

iTech

BUILDING THE OPHTHALMIC TECH'S COMMUNITY OF PRACTICE

ENSURING PATIENT SUCCESS WITH CONTACT LENSES

KEEP YOUR PATIENTS SAFE WITH STRICT WEAR AND CARE REGIMENS

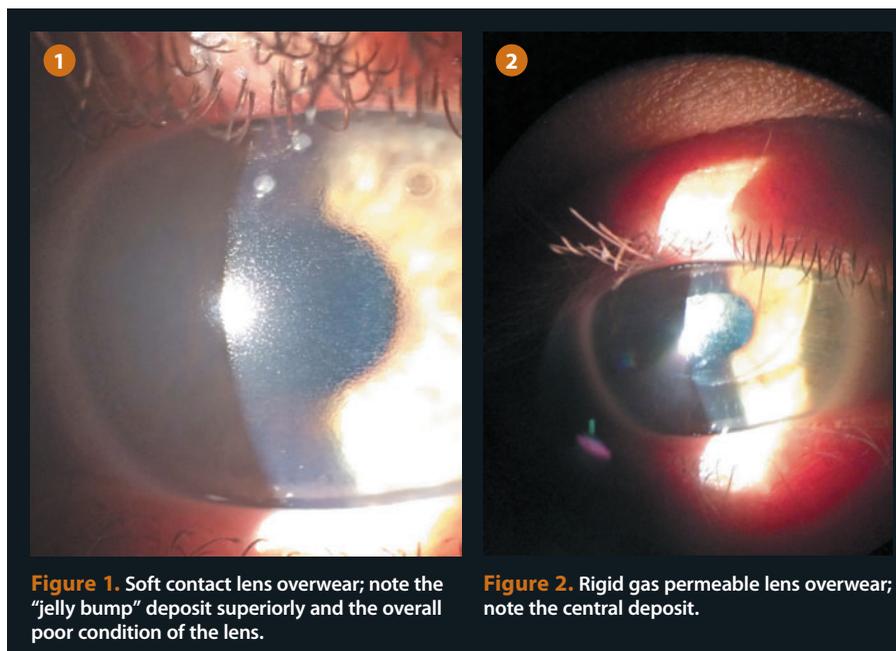


Figure 1. Soft contact lens overwear; note the “jelly bump” deposit superiorly and the overall poor condition of the lens.

Figure 2. Rigid gas permeable lens overwear; note the central deposit.

INSIDE:
Contact lenses

The power
of recommendation

You know what is best for your patient, and you should make the call. Don't let him make his decisions about healthy contact lens wear and care—make a recommendation. Our recommendations have a strong influence on patient choice, and they are there to promote patients' best interests.

PAGE 10

Note correction on page 14. Images were mislabeled in the Winter 2013 issue; they are shown again with correct captions.

By Ernie Bowling, OD, FFAO
Chief Optometric Editor

Contact lenses are a large part of any general eye care practice. It is one source of great pride and satisfaction when a patient new to contact lenses first sees clearly without his spectacles, and we all enjoy seeing that epiphany. Yet, like

with all experiences, the new soon wears off, and those patients who started out with the best of intentions regarding their contact lens wear and care can slip into some not-so-healthy habits. Overall rates of non-compliance with contact

lens wear and care are routinely cited as ranging from 40%-91%.^{1,2}

During the course of a busy clinic day, patients presenting for contact lens follow-up are often given the perfunctory

See **Contact lenses** on page 3

THIS IS WHY YOU CAN

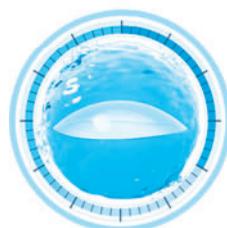
give your patients
comfort that lasts.



ATTACHING AND
FORMING A HYDROPHILIC ENVIRONMENT
across the surface of the lens^{1,2,4}



CREATING A UNIQUE BARRIER
that reduces lipid deposition
and removes protein deposits¹⁻³



PROVIDING MOISTURE
from morning till night^{1,2,4}



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Contact lenses

Continued from page 1

vision check and slit lamp evaluation and sent on their merry way. This means some of those non-compliers may be slipping through the cracks and will continue with their bad habits—until the day they show up in the clinic with a red eye or corneal ulcer.

“An ounce of prevention is worth a pound of cure,” so the old saying goes, and the best way to prevent a contact lens adverse event is by strict adherence to established wear and care regimens. The best way to have patients comply is through continual reinforcement of good habits, and the best time to emphasize these habits is at the regular contact lens follow-up visits.

The contact lens technician can play a pivotal role in this regard, as more often than not, the tech spends far more time with the patient than the doctor—time that can be pivotal in evaluating your contact lens wearers and heading off any potential problems.

Opening questions

Before the doctor ever sees the patient, some perfunctory questions will help assess the patient’s attitude about her contact lens experience.: Some considerations:

- **Does the patient smoke? If she does, advise her to stop. Studies have shown that contact lens wearers who smoke have more problems than those who don’t.**³
- **Look at the patient’s fingernails; short and smooth fingernails help avoid damaging contact**

Contact lens patients should remember the “3 goods.” When wearing contact lenses:

1. The contact lenses should feel good
2. The patient ought to see good
3. The eyes ought to look good (i.e. no redness)

lenses or scratching the eye on lens application and removal.

- **Does the patient have any spectacles? This can become important if the patient develops some ocular irritation or redness with contact lens wear but continues to wear the contact lenses and worsen the condition all because she had no other method of vision correction. Spectacles allow the eyes to have a break from contact lens wear.**

Lens types and wear schedules

The next question is what type of contact lens is the patient wearing? Even though you may have that information in front of you in the chart, it is important for the patient to know what type of contact lens she has on her eye. I am always amazed at the number of patients who have no clue about what contact lens they are wearing, and I am not alone; a study conducted at the Centre for Contact Lens Research (CCLR) found that only half of the study participants were able to recall from memory the brand names of their habitual contact lenses.⁴

Also inquire about the

patient’s wearing schedule. Is he wearing his lenses daily wear only? If so, how many hours per day are the lenses on the eye? Is he wearing the lenses for extended wear? If so, how many days continuously is he wearing the lenses? It is also confounding to find that patients often wear a lens designed for strict daily wear for extended overnight periods. A recent study reported that 6% of contact lens patients wear their lenses overnight, despite being advised to wear them for daily wear only.⁵ Many times the patient will be hesitant to admit to overnight wear, yet if the question is asked in a non-confrontational way, the patient will often confess to extending his contact lens wearing schedule. I often remind patients who are sleeping in their lenses that this practice is associated with a 10-fold increased risk of microbial keratitis over contact lenses worn as strictly daily wear.⁶

Lens replacement

Likewise, patients should be asked about their replacement regimen. Many patients will wear their contact lenses beyond the recommended replacement schedule. It has been well established that lens replacement is the most commonly reported aspect of contact lens non-compliance.⁷ There are as many excuses for the practice as there are contact lenses on the market. Some feign forgetfulness, some ignorance, and some will tell you they see no reason “to throw away a perfectly good contact lens.” I often liken this to the “last razor” analogy. I am pretty good about replacing my disposable razors regularly, but that last one

See **Contact lenses** on page 4

“An ounce of prevention is worth a pound of cure,” so the old saying goes, and the best way to prevent a contact lens adverse event is by strict adherence to established wear and care regimens.

11%-
49%

of patients
always fail to
wash their hands
before handling
their lenses¹¹

Contact lenses

Continued from page 3

in the package seems to last about twice as long as the others.

Replacing contact lenses at recommended intervals allows for better comfort. A study conducted by the Centre for Contact Lens Research shows that silicone hydrogel lens patients who are compliant with manufacturer-recommended replacement schedule have better comfort and vision at the end of the day than noncompliant patients.⁸ Using lenses beyond their recommended replacement schedules has been associated with a 4-fold increased risk in infections compared with lenses replaced at appropriate intervals (see Figures 1 and 2).⁹

It doesn't hurt to remind your patients that contact lenses are medical devices and are regulated by the U.S. Food and Drug Administration—they aren't buying shoes here. Smartphone-based applications and electronic reminder services are a great way to help tech-savvy patients remember when to replace their lenses. Acuminder from Acuvue lets patients sign up for free text messages or e-mail reminders to change their lenses or schedule an appointment.

In addition to wearing times and replacement schedules, inquire about other high-risk habits. Does the patient shower in her lenses? Wear them swimming or in a hot tub? I don't

ever recommend patients swim in their contact lenses or wear them when showering or in a hot tub. Many patients are surprised at that recommendation. Knowing that many will not comply with that recommendation, I suggest they use protective goggles and, immediately after swimming, remove and clean their contact lenses before wearing them again.

Lens care

Regardless of the type of lens worn and the wearing schedule,

proper lens care is essential to maintaining good ocular health. The patient should be asked about her lens care regimen. I find this to be a huge area of non-compliance. While many patients can't tell you what brand of lens they are wearing, fewer still can tell you the brand of contact lens cleaning and storage solution they use.

A visual aid may be helpful. Our office keeps a display of various contact lens solutions—if the patient has no idea about her care system, she will be asked if one in our display is the brand she is using. In many cases, it is not the brand recommended at the time the lenses are dispensed. Patients may start out with good intentions and follow the doctor's recommendations at the onset but quickly switch to an off-brand or generic due to cost considerations. Again, it is helpful for ancillary staff to gently remind the patient that the doctor has recommended a particular

brand of solution based on the patient's needs and suggest the patient adhere to the doctor's recommendations.

The doctor's recommendation is important. Studies have shown that patients are more likely to comply if the doctor has made a strong recommendation—not only about solutions but wearing times and replacement schedules.¹⁰ Does the patient wash his hands before handling contact lenses? It sounds like a

See **Contact lenses** on page 6



Figure 3. Contact lens from a patient presenting with an infectious corneal ulcer.

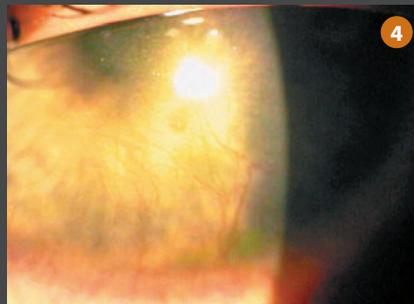


Figure 4. Contact lens-related Staph corneal ulcer.

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Ophthalmic Diagnostics

Sjögren's
Syndrome
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Foundation

40%-75%
of contact lens wearers fail to rub and rinse with their multi-purpose solutions¹²

Contact lenses

Continued from page 4

no-brainer, but, again, take nothing for granted. Between 11%-49% of patients always fail to wash their hands before handling their lenses;¹¹ and there is a 1.5-times increased risk for developing microbial keratitis and 2-times greater risk for developing sterile keratitis in patients who fail to wash their hands.^{3,6} Recommend the patient use a non-cosmetic soap because soaps with oils or lotions in them can transfer to the contact lens and cause irritation on lens application along with blurred vision.

Is the patient using the solution properly? Does the patient rub and rinse his contact lenses daily with the recommended solution (not water or—God forbid—saliva)? Tap water should

never come into contact with soft contact lenses, and saliva contains numerous microbes that can lead to an ocular infection. If I had a nickel for every time I've heard a patient say, "But the bottle says, 'no rub,'" I'd be a rich man. My standard answer: "no rub" doesn't mean no rub. Fortunately, most multi-purpose solutions no longer advertise "no rub."

Have the patient demonstrate how he cares for his lenses. Ask the patient to clean each lens by rubbing it gently with his index finger in the palm of his other hand, then rinsing the contact lens before placing it in the storage case. This "rub and rinse" cleaning method is sufficient with most multi-purpose solutions in use, yet not all patients perform the practice. Some 40%-75% of contact lens wearers fail to rub and rinse with their multi-purpose solutions.¹² Do not allow

the tip of the solution bottle to come into contact with any surface, and instruct the patient to keep the solution bottle tightly closed when not in use. Likewise, patients need to understand that sterile saline is not a disinfectant, nor are contact lens rewetting drops.

Speaking of solution, is the patient dumping the solution out daily and using fresh solution or simply "topping off" the solution in the case? A reported 22% of wearers top off their lens case occasionally, frequently, or almost every night.⁴ In an attempt to save money, this practice is one shown to contribute to ocular infections.¹³ Old solution should never be re-used.

Also, remind patients that transferring solution from one container to a smaller-travel size container should be discouraged. This is another compliance concern that is often neglected in lens care while traveling, and it has been identified as a risk factor for infection among contact lens wearers. Restrictions on liquids in carry-on luggage when flying mean that re-usable lens wearers may be tempted to transfer solutions into smaller containers. Such a transfer can affect the sterility of the contact lens care solution. Use the smaller size bottles of solution when travelling. If hygiene is difficult to ensure, consider refitting the patient into a daily disposable lens.

Be sure patients inspect their lenses before application. Patients should look for nicks along the lens edge, torn lenses, or visible breaks. Damaged lenses can damage the eye, so advise patients to discard the lens and use a fresh one.

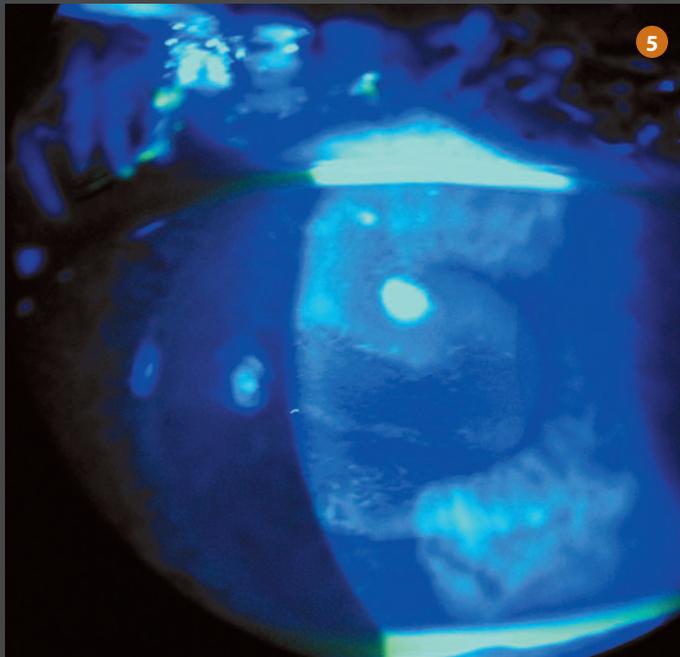


Figure 5 Microbial keratitis.

Lens case

Of all the components of contact lenses, lens cases represent the most common source of contamination and have been shown to include a host of pathogenic microorganisms, including bacteria, amoeba, and fungi.¹⁴

So, we need to ask our patients about their lens storage case. Do they ever clean it? Some 61%-79% of contact lens wearers fail to clean their case daily (see Figure 3).¹⁵ The storage case should be rinsed out daily with storage solution—never water—then wiped with a clean tissue and allowed to air dry. Because *Acanthamoeba* cysts may be present in tap water and can survive for years after drying,¹⁶ I recommend using only contact lens disinfecting or multi-purpose solution for this step. Recent studies suggest that wiping your case with a clean tissue and/or placing it upside-down on another clean tissue may be additional good steps in keeping bacteria biofilms off the case.^{15,17}

Does the patient regularly replace her storage case? Storage cases should be replaced every 1-3 months or if the case is damaged or cracked. One surefire way to see how well the patient manages her contact lenses is to ask the patient bring in her contact lenses, solutions, and storage case when she comes in to the office for her appointment. Much like your medical doctor wants you to bring in your medications at your physical exam, asking the patient bring in her contact lens paraphernalia can show how diligent she is in caring for her lenses.

Wear and care handouts

There is no statistically

significant difference between patients receiving both verbal and written instructions and those receiving only oral instructions.¹⁸ But it is best to give the patient a double dose of positive reinforcement, not only with the spoken word but with a nice handout outlining the patient's lens type, the recommend lens wearing schedule, and the recommended solution type. Keep a copy of these recommendations in the patient's chart—that way patients can't say they haven't been warned. Failure to follow recommendations and poor hygiene can increase the risk of ocular infections such as microbial keratitis. Examples of handouts are available online from the American Optometric Association or the Association of Contact Lens Educators.

If a patient is noncompliant, often this reinforcement of his wear and care will return him to healthy habits. For those who it doesn't, perhaps it is time to change lens type to a daily disposable. In terms of reducing the risk of infection, single-use daily disposable lenses are the safest type of soft contact lens.

What to do when the eye is red

My staff and I tell patients to remember the "3 goods" when wearing their contacts. With the lenses on their eyes:

1. **The contact ought to feel good**
2. **The patient ought to see good**
3. **The eyes ought to look good, i.e., there should be no redness.**

The next point for the patient to remember is if one of these "3 goods" isn't good, she should immediately remove the contact lens and call her

eyecare practitioner. This may seem like a no-brainer, but there is an astounding number of patients who present with an adverse event that started out as a minor redness or irritation, but progressed to something far more serious because the patient continued to wear the contact lens (see Figure 4), often because he had no spectacle back up. The contact lens acute red eye (CLARE), which can result from lens wear, has a variety of causes, including an improper fit, lens deposits, damaged lenses, corneal hypoxia, an allergic reaction to lens care solution ingredients, ocular allergy, dry eye, and, in the worst case scenario, infectious keratitis. Eye infections, while infrequent, can be devastating, preventing patients from wearing their contact lenses for extended periods and can result in permanent corneal scarring and vision loss (see Figure 5).

Safe and successful lens wear

Contact lenses are among the safest forms of vision correction when patients follow the proper wear and care instructions. Fortunately, even with high rates of contact lens noncompliance, the incidence of severe complications associated with contact lens wear is relatively low. Why do patients not comply with your instructions? They either:

- Haven't understood what they've been told
- Choose to ignore what they've been told, thinking nothing bad is going to happen to them
- Forgot what they've been told

Compliance, however, is the key to long-term successful lens

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61%-79%
of contact lens wearers fail to clean their case daily

23%

of patients were unable to later recollect seeing any information regarding the risks and complications associated with lens wear¹⁹

Contact lenses

Continued from page 7

wear. Our patients' single best way to avoid eye infections and protect their eyes is to follow recommended lens wear and care guidelines. In particular, the guidelines should include performing a "rub and rinse" step in the lens cleaning process, reducing contact with water while wearing contact lenses, and replacing the lens case frequently.

Recommendations have to be ongoing and continual at each and every visit because patients forget. One study reported that while 88% of patients were given lens care information, 23% were unable to later recollect seeing any information regarding the risks and complications associated with lens wear.¹⁹ To maximize compliance, both verbal and written information should be given and key aspects reinforced during follow-up visits to prevent any misunderstanding.²⁰

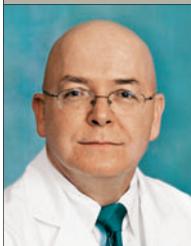
The patient who chooses to ignore a recommendation will likely show up with what I affectionately call the "positive washcloth test," a compress over her eye to lessen the pain and photophobia from her contact lens-related infectious corneal ulcer. I am not above telling these patients that this severe complication from their contact lens abuse is going to keep them out of contact lenses for a prolonged period of time; cost them a tremendous amount of money in office visits, medications, and lost wages; and it all may have been prevented if they had only adhered to the recommended wear and care schedule.

I have noticed this discussion

regarding the costs of abuse seems to hit home, or perhaps, it's just that the patient doesn't want to go through that pain again. While the focus of the contact lens follow-up visit is to ensure good vision and ocular health with contact lens wear, our job as eyecare professionals is to constantly reinforce good lens wearing habits and lens care so our patients can enjoy a lifetime of safe, successful contact lens wear. ▀

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Dr. Bowling is chief optometric editor of Optometry Times.

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The power of recommendation

Knowing what's best for your patient and making the call

By Martin Carroll, OD, FAAO

There is significant healing power in the doctor-patient relationship. If we work together in these relationships, significant improvement can occur to our patient's quality of life and health status.

The word "fiduciary" is derived from the Latin word for "trust." This "trust" is the basis for the doctor-patient relationship. The bond between the doctor and patient is vital for a successful diagnostic and therapeutic outcome. The patient can trust that communication about her health and her condition is held in confidence and that the doctor follows accepted codes of professional ethics.

The doctor-patient relationship has evolved over the centuries from a paternalistic interaction into a more modern shared decision-making model. This modern model allows for patients to be autonomous and express their views and choices, including no treatment. We must remember that our patients filter our instructions through their existing belief system before coming to a final action.

In the patient's best interest

Remember that competent patients have a right to refuse care, and we must respect their decision. However, under vision- or life-threatening situations, we must strongly encourage specific actions, especially treatment that carries little risk. We can gently persuade the patient by educating him of the harm in avoiding or denying treatment.

Some experts suggest that patients should be the primary decision makers in their own health care and that doctors should not make treatment recommendations, including allowing patients to make their own choice¹ and that doctor's recommendations can be influenced by industry.² However, our recommendations have a strong influence on patient choice³ and are there to promote patients' best interest.⁴ Cognitive patient biases affect the choices they make that are contradictory to their own best interest.^{5,6} Our recommendations can potentially help our patients overcome these biases.

When people make decisions for others, they hone in on the most important aspect of the decision and are less swayed by other factors that could bias the decision.⁷ This confirms how important our recommendations are.



Dr. Carroll graduated from the Southern California College of Optometry and has been in private practice since 1981. He is a member of the Wyoming Optometric Association, the American Optometric Association and the American Academy of Optometry. He is an adjunct assistant professor for the Illinois College of Optometry and adjunct clinic professor for Western University College of Optometry. Dr. Carroll is a Diplomate of the American Board of Optometry.

In the contact lens arena, we have a vast array of contact lens options and modalities to choose from, and the proper contact lens wear and care regimen ultimately depends on our patients following our instructions. Frank recommendations are often required so that our patients' contact lens wear is safe, comfortable, and successful.

The power of a recommendation is often undervalued or overlooked.

How many times have you heard a patient say he is not complying with the practice's written orders for contact lens wear and care, only to discover that the problem is you? I admittedly have. Knowing that one third to one half of patients fail to follow a doctor's written orders^{8,9} makes the process of recommending vital to a patient's health. Years ago, I found that bringing a personal touch to my patient relationships allows me to better connect to the patient and enhance my recommendations and my written orders.

I believe that compliance can be vastly improved by allowing patients to share in the decisionmaking for their condition following my recommendations. For example, I might say, "I know that it may be hard to change your lenses at exactly every 2 weeks as I have prescribed. Let's talk about what happens when you don't change your lenses and come up with a solution together. I would suggest that you change them on the first and fifteenth of the month."

While some may argue that patients can choose wisely,¹⁰ I cannot reiterate enough how important it is to make

Making a successful recommendation

A successful recommendation begins with:

- Reducing barriers to communication
- Establishing a comfortable environment for doctor-patient interaction
- Small talk to connect on a personal level
- Focus on the patients' needs

recommendations that ensure healthy contact lens care and wear and not leave it up to our patients to make their own decisions. Otherwise, why would they need us?

Obviously, there is a reason contact lenses are regulated as medical devices and their distribution restricted to licensed professionals, by the Food and Drug Administration (FDA). We know that civil penalties of up to \$16,000 per violation can be assessed for the illegal sale of contact lenses. I am preaching to the choir when I say that contact lenses are a prescription device that if fit, worn, used, and taken care of incorrectly can lead to grave outcomes. The challenge is to convey this to our patients.

Building trust to increase compliance

Our patients can have safe and successful contact lens wear if we provide full-service care and they adhere to our prescribed orders.

A few of those orders being:

- Lenses
- Care system
- Hygiene
- Wearing schedule
- Lubrication

- Environment
- Replacement schedule
- Comprehensive eye examination schedule
- Cases
- Follow-up
- Seek care when certain symptoms occur

Let me give you a common scenario that many of us face daily: you prescribe contact lenses but fail to prescribe the care system, specific wearing schedule, specific replacement schedule and/or follow-up. Your patient ends up in the emergency department with a central corneal ulcer. That was your fault.¹¹

Our patients are best served when we are proactive with recommendations.

A successful recommendation begins with:

- Reducing barriers to communication
- Establishing a comfortable environment for doctor-patient interaction
- Small talk to connect on a personal level
- Focus on the patients' needs

To facilitate open communication, some techniques are:

- Sit down
- Lean forward when listening
- Listen without interrupting
- Make eye contact
- Acknowledge feelings
- Explain, educate, and reassure
- Ask if you covered everything and if patients have any questions
- Be sincere

We have all seen the tragic events that occur when a patient does not follow our

See **Recommendation** on page 14

I am preaching to the choir when I say that contact lenses are a prescription device that if fit, worn, used, and taken care of incorrectly can lead to grave outcomes. The challenge is to convey this to our patients.

Nutrition's role in eye care

Why diet and lifestyle should be part of the exam room conversation

By **Steven M. Newman, OD, CNS**

What are some common questions our patients expect to hear from us? "How is your vision? Which is better, one or two? How many nights out of the average month do you sleep in your contact lenses?" Sure, these are the easy answers, but when is the last time you surprised your patient with a question about his diet? With all the information available on the benefits of vitamins and supplements, how many of us have changed our case history questions to reflect the times?

We all have patients suffering from cardiovascular diseases like hypertension, diabetes, and heart disease. We all ask our diabetic patients what their last fasting blood sugar measurement was; why not qualify this number with the food intake for the prior 24 hours? Diet and healthy lifestyle choices play significant roles in the treatment of cardiovascular diseases that affect the eye. We inquire about prescription medications, but medicine falls into the category of "what the doctor can do for them." Who's asking the questions about "What are you doing for yourself?" Optometrists and their staffs are in a unique position to ask the proper questions, then form an educated

opinion after evaluating critical blood flow to and in the eye.

To be proactive, patients need to be asked a few direct questions, then commit to make small lifestyle changes.

Picture this scenario: a patient goes to his doctor and finds out his cholesterol is high, putting him at risk for heart disease. Instead of recommending eating better and incorporating mild exercise into his life, his doctor has recommended a statin drug. Three months later, the patient's cholesterol numbers are much better, but he doesn't have the energy to get off the couch and walk around the block. This leads to the common case of "healthier blood work/unhealthier patient." We can't place all the blame on the physicians—after all, they've been talking about healthy lifestyle habits for decades, and most patients simply don't want to listen. We've all been out with friends or relatives who would rather eat more now only to take an extra pill later. Breaking down these mental barriers may be futile, but impressing upon our patients the vital role their active participation plays in their own health can often have a more positive, personal result.

Doctor's orders: a healthy diet

The Phototrope study concluded

that ubiquinone (CoQ10) combined with omega 3s and acetyl L-carnitine, can slow down or actually reverse early, dry macular degeneration¹ (see Figure 1). The best way to get these is by allowing our bodies to produce the CoQ10 uninhibitedly while consuming the omega 3s and acetyl L-carnitine in a natural manner with proper food. It's been documented how statins, a widely-used cholesterol medication, hinder the liver's ability to produce CoQ10, the fuel source for our cells' mitochondria.²

Research confirms the reasons why optometrists and their staff should routinely discuss diet and lifestyle with patients. Areas of studies that have shown beneficial cardiovascular outcomes include:

- Cinnamon³
- Vitamins⁴
- Exercise⁵
- Yoga⁶
- Meditation⁷

Popular television shows, like Dr. Oz, combined with the plethora of information available to anyone with an Internet connection, has increased both knowledge and confusion in our patients' minds. Their general practitioners are spending less and less time with them,



Dr. Steven Newman combines his knowledge as an optometric physician, certified personal trainer, and board-certified nutrition specialist to educate his patients and the public on the importance of a healthy lifestyle. With more than 25 years in the health profession, Dr. Newman has advised thousands of patients on health, medicine, nutrition, supplements, and overall well being. E-mail him at drstevennewman@yahoo.com.

and they may or may not not feel comfortable talking to a technician about their vitamins. And consider that chiropractors have been routinely discussing vitamins with their patients for years, but chiropractors don't see the same demographics of patients that eyecare practitioners do, limiting impact on the general public.

Sooner or later, we all need an optometrist. The impact we and our staffs can have on the future landscape of health care in America can stretch further than previously thought. During a 2004 meeting of the Florida Optometric Association's Regional Board of Directors in Tampa, FL, Leonard Carlson, the former head legal counsel for the Florida Optometric Association, was asked if ODs were putting their licenses at risk for discussing vitamins with their patients. His response may surprise you: "With all the studies concluding the benefits of vitamins and supplements in relationship to eye health, my opinion is that any optometrist *not* discussing vitamins and supplements with their patients is putting their license at greater risk." 📌

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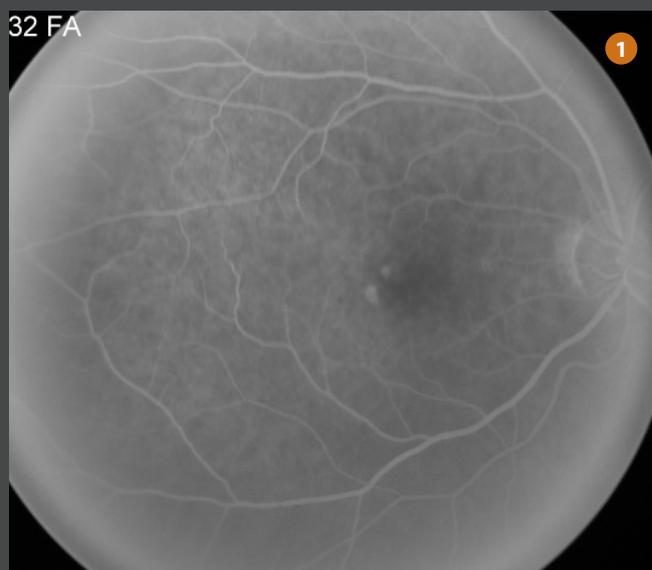


Figure 1. Early dry AMD with fluorescein.



Figure 2. Early dry AMD

(Photos courtesy Harlin Sindu, OD, and Burton Wisotsky, MD)

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Recommendation

Continued from page 11

recommendations and ruins his vision for a lifetime.

It is of utmost importance that we and our staffs make proper recommendations for our contact lens patients so they comply with our written prescription orders.

You know what is best for your patient, and you should make the call. Don't let them make their own decisions about healthy contact lens wear; recommend.▀

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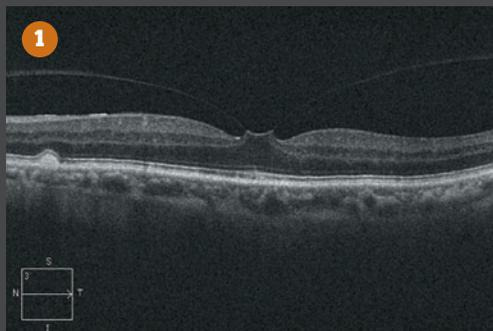
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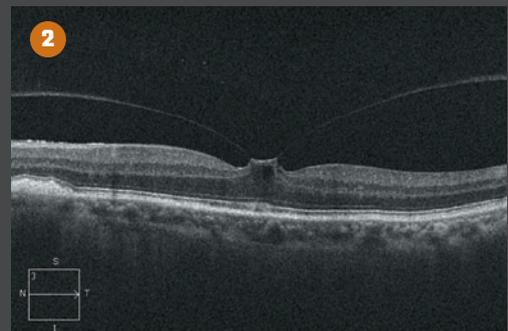
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CORRECTION: IMAGES IN THE WINTER 2013 ISSUE WERE MISLABELED. CORRECT IMAGES AND CAPTIONS BELOW.



1



2



3



4

Figure 1
VMA pretreatment 3 months prior to treatment.

Figure 2
VMA day of treatment with Jetrea.

Figure 3
One week after treatment with Jetrea. Note macular edema.

Figure 4
One month after treatment with Jetrea. Note resolution of VMA and macular edema.

Images courtesy of Mark E. Tafaya, OD, MD

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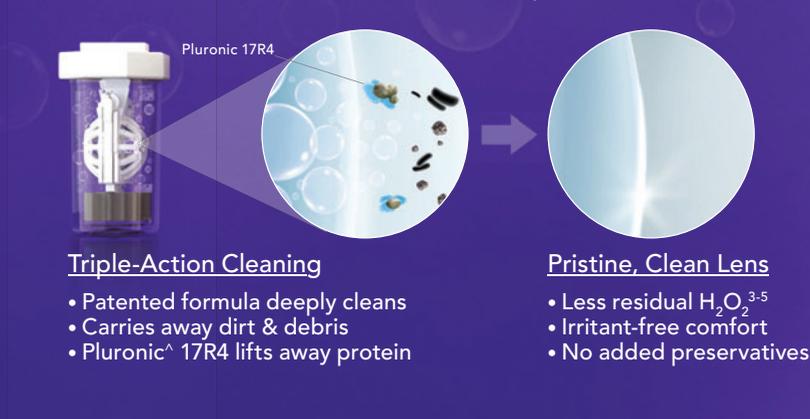
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