

Vision restoration for the presbyope is multifactorial and should not be thought of as 'simple' by the eye care professional. A patient attending the eye examination wearing spectacles does not mean that they are closed to the idea of contact lens wear; in the same way, someone who uses only single vision reading spectacles may be very receptive to progressive spectacles, having experienced the limitations of 'just readers'. Some may hold the misconception that they are either a spectacle wearer or a contact lens wearer, unaware that it is possible to mix and match between spectacles and contact lenses. Giving comprehensive advice after uncovering the worries and attitudes of the patient is helpful. Asking questions is key (for example: do they drive? how often? just locally, or over long distances?); by getting to know the patient in a little more detail, their critical needs surface.



Conclusions

Correcting presbyopia is a very ordinary and frequent part of an eye care professional's daily role. The routine nature of presbyopia presents a challenge, in that it can be difficult to view every first-time presbyope's case as 'new'. For the patient, of course, it is their first experience of presbyopia, and they may be anxious or even fearful about what is happening to their eyes. When presbyopes feel understood by their eye care professional, they are more receptive to taking the advice offered, which may involve trying something new such as multifocal contact lenses. Once a presbyope understands how their eyes have changed, they often become the expert of their peer group, enthusiastically recommending the practice. ■

About the author:

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PRESBYOPIA:

'It won't happen to me...'

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An 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.

'I don't understand. I've had excellent vision my whole life!'

Presbyopes make up a large portion of the patient base for most practices. For the optometrist, presbyopia can seem rather simple: a 'reading add' on the prescription, and many corrective options to discuss for both ophthalmic lenses and multifocal contact lenses. For the patient, though, presbyopia can be much more complicated, representing a substantial change to their vision with immediate consequences for their eyewear and contact lens needs, as well as subsequent consequences for their lifestyle. Seeing things from the perspective of the presbyope greatly helps to shape optometrist-patient discussions, making communication more effective.

Seeing Presbyopia (From the Presbyope's Perspective)

Before experiencing presbyopia first-hand, an eye care practitioner may not fully appreciate the significance to the patient of deteriorating near vision. Of course, presbyopia is discussed in the early days of optometry training, but understanding what patients experience – how it affects them practically and emotionally on a day-to-day basis – is somewhat beyond the explanation of a mere 'decrease in accommodative ability of the crystalline lens.'



In actuality, presbyopes are quite similar to low-vision patients in that they see better when things are bigger, bolder, and brighter. In the kitchen, for example, a presbyope may choose to read a recipe with aid of an under-counter spotlight. Presbyopes may present with difficulty reading their smartphones, the daily newspaper, or the information on a package of food. They may claim that the informational insert accompanying their prescription medication is now printed 'even smaller than it used to be.' By contrast, the non-presbyope has no problem reading small print, because their accommodation permits clear focus even when bringing an object nearer to their face ('growing' the text larger by virtue of proximity). For the presbyope, such a solution to small print is a non-starter. And, a presbyope's everyday visual frustrations are not limited to text; presbyopia compromises all near tasks in some way. Not being able to see the skin of an apple when peeling it may or may not affect the ability to conduct the task, but it certainly affects the experience. And yet, optometry refraction clinics do not typically offer a plate of food as the 'task' with which to judge the quality of a new reading addition!



'I've noticed they're making print even smaller these days...'

The current generation of presbyopes have a different self-perception than that of their parents. The lifestyle of today's presbyope is an active one, with important work responsibilities, social and sporting activities, and young families. This is partly why it is so vital to retain near vision capability. Handheld digital technology also now plays a central role in everyday life, and this demand on near vision may be taking a toll. Some patients first become aware of presbyopia because they must hold their handheld digital devices further away in order to see them clearly, or increase text sizes / use a device with a larger screen.

Presbyopia, like low vision, impacts visual freedom and quality of life, which is why demand for visual restoration – 'I just want my eyes back!' – is so high. The emerging presbyope experiences a loss of visual ability, as well as the need to 'change' habits in order to facilitate vision (such as moving to where the light is brighter). Many find this vision change worrying, especially emmetropes who have no previous experience of visual difficulties. Others already wear glasses or contact

lenses to correct their vision, but they still become concerned when they first notice presbyopia. They may misdiagnose their difficulty as eye fatigue/dryness, a lack of sleep, or even 'the problem with the latest technology'. When they finally land in the eye examination chair, they learn of the 'frustratingly natural' change in vision that is presbyopia, and of how their vision will continue to change over time. In that way, presbyopia is a much bigger deal for the patient than a 'simple' reading add on the prescription; it is not only a visual milestone, it may be the first health-related change signaling their mortality.

Being The Guide They Need

Discussing presbyopia before it occurs is ideal, although the majority of emmetropes present only at the time of their first presbyopic event. As eye care professionals and 'vision restoration experts', we optometrists must guide patients through their own unique and personal experiences of presbyopia. They benefit greatly from what we can provide: understanding of the cause of this change in their vision, along with reassurance that it is an expected and natural change, and – importantly – that it is not an eye disease or sign of impending blindness! Discussions and demonstrations are required to show presbyopes the range of vision correction options available, and to help them continue to see *in spite of* their presbyopia.

'I just want my eyes back.'

When presbyopic patients decide to see their eye care professional – or decide to find one if they've never needed one before – their goals for doing so are to *fix the problem* and *retain their lifestyles*. These must be joint goals. It is natural to hone in on the final prescription as the end result of the consultation; but, from the perspective of the patient, the end result is being able to see sufficiently well to do the things they need to do. No patient wants to change their job because of their presbyopia, nor give up their favourite pastime.

Presbyopes have many options: single vision spectacles, bifocals, progressives, monovision and multifocal contact lenses, and any combinations; most importantly, they need guidance in choosing which options are best *for them*. Whilst diagnosing presbyopia can seem uniform to an eye care professional (that is, in looking at the age of a patient, most eye care professionals can provide an accurate estimate of the reading addition required), how it is best 'treated' depends on the individual presbyope. It is foolhardy to give 'general advice' to presbyopes in the hope that they make the right choice themselves. This is why showing an interest in them as individuals at the start of their consultation is crucial – not only for creating rapport and instilling confidence, but also to provide more effective recommendations that are tailored to their everyday life.

Continued on the back