



As a practitioner, what do you do after you have raised the bar and pushed your professional performance to new limits? Johnson & Johnson Vision Care believes the answer is to raise it even higher – as its ‘Raising the bar higher’ series of clinical roadshows held late last month attest. The company’s director of professional affairs for the UK/Ireland, **Marcella McParland**, issued a rallying call to the delegates and said they should build on the good feeling after a successful summer of sport to improve their practice performance.

Lead keynote speaker was **Nathan Efron**, research professor in the School of Optometry and Vision Science at Queensland University of Technology in Australia. In what was a rare UK appearance, his lecture, titled ‘Strategies for improving contact lens comfort’, looked at understanding how comfort is recorded and reported, the appreciation of the causes of lens discomfort and gaining insights into strategies for enhancing contact lens comfort.

Professor Efron said the starting point for contact lens wear was that the lens had to be comfortable and that patients were generally more interested in comfort than vision. He began with an interactive poll on what delegates felt was their most reported type of discomfort. Dryness was the most popular response, despite technological advances in recent years, and was cited by Professor Efron as the principal reason for contact lens dropout.

Lubricity means comfort

Studying the factors that influence comfort, Professor Efron looked at the properties of materials and cited high surface lubricity as particularly important. Contact lenses with a low modulus, but high lubricity were the most comfortable type of contact lens said the professor, who drew comparisons with the need for high lubricity in engineering. He also took the unusual step of comparing the different SiH lenses from a variety of manufacturers and detailed their individual water/silicone hydrogel content – assessing the various approaches to enhancing comfort.

While the Australian majored on comfort, one of the most notable parts of his lecture was his notion that a little bit of inflammation wasn’t necessarily a bad thing. In fact, he suggested subclinical inflammation in contact lens wear may actually be positive, as up-regulation of

Raising the bar higher

Optician joined delegates at a London leg of Johnson & Johnson’s clinical roadshows to hear the latest thinking on some of the key issues in contact lens practice



Professor Efron:
keynote speaker

inflammatory mediators placed the eye in a state of readiness to attack infections and dryness.

Fellow Australian **Dr Nicole Carnt**, a post doctoral research optometrist at Moorfields Eye Hospital, spoke on the management of contact lens-associated adverse events and minimising their risk factors.

She began by putting the risk factors of microbial keratitis (MK) into perspective and revealed that it was more likely that a person would be killed on the road in the UK (six in 10,000) than contracting severe MK (two in 10,000). Nonetheless, managing risk of adverse events like MK should be of the utmost importance to practitioners.

According to Dr Carnt, the two best ways to reduce the risk of MK were the elimination of overnight wear (43 per cent reduction) and improved hygiene (33 per cent reduction). In addition, she said extended wear increased the risk of MK by 4-5 times.

How to manage the risk of MK formed the second half of Dr Carnt’s talk – a difficult subject in the light of the statistic she revealed which showed just 0.3 per cent of wearers were compliant with all 47 recommended care steps. Patient education was suggested as one of the key ways to manage the risk of MK – via methods such as discussion with patients about susceptibility to infection, and taking baseline photographs of patient’s eyes to demonstrate conditions such as papillary changes at follow-ups. Highlighting the increased risk of contact lens wear while on holiday was another suggestion, as MK risk increased when patients were relaxed

on holiday and they would often come into contact with water in situations outside their normal daily routines.

Better use of technology was also identified by Dr Carnt as one area in which practitioners could significantly improve their communication with patients. When quizzed on methods that they used, delegate response to technology as simple as SMS systems was remarkably low. With the surge in popularity of smartphones and tablet devices, practitioners have the opportunity to deliver clear and simple messages, like clean hands, clean lenses and clean cases. Delegates also caught a glimpse of forthcoming apps which guide the patient through the first 30 days of contact lens wear.

Contact lenses for teens

Optometrist and training consultant **Sarah Morgan** is a regular speaker at Johnson & Johnson conferences and she addressed some of the key factors to consider when fitting teenagers with contact lenses.

Morgan said concern about appearance and desire to conform started at an early age and added that children who wear spectacles were 35 per cent more at risk of being bullied. A series of interviews with children and teenagers was also shown to reinforce the social and psychological benefits of contact lens wear.

Morgan highlighted the importance of the parent in the contact lens purchasing process. Parents can be reluctant to pay for contact lenses, despite the children’s desires, and Morgan said both parties needed to be on board for the process. When talking about the cost of contact lenses, practitioners should compare the cost with other forms of expenditure, such as sports equipment and music lessons, recommended Morgan.

Dr Amy Sheppard, lecturer in Optometry at Aston University shared the latest research findings on UV. Dr Sheppard revealed that peak times for UV protection differ from those for optimum skin protection. Summertime UV exposure to the eye was said to be at its maximum at 9am and 3pm, while in winter, it was claimed to be midday. ●