

How to empathise

- ▶ **Highlight** that being myopic actually becomes a positive asset in presbyopia: uncorrected eyes are effectively a ready-made pair of reading spectacles. When wearing spectacles or contact lenses this asset is lost.
- With a low myope (~-2.50DS [\pm 0.50]), explain that they are lucky to have a 'low' level of nearsightedness. Higher myopes may be more receptive to presbyopia solutions, because they are more inconvenienced by their closer unaided nearpoint. For example, a high myope, full-time spectacle wearer may consider progressive spectacles for everyday use, computer spectacles for office and widescreen computer use, and single-vision readers for smaller laptop use or reading before bed – all in addition to using multifocal contact lenses when they want to be spectacle-free.

- ▶ **Offer** the opportunity to try multifocal contact lenses, even if they have previously worn only spectacles. Although there may be some truth to the axiom that spectacle wearers wish to stay in spectacles, many people are intrigued by the notion of multifocal contact lenses. Even patients who have never worn contact lenses deserve the chance to try multifocals, so that they can make a more informed choice.

Hyperopes

Their attitudes and experiences

- ▶ These patients have used spectacles and/or contact lenses for as long as they have had trouble with near focus.
- ▶ Hyperopes who wear only spectacles will either use them as their full-time correction or perhaps as necessary for close work. On reaching presbyopia, they sense their usual need for more near vision help and typically feel that they need only an increase in prescription / a 'stronger' lens – rather than the need for both a distance and near correction.
- In the case of hyperopic contact lens wearers, they too may feel that simply a 'stronger' or higher powered contact lens is needed.

- ▶ Low to moderate hyperopes may feel that they can still see well enough for distance vision, but are aware of the more significant visual blur they are now experiencing for near – at home, work and in every other part of their life.
- ▶ The significant deterioration in near vision can cause them to be more concerned about the health of their eyes than the other types of presbyopic patients. The loss to hyperopic patients is dioptrically greater than emmetropes of the same age, which is why they typically verbalise a more significant deterioration in their near vision.
- For example, if a 45 year old patient is +1.00 DS for distance and requires a +1.00DS reading addition, the unaided near vision more likely mirrors the experience of a 55 year old emmetrope requiring a +2.00DS reading addition.

How to empathise

- ▶ **Reassure** the patient that the change in his eyes is natural, expected, 'textbook', and not an eye health concern, and that effective options are available. **Remember**, for the hyperope, the significant and sometimes quite rapid deterioration in uncorrected near vision can be frightening, and there may be anxiety about the continuing rate of change.
- ▶ **Explain** that in general, vision correction will be needed more of the time – always for near vision – and with some assistance for general vision, greater comfort (and clarity) will be enjoyed.
- Those who have intermittently used spectacles only for close work may resist this idea, or complain that they do not want to become reliant on spectacles.
- For higher hyperopes, they may have already chosen to wear their spectacles for general use. Reinforcing this by demonstrating the improvement on distance visual acuity helps with the decision to wear the correction full-time.
- Many hyperopes experience significant frustration due to the inconvenience of 'losing their grip' on near focus. In this regard, they can be very receptive to trying multifocal contact lenses as an obvious solution to explore as they endeavour to restore their vision to 'how it used to be'. ■

Empathising With Presbyopes

With empathy and understanding, more can be learned about patients' experiences, attitudes and expectations about presbyopia. When patients and their lives are better understood, recommendations can be more accurately matched to their needs—ensuring they see, look and feel their best.

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

The optometrist, staff development consultant, and author discusses the impact of presbyopia on patients, and how eye care professionals can best offer support and advice on this predictable change in vision. Ms. Morgan was compensated by Alcon® for her participation in this article.

Goal of vision correction for presbyopes

Maintain the active life **to which they are accustomed**, by providing **clear vision at all distances**.

General tips for empathising with presbyopic patients

- **Be sensitive to their advancing age.** Don't mention it too much, and never as a negative.
- **Empower patients to recognise their symptoms early.** Educate patients before presbyopia develops, explaining that early changes can seem minor, but that symptoms are the beginning of a gradual change in their vision.
- **Debunk whatever myths your patients believe.** For example, presbyopia isn't the result of overuse of smartphones and computers, of contact lenses, or of their eyes in general.
- **Remember: it is food, not text, appearing blurry on their dinner plate.** Rather than focus on *reading* as the main area of difficulty, talk about how important near vision is for everyday life.
- **Allow presbyopes to experience multifocal contact lenses.** Provide the opportunity for patients to experience how multifocal contact lenses can be a solution for their presbyopia. Avoid using the word 'compromise' to describe multifocal contact lenses; presbyopia is itself a compromise.
- **Try not to prejudge a patient's willingness or ability to pay for the preservation and restoration of their vision.** Instead, have candid conversations in which you discuss the cost of your recommendations and the value of clear vision at all distances.

Fitting multifocal contact lenses

Among patients, awareness of multifocal contact lenses for presbyopia is virtually nil. But, many patients may be interested in trying them after learning about them! Here are some tips for the initial discussion and fitting.

- **Choose patients well.** Especially if you are just beginning to offer multifocal contact lenses, select patients who are enthusiastic about solving their presbyopia and who you feel are most likely to succeed with multifocal contact



lenses. With more experience and confidence in the fitting process, you can offer them to all suitable patients.

- **Don't get technical.** Discussing lens power, the range of dioptric vision, or 'centre out' vs. 'top down' will probably not be helpful for the patient. Instead, explain the potential benefits of multifocal contact lenses in general terms: 'These lenses can help your vision for close up, far away, and all distances in between by providing the right focus for wherever your eyes are looking. If you currently have a corrective prescription, these lenses will take that into account too.'
- **Follow the fitting guides from the multifocal contact lens manufacturer.** Fitting processes for multifocal contact lenses are much more streamlined now than they originally were; following the latest instructions may help lead to success!
- **After the initial fitting, focus on the real world.** Once a patient has their diagnostic prescription pair, have them move away from the eye chart. For example, they might browse spectacle frames, look at themselves in the mirror, walk around the practice, or go out shopping for a few minutes. This way, they are using the lenses in active, everyday situations.
- **The brain needs to adapt in order to best take advantage of multifocal contact lenses.** This can take up to a week, or possibly longer for some new wearers. Schedule a follow-up appointment for 5 to 10 days after fitting the patient, and have them commit to giving the lenses a chance.

Understanding patients' attitudes and experiences regarding presbyopia

Pre-presbyopes

Their attitudes and experiences

- ▶ These patients may believe some incorrect myths about vision in the ageing eye, perpetuated by their friends, family, and even pop culture. For example, 'wearing spectacles makes your eyes worse', and 'proper diet and eye exercises can help forestall any future issues'.
- ▶ They may be aware that they aren't 'a kid anymore'; as such, they may become more anxious about future changes to their eyes and vision, and even their general health.

How to empathise

- ▶ **Discuss** presbyopia openly and honestly in the years leading up to its potential onset, so that patients recognise the signs of presbyopia.
- ▶ **Stress** the importance of seeing you early, and regularly, once the symptoms begin.
- ▶ **Avoid emphasising** that the patient is ageing; don't speak negatively about their age.
- ▶ **Explain** that the patient's pre-existing refractive error may guide some of their experiences, and that their experience may be different from that of their peers.
- ▶ **Reach out** to those in the community who have never sought professional advice regarding their vision. **Ask** the patient to talk to their peers about presbyopia, and to suggest you as an available resource for them!

Emmetropes

Their attitudes and experiences

- ▶ This type of patient has always enjoyed 'perfect' vision, and may describe their presbyopia symptoms as minor, inconvenient, recent.
- ▶ They may describe their presbyopia as transient eye strain: 'I need more sleep', or, 'I need better lighting'.



- ▶ They may attempt to compensate for their presbyopia with larger font sizes on mobile phones, and better environment lighting. However, these 'fixes' aren't always enough/available.
- ▶ They may come in search of a cure: vitamins, eye exercises, laser surgery.
- ▶ When they learn that their change in vision is permanent, this may seem incomprehensible.

How to empathise

- ▶ **Understand** that emmetropic patients especially may associate this age-related landmark with an inevitable decline in health, looks, vitality, and independence. React with understanding and support if they initially reject the suggestion that they have presbyopia or the optical options suggested.
- ▶ **Explain** that there are several possible approaches to restore vision for close work, and that options allow greater flexibility. They may appreciate having multifocal contact lenses or progressive spectacles for everyday use, while also having single vision readers for certain situations, such as when preparing to apply contact lenses or when reading in bed.

- ▶ **Uncover** any pre-existing attitudes about vision correction, to help make more appropriate recommendations. **Remember**, emmetropes are likely to have limited first-hand experience (other than sunglasses).
 - 'How do you feel about reading spectacles?'
 - 'How comfortable would you feel wearing spectacles all the time?'
 - 'How do you feel about contact lenses?'
- ▶ **Listen** carefully for negative comments about spectacles. They may feel that wearing spectacles would be ageing, or impractical (it feels unnatural to many emmetropes to have to use spectacles), or would not be appropriate for their job. With such a patient, it is useful to discuss alternatives to spectacles, such as multifocal contact lenses.

Myopes

Their attitudes and experiences

Spectacle-wearing presbyopic myopes

- ▶ This patient may have already adapted to taking their spectacles on and off as needed, and does so quite naturally and with little consideration.
 - On to drive, off on arrival at the office—but on and off during meetings!
 - Off to eat supper, on to watch television.
- ▶ With presbyopia, those on-again, off-again spectacle habits may be helping to compensate, but they have also become less convenient (for example, it may be difficult for drivers using only single vision distance spectacles to focus on the dashboard or satellite navigation device—as removing their spectacles when driving is not a safe option).
- ▶ They may have heard about bifocals or progressive spectacles, but as far as they're concerned, they don't have a problem! After all, when they need to see close, they simply remove their spectacles.

Contact-lens wearing presbyopic myopes

- ▶ This patient has typically been very successful in contact lenses for some time.
- ▶ With presbyopia, difficulty seeing up close while wearing contact lenses is annoying (in this way, the experience is aligned with an emmetrope).
- ▶ Like an emmetrope, attempts are made to compensate for presbyopia with larger font sizes on mobile phones, and better environment lighting. However, these 'fixes' aren't always enough/available.
- ▶ Assumptions are made that the symptoms are just temporary, or due to a 'bad' batch of contact lenses: 'I had no difficulty with the previous batch!'
- ▶ Near vision is often described as being 'perfect' without contact lenses, with some confusion arising as to why the wearer now cannot see close up when using their contact lenses. (Of course, their good near vision without their contact lenses is only good because of their uncorrected myopia giving them natural plus power for near and compensating for their presbyopia).



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