

Many parents would find it hard to believe, but according to Professor Bruce Evans there is no easier time to fit a patient with contact lenses than during the first decade of life.

Teenagers were also deemed to have an abundance of potential to comply, failing the trappings of a stereotypical student lifestyle, he told an Are You Fitting Comfortably? workshop in London as part of this autumn's series of roadshows by The Vision Care Institute.

Professor Evans' presentation began by asking the 250 delegates in attendance at The Royal College of Physicians why practitioners should look to fit more young people with contact lenses. It was established that factors driving adults to wear contact lenses, such as comfort and convenience, sports and cosmetics, applied equally for children.

A vote among delegates found that the majority had been most concerned about their cosmetic appearance between the ages of 11 and 20. Furthermore, Professor Evans noted that a third of school children experienced bullying, with spectacle wearers more likely to be targeted. 'In our first decade of life we were terribly sensitive about what our peers thought of us, and I think we underestimate the importance of this,' he added.

End to patching

Professor Evans, who has a practice in Essex, and is also director of research at the Institute of Optometry and visiting professor at City University and to London South Bank University, said his practice saw several children with anisometropia each school holiday.

'It's now widely accepted that the first stage of the treatment of amblyopia is not patching – it is just to give them refractive correction. Indeed, one in five never need patching, all they need is refractive correction,' he said. However, most literature still talked only about spectacles for this correction, he said, despite favourable findings for contact lenses over the past 25 years.

'In young patients, contact lenses provide a more potent binocular stimulus, so it's going to be the best way of optimising their acuity and their binocularity. It's not just about giving them the best acuity and the best stereopsis that day, it's about actually treating their amblyopia.

'Because of all of this work, we know that amblyopia can be treated

Optimal acuity for kids

Children are capable of being the most compliant of contact lens patients and stand to benefit from treatment as well as basic vision correction, delegates heard at a Johnson & Johnson Vision Care workshop. **Joe Ayling** reports



Professor Evans: 'In young patients, contact lenses provide a more potent binocular stimulus'

at any age if there's no strabismus. So we know with simple orthotropic, anisometropic amblyopes, fitting them with contact lenses will often bring about an improvement in their best corrected acuity.

'This is where I get very excited about the future of optometry. I like doing optometry and correcting refractive errors, but I like much more to treat somebody and actually make their best vision better and their refractive error less.'

Professor Evans told of a 15-year-old female anisometropic patient who had previously only worn glasses and patches. She had a significant improvement in acuity after being fitted with silicone hydrogel contact lenses.

However, there was no need to twist a child's arm to try the contact lens route. 'You can simply tell them the truth and say for this type of condition the best way of correcting it optically is with contact lenses,' he added.

Slowing myopia

Professor Evans also reported success in fitting myopic children with multifocal lenses, citing research showing myopia could be slowed by up to 60 per cent in some cases.

He said: 'It is something exciting and I am doing it in practice right now, but

we need to explain to parents while we can expect these results on average we can't guarantee them in every case, or tell them that they're going to not have any progression of their myopia. If myopia wasn't multi-factorial we'd have solved it by now and this will only take away one of the factors in myopia.'

Professor Evans said: 'If the patient is not esophoric there's more of a debate to be had, because the effect of multifocal glasses is really quite small. There's also a question about whether it's worth the expense of slowing down myopia progression by just 15 per cent.

'Multifocal contact lenses will still do better – they'll slow it by a third – and I think that's worth getting out of bed for, quite frankly, because that means a minus 6 destined person becomes a minus 4.

'I'm really excited about all this because it changes our role again from being somebody who corrects to being somebody who treats. That really makes optometry much more fun.'

Nevertheless, there remain a host of barriers standing in the way of children being fitted with contact lenses, including lack of uptake from ECPs, cost, the fear factor, handling and risk of microbial keratitis. However, Professor Evans pointed out microbial keratitis cases stood at just one in 5,000 per year, and that parents were in prime position to ensure their children followed strict hygiene guidelines.

'Children are the safest group of the population in terms of our potential for minimising the risk of bad hygiene and taking prompt action. The ones I worry about are not the children but the university students. There's an argument for fitting them young to get good habits in the brain before they go to university and start not complying with almost everything society could ask of them.

'With children we also have spies and those spies are called parents, to check the child washes, throws away their daily lenses, changes their solution and their case. It means we can have more potential with children than you could ever get with adults.' ●