETY OF OPHTHALMOLOGISTS
ROMANIAN SOCIETY OF CORNEA AND OCULAR SURFACE

“NEW OPTIONS FOR OCULAR SURFACE PROTECTION”

SIBIU, ROMANIA – RAMADA HOTEL

2nd November – 4th November 2012

INFO:

<http://oftalmologia.ro>

