From left: Sarah Farrant, David Ruston, Ella Ewens, Simon Donne and Marcella McParland at an earlier event

White, bright and wealthy

A mixture of clinical and business issues are brought neatly together in the latest Johnson & Johnson series of roadshows under the banner White, Bright and Healthy

Those having successfully dodged the escaped donkey en route and made it to Loughborough's Imago centre were not disappointed by the clinical credentials or business brains of the day's presenters.

J&J's recently appointed director of professional affairs for the UK and Ireland, **Marcella McParland**, introduced herself and explained that the day was about providing vision for life. This meant caring for patients in the long term and keeping their eyes healthy to hold drop-outs at bay. In turn they would be suitable patients throughout their lives and be an asset to the business balance sheet. McParland also took the opportunity to provide an update on The Vision Care Institute including its plans to upload all its lectures to its website. J&J and TVCI would also be *Optician* award sponsors in 2012, revealed McParland.

Peter Frampton, a former Optometrist of the Year, provided the first lecture on red eye management. Frampton holds a full set of qualifications in prescribing both from his native Australia and the UK. He explained how he operated and funded clinics at his own Northumberland practice and also provided insights into his diagnostic and patient management techniques. Differential diagnosis was the key he explained – follicular papillary, binocular monocular, inflammatory infective, running through a whole gamut of conditions from foreign-body removal to sexually transmitted diseases. Along the way he offered practical tips and useful resources. He urged delegates to take the therapeutics qualifications on offer and get involved with prescribing. Optometrists had the skills. 'We have got to do it ourselves or we will be waiting for ever,' he added.

Switching from the deeply clinical to pure business was **Shelly Bansal**, independent practitioner and British Contact Lens Association president. He posed the rhetorical question; who would like loyal patients, to earn more money and be able to retire comfortably at 60?

He used a simple business model to show the effects of small increases in the number of direct debit contact lens patients on practice profitability.

Lifetime in lenses

Bansal also looked at extending the scope of contact lens patients and their lifetime in lenses. By allowing younger children to wear lenses, keeping patients' eyes healthy so they didn't become contact lens drop-outs and moving presbyopes into multifocals he suggested practices could extend the wear time of patients from 25 to 40 years. Better patient management and greater use of silicone hydrogel (SiH) lenses could cut the current 'ugly', one in three, rate of drop-outs and help

keep patients' eyes healthy through their wearing lives.

But it wasn't all about contact lenses. When patients drop out they don't come back for eye examinations or spectacles, he said, because it is seen as a failure and they are embarrassed.

Extending contact lens wear, perhaps from age 11 to 50 could increase the value to a practice of a contact lens patient by 60 per cent. But, said Bansal, both patients and practitioners have a mental block when it comes to fitting children in contact lenses. He suggested children could be compliant, learned fast and benefited greatly from contact lens wear.

He ran through various stages of a wearer's life, providing insights and tips on what wearers wanted and how they could be engaged to prevent drop-out. This included advice, providing products at the right time in the right way so they didn't go elsewhere for greater convenience. He also looked at the use of Facebook and texting to suit younger people's lifestyle.

As patients aged, issues such as dry eye, asthenopia and presbyopia would have to be planned into consultations. 'Prepare them for what is going to happen. We start talking to people about visual strain in their 30s and presbyopia at 35.' Of the emerging presbyope he said get them straight into multifocals. 'I avoid monovision like the plague.'

The maintenance of eye health was core, he said, to keep the patient comfortable in their lenses so they didn't drop out.

Healthy diet

The afternoon brought a change of pace and a new face at J&J. **Ella Ewens**, a therapeutically qualified optometrist and recently appointed medical affairs manager, gave a presentation on prolonging ocular health – what to avoid and what to consume. She looked at the latest studies and ran through the substances known to help or hinder eye health. She also used a vision through life approach, suggesting tips for keeping vision in good health at all ages. Alongside diet and supplementation in later life was advice on UV protection and the link between spending time outdoors and lower instances of myopia for young children. As they age, patients may benefit from screen breaks, more exercise and a reduction in smoking, alcohol, drugs and caffeine in their diets, she said.

An interactive section of Ewens' talk allowed delegates to vote using keypads on a series of questions. Smoking is heavily associated with a range of eye conditions. Ewens asked the audience how many routinely asked about smoking habits as part of their eye exam. The instantly displayed results showed 28 per cent never asked and just 36 per cent asked in less than one fifth of exams.

Marcella McParland said The Vision Care Institute planned to upload all its lectures to its website

This session was rounded off with a look at supplements, which delegates were told could have an effect but were no substitute for a healthy diet. Ewens ran through various formulations and where they might be used, highlighting those more general products for early intervention such as Visionace or Nutrof Total and more specific supplements for later use such as Macushield or Preservision. In conclusion, Ewens suggested patients eat brightly coloured vegetables and oily fish, didn't smoke, drank plenty of water and took reasonable exercise.

Dry eye management

Independent optometrist and prescriber **Sarah Farrant** presented on the investigation and management of dry eye. Delegates heard that up to 30 per cent of over-50s and half of contact lens wearers would experience dry eye. Patients need help with this unpleasant condition, as she said GPs can't, and ophthalmologists won't, take its management on.

Farrant has three Somerset-based practices through which she runs private dry eye clinics and she was instrumental in setting up the Somerset Acute Eye Service. She said offering dry eye services provided differentiation and boosted patient loyalty. She presented a fascinating account of the signs, symptoms and forms of the condition. Starting with its definition and causes, Farrant followed the condition from tear instability and hyperosmolarity, through contact lens dessication and meibomian gland dysfunction (MGD). She insisted she was not an academic, she just wanted to pass on some techniques she used for finding out what was wrong. This included simple clues taken from general health, medication and diet, plus history and symptoms.

Assessments discussed included calculation of the ocular protection index, which was worked out by dividing the tear break-up time by the blink rate. Slit-lamp investigations were discussed using fluorescein and lissamine green to assess tear quality, tear quantity and lid wiper issues.

Farrant said formulations for relieving dry eye or rewetting contact lenses should be kept to a minimum. 'Use a small number and know a lot about them,' she advised before describing physical MGD treatments. The use of the Eyebag to melt compromised meibum was discussed among the group as a better solution than home-made heat treatments. Lid scrubbing should also be carried out using proper formulations or wipes, she suggested. 'Baby shampoo is about as disruptive to the lipid as you can get. It does more harm than good,' she said. Bicarbonate of soda should also be avoided, although she described it as 'the lesser of two evils'.

When it came to contact lens patients, Farrant suggested changing to a SiH product could wipe out 50 per cent of the problems encountered. Other ideas included changing modalities, avoiding extended wear and changing to peroxide cleaning systems.

Farrant concluded her discussion by suggesting dry eye should be handled in a separate consultation.

'Don't give dry eye advice at the end of an eye exam because they won't listen or comply.'

In Farrant's three practices dry eye appointments are set separately from the eye examination for a £50 fee. This allows a proper teach-in and time for proper planning. She is also trialling the idea of an ocular 'eye-gienist', like a dental hygienist, who would have more time to spend talking patients through the techniques.