

Meet Lucy, Jerry and Anne. Reference was made to case histories based on a 12-year-old, her father aged 41 and his mother aged 68

It's a family business

Jane Veys reports from a one-day conference on eye health across three generations and building your business around family eye care

The theme 'Lifelong Eye Health' proved a popular choice for a continuing education event at the Royal College of Physicians, on the first day of November. This one-day course, compiled by Replay Learning and sponsored by The Vision Care Institute was fully subscribed, and indeed left a long list of disappointed practitioners on the waiting list.

Over 160 eye care practitioners assembled to listen to the wisdom of five experts in their respective fields, covering a range of topics from the visual development in infancy to the ageing eye as presbyopia progresses. Throughout the day reference was made to case histories based on three people – a 12-year-old child, her father aged 41 and his mother aged 68 – this recurring theme proved helpful to make the theory relevant to practice.

Prescribing to young children

Dr Kathryn Saunders from the University of Ulster reviewed current evidence on the management of refractive errors and prescribing decisions for young children. The distribution of refractive error was considered and the active and passive process of emmetropisation clearly explained, with the most rapid changes occurring in the first year of life. Best practice included carrying out a cycloplegic refraction and performing dynamic retinoscopy to measure accommodation in children. Ocular posture, visual acuity and stereopsis should all be considered, and measured with age appropriate tests. Dr Saunders presented research to support the full correction of refractive error as appropriate treatment for amblyopia, prior to patching.

From the world of children, the subject changed to the psychological impact of presbyopia. **Dr Fiona Fylan**, a reader in Psychology at Leeds University, provided insights into the different stages of presbyopia. She related a poignant story of one patient who had shared a laugh with her eye care practitioner about becoming presbyopic while in the consulting room, yet had gone home and cried. The different coping styles, often used by patients were explored, and advice given on how to help presbyopes manage their emotions from anxiety to reassurance, from frustration to acceptance and anger to enthusiasm. She reminded the audience that presbyopia occurs alongside other life changes, and is often the first time tangible sign of 'getting old'.

Prebyopia is often the first tangible sign of 'getting old'

Appearance and self identity are key factors, especially among emmetropes who have never previously worn vision correction. Reference was made to research demonstrating contact lens wearers have a higher quality of life score compared to spectacle wearers. Eye care practitioners should listen to patient needs, show empathy, give information to change attitudes, make a recommendation and address any residual concerns. Patient-centred care is not the patient making the decision, but the practitioner working with patient choices and style – and making a professional recommendation.

Professor David Thomson presented demographic trends and the impact of an ageing population on optometric practice. In 1900 the average life expectancy was 45.7 for males and 49.6 years for females – rising over 100 years to be 75 years and 79.9 years respectively in the year 2000. Today, we can expect to enjoy more 40 years of presbyopia! He stated most new graduates of optometry will now spend approximately 75 per cent of their professional lives examining patients over the age of 65. He went on to provide an outstanding overview of the anatomical and physiological changes of the eye and visual pathway that occur with age – moving through the eye from front to back, superbly illustrated with state of the art visual graphics and simulated images, to mimic the resultant changes in visual function.

With regard to the question of whether or not ageing changes can be prevented, Professor Thomson advised appropriate measures to reduce exposure to UV – nasal ocular components being particularly vulnerable due to the peripheral light focusing effect. Nutrition is another potential area to explore as a preventative measure. To conclude, he

encouraged the use of Logmar high and low contrast acuity charts to best assess visual function with age – with low contrast charts more relevant to the changes patients experience in the real world. The use of a pen torch to test glare and quality of life assessments should also be considered.

Shelly Bansal, a successful and respected dispensing optician with a practice base of over 12,000 patients and 40 per cent of the overall turnover relating to contact lenses, shared entertaining tips and strategies to cater for all the different generations from Lucy to Anne – each generation with its own characteristics and core values and each with their own set of challenges and opportunities to consider contact lens wear. His practice was 'care driven, not product driven'. Practice opportunities included point of sale material, trained and motivated staff, patient testimonials on display. Practitioner opportunities included setting the expectations, having a strategy, product knowledge, dispelling myths and listening to patient needs.

Promoting innovation

The expert line-up concluded with **Phil Gilbert**, the training and development manager for Carl Zeiss Vision, encouraging practitioners to actively identify areas where modern products could be of value to an individual patient. The optical principles of modern lens designs and equipment, have resulted in improved visual performance over and above traditional designs. Progressives have significantly advanced from mono, to multiform, and now design by prescription options are available. Our professional skill should be used to identify the various visual needs of our patient, and to identify problems before they happen. Multiple dispensing should be viewed as an integral part of our professional remit in order to satisfy the visual needs of our patients. He recommended a simple phrase to use at your next dispense: 'Since you had your previous lenses, technology has moved on…'

At the end of the day, practitioners left another step forward on their journey of lifelong learning, with new or reinforced knowledge and inspired to meet the varying and multiple needs of eye care to serve the whole family. There are lots of Lucys, Johns and Annes out there – all with different visual needs, lots of opportunities for eye care practitioners to communicate spectacle and contact lens options and educate patients to protect the health of their eyes for life.

All eyes on the Ashes

The showdown between the Australian and English cricket teams is under way. **David Baker** looks into the optical connections of various Ashes combatants over the years

'The body will be cremated and the ashes returned to Australia.' So ran a mock obituary for English cricket in the *Sporting Times* after England lost to Australia on home soil for the first time, on 29 August 1882, at the Oval. One of the oldest international sporting rivalries, begun in 1877, now had a name: The Ashes. As England, the current holders, do battle this winter to retain the urn, we look at some of the figures in Ashes history who have particular optical connections.

Bob Woolmer, former Ashes player for England and respected international coach, wrote a monumental distillation of current scientific and practical cricket knowledge which was published just after his untimely death during the 2007 World Cup. *In The Art and Science of Cricket* (New Holland, 2008) he discusses at length the visual problems that batsmen must overcome when facing different types of bowling.

Regarding what makes the best batsmen, he concludes, 'But at the core of their success is the ability of their subconscious brains to process visual information, available to all, more accurately and more rapidly than others.' And he cites the pithy summary of former Australian captain, Greg Chappell, in his *The Making of Champions*: 'The brain is a better cricketer than you'll ever be.' But what if the same visual information is not available to all?

Bill Ponsford (Australia 1924-34)

Bill Ponsford was a contemporary of Don Bradman, the greatest of all batsmen. Bradman averaged 99.94 in test matches, the next best in history being 60.97. Ponsford's test average was a still very decent 48.22, but then he was severely colour-deficient. A discussion of his probable protanopia can be found in *One of Cricket's Greats: A Protan Mystery* (D Baker, *Optician*, 09.11.07, pp32-4). He certainly did not have the visual information 'available to all' but how much of a difference did it make to his ability to sight the ball? Once, when asked, he replied, 'I never noticed its colour, only its size.' How much better might he have been with normal colour vision? The question is moot, but the English players of the time would no doubt be thankful that they did not have to cope with another Bradmanesque batsman in the same Australian team.

Daily Mail/Rex Features

Contact lens wearer Geoff Boycott sporting a black eye

Geoff Boycott (England 1964-82)

Geoff Boycott is not only one of the most famous cricketers in history, he was also one of the most iconic spectacle-wearing players – until he switched to contact lenses in 1969 (a Kelvin contact lenses showcard showing Boycott batting in lenses was produced in the early 1970s). That season started well for him with his county, Yorkshire, but a run of three ducks in four test innings put a dampener on it. During the 1977 Ashes Test at Trent Bridge, he was at fault for running out his partner, Derek Randall, yet composed himself enough to complete a century. In the next test, at his home ground, Headingley, he scored his 100th career century and became one of