

Perceptions of CL wearer retention

New research among *Optician* readers reveals practitioner perceptions of patient loyalty and the strategies practices use to keep their patients in contact lenses

Despite the advances in contact lenses in recent years, retaining wearers remains a key challenge for practitioners today. To better understand practitioner perceptions and the factors affecting contact lens wearer retention, Johnson & Johnson Vision Care worked with *Optician* to conduct a survey among readers of *Optician* and opticianonline.net to explore their views on keeping patients in lenses and understand how they manage these patients within their practice.

The survey was carried out in September among 502 practitioners. These were from independent practices (49 per cent), multiples (33 per cent), franchises (15 per cent) and supermarkets (2 per cent).

Of these practitioners, 64 per cent were optometrists, 19 per cent dispensing opticians (DOs) and 13 per cent contact lens opticians (CLOs). On average, respondents had been in practice for at least 10 years. Over half (55 per cent) were female and the sample represented a broad geographical spread across the UK.

Among those routinely fitting lenses (72 per cent), the average number of lens fittings per week was five. When asked about the type of lenses prescribed in their last 10 fits, 35 per cent fitted reusable silicone hydrogels (SiH), 29 per cent SiH daily disposables (DDs) and 27 per cent DD hydrogels.

Although UK industry data shows that more than half a million lens wearers dropped out in the past 12 months, the survey found that only half of the practitioners surveyed (52 per cent) said they considered retaining patients in contact lens wear to be a problem in their practices; many respondents (47 per cent) said it was not a very significant problem (Figure 1). When asked about the number of their patients that would



Rex Features

Lens modality was seen as a factor in retention rates

be continuing wear in the next 12 months, practitioners estimated that on average, 76 per cent would still be wearing lenses in a year's time. This means that 24 per cent would drop out of contact lens wear, which is significantly higher than the 12 per cent dropout rate estimates from recent large-scale market research.¹

While dropout has decreased over the past 10 years – possibly due to wider lens availability and improved performance, market research reveals that the number of wearers dropping out in the UK has remained flat over

the last three years, around 500,000 per year.^{1,2} Perceptions among those surveyed were similar: nearly half (48 per cent) of the practitioners surveyed said they thought retention rates had stayed the same in the last three years, 21 per cent thought dropout rates had increased and 30 per cent saw a decrease in those ceasing lens wear.

For those who thought dropout had increased, practitioners felt it was due to lens discomfort, dryness, an ageing population and the need for multifocal options, internet deals, availability of laser surgery, fashion frames and the inconvenience of having to return to the practice for aftercare appointments.

Those who thought retention had improved more recently felt it was due to a wider range of lens options and improved lens technology to help with discomfort and dryness.

When do wearers drop out?

ECPs were then asked when new contact lens wearers were most likely to drop out. Four in 10 said dropout was most likely within the first month and 44 per cent said within the first three to six months; only 17 per cent thought dropouts were more likely later on. In line with practitioner belief, research suggests that one in three of those who stopped wearing contact lenses do so in the first three months of starting wear.²

The main reasons for new wearers dropping out of CL wear were difficulty with application and removal (58 per cent), discomfort and dryness (57 per cent), unhappiness with visual performance (44 per cent) and cost (37 per cent).

Practitioners felt that more experienced wearers tended to drop out because of discomfort and dryness (70 per cent), vision performance (40 per cent) or health problems and price (both 32 per cent). Research has shown that discomfort and dryness are the key reasons for dropout, accounting for up to 43-73 per cent

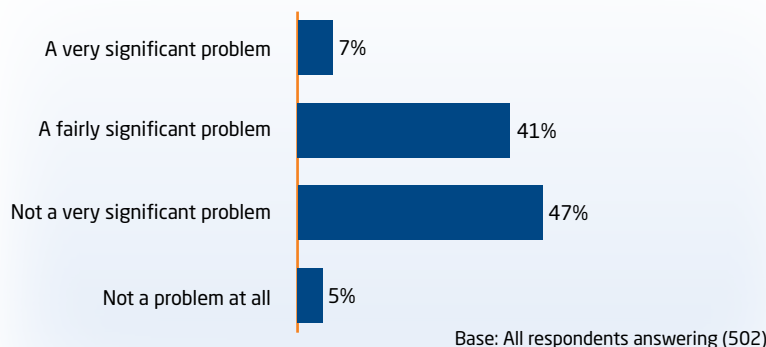


Figure 1 The problem of retaining patients in CL wear

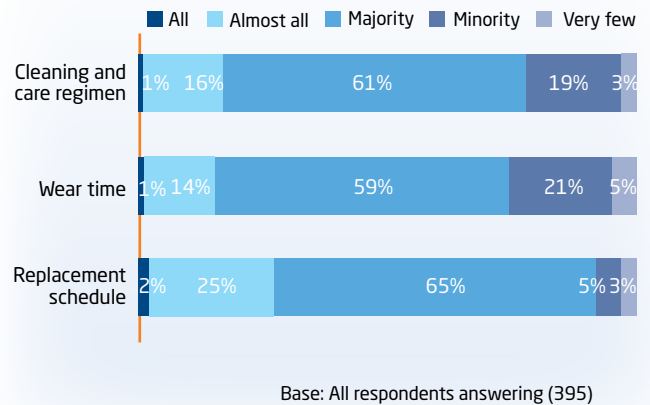
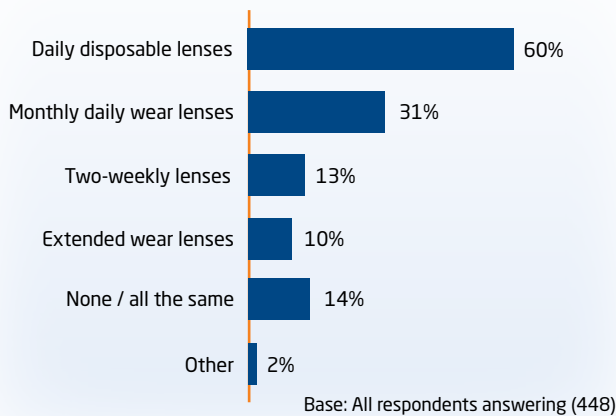


Figure 2 Modalities with the highest retention rates

Figure 3 Patient compliance with cleaning and care regimen, wear time and replacement schedule

of dropouts.³ According to the recent *Tear Film and Ocular Surface (TFOS)* report, contact lens discomfort occurs in 30-80 per cent of wearers.⁴

When asked which age group was most likely to drop out, most felt presbyopes were most at risk (with 40 per cent choosing the over-50s as the group most likely to stop contact lens wear). In contrast to this, recent research shows that a significant proportion of those that discontinue contact lens wear are under the age of 30.³

Respondents also said men (40 per cent) were more likely to drop out than women (9 per cent), although 51 per cent saw no gender bias in dropout rates.

Modality

Lens modality was also seen as a factor in retention rates, with 60 per cent of practitioners saying that DD lenses maintained the best rates of continued wear (Figure 2). Monthly wear lenses were considered the next best lenses for retention (31 per cent), two-weekly lenses (13 per cent) and extended wear by one in 10; 14 per cent said all modalities were the same. This is not backed up by market research data in Europe which shows dropout with reusable contact lenses is similar (28 per cent) compared to daily disposables (23 per cent).¹

The group of practitioners surveyed felt contact lens material played a role in retention, with 62 per cent believing SiH lenses had the highest retention rates, 28 per cent felt RGP lenses were best, while 16 per cent said hydrogels retained patients better and 14 per cent saw no difference. Again, studies to date have not shown that daily wear SiH material has improved

comfort compared to hydrogels.^{4,6,7}

Other factors cited as improving retention rates were the quality of the lens (37 per cent) and the convenience of the lens (45 per cent). Practitioners believed that choosing the right lens for the patient's lifestyle (65 per cent) and price (50 per cent) were even more important in retaining patients.

How patients were managed within a practice formed another section of the questionnaire, revealing that the majority (96 per cent) of practices surveyed offered a trial period of contact lens wear, with most (52 per cent) offering a two-week trial. Support for new wearers was also explored; just 13 per cent of practices contacted new wearers in the first few days to see how they were getting on. A quarter of practitioners said they made contact occasionally and 65 per cent said they did not contact the patient between visits. When contact was made the predominant method was by phone (91 per cent).

Handling support was given to new wearers, with 81 per cent offering training sessions and 79 per cent leaflets. Discussions were more likely to take place with new wearers (82 per cent), compared with existing wearers (73 per cent), with apps (11 per cent), websites (9 per cent) and videos (6 per cent) also on offer from a few.

The techniques and tools used to support wearers centred around demonstration, manuals and practical sessions. These were most likely to be performed by an optical assistant (56 per cent). The optometrist or CLO conducted lens application training at 34 per cent of practices and in 10 per cent of cases the DO did the training. Around three quarters of practices

(72 per cent) had a dedicated area for contact lens application and removal.

Practitioners supported contact lens wearers to be compliant with their replacement schedules – new and existing wearers got reminders by email, phone and letter from 59 per cent of practices. About a third of practices encouraged the use of calendar reminders while apps were used by 11 per cent of practices. Around one in five practices provide no support to patients to help with lens replacement compliance.

Support for compliance with cleaning was less homogenous, with training sessions on cleaning provided by 68 per cent of practices to new wearers but by 34 per cent to existing wearers. Handouts and leaflets were also more likely to be provided to new wearers (72 per cent) than to existing users of contact lenses (46 per cent). Discussion was conducted by 86 per cent of practices among both patient groups. Websites, apps and videos are used by a very small number of practices.

With comfort being such an important factor in wearer success, practitioners were asked to rank a range of factors which had an effect on comfort. The contact lens material was chosen as the top factor by 56 per cent, patient compliance with cleaning by 13 per cent, compliance with wear times by 12 per cent, modality by 12 per cent and compliance with replacement schedules by 6 per cent. Contact lens modality was a popular second choice as an important factor among a third of those asked.

The respondents were then asked how compliant their patients were with cleaning and care, wear times and replacement schedules. While

most thought patients were compliant (61, 59 and 65 per cent respectively) a significant proportion (21 per cent) felt only a minority of their patients were compliant with wear time and 19 per cent felt only a minority of their patients were compliant with cleaning regimes (Figure 3). The practitioners felt patients' best behaviour was with replacement times, with 27 per cent saying their patients were almost always or always compliant.

The link between these three factors and complications was accepted among almost all of those surveyed. A huge 93 per cent felt those not complying with cleaning and care were more likely to have adverse events. Patients not adhering to wear times could have more complications said 84 per cent of practitioners, while they said 88 per cent of those not sticking to replacement schedules were more at risk.

When asked what could be done to reduce the risk of complications, the practitioners surveyed suggested strategies including the repetition of instructions at every appointment, providing booklets and discussions with patients. Others felt discussion

should take place about the new ranges of products available, so patients were informed about advances in technology and the associated benefits. Wearers should also be encouraged to call the practice if they needed support. Some believed the availability of contact lenses on the internet in the UK should be better controlled. Convenience was a key reason that patients bought lenses online, so practitioners should aim to help patients with ordering and purchasing contact lenses and care products to make the process as easy as possible.

Conclusions

Looking at the survey overall, we have gained valuable insight into practitioners' perceptions of contact lens retention. It highlights that practitioners are aware of people dropping out of contact lens wear and do have strategies to support them in practice. They are using a wide variety of tools and methods in practices to retain their contact lens wearers, but there is still room for improvement.

It also highlights that practitioners believe that presbyopes are dropping out of CL wear, while the research

clearly shows that it is actually the under 30s and those new to CLs who predominately drop out. This supports the idea that using the strategy of fitting the best possible lens to suit the lifestyle needs of new wearers is a good one. ●

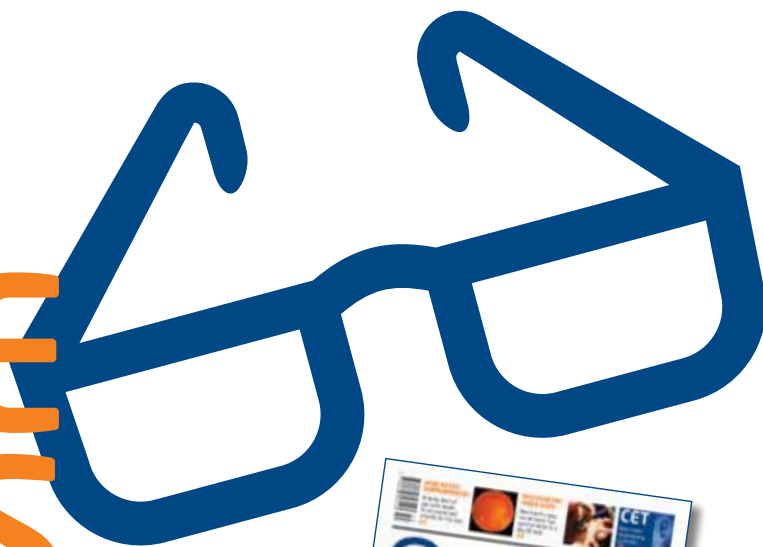
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