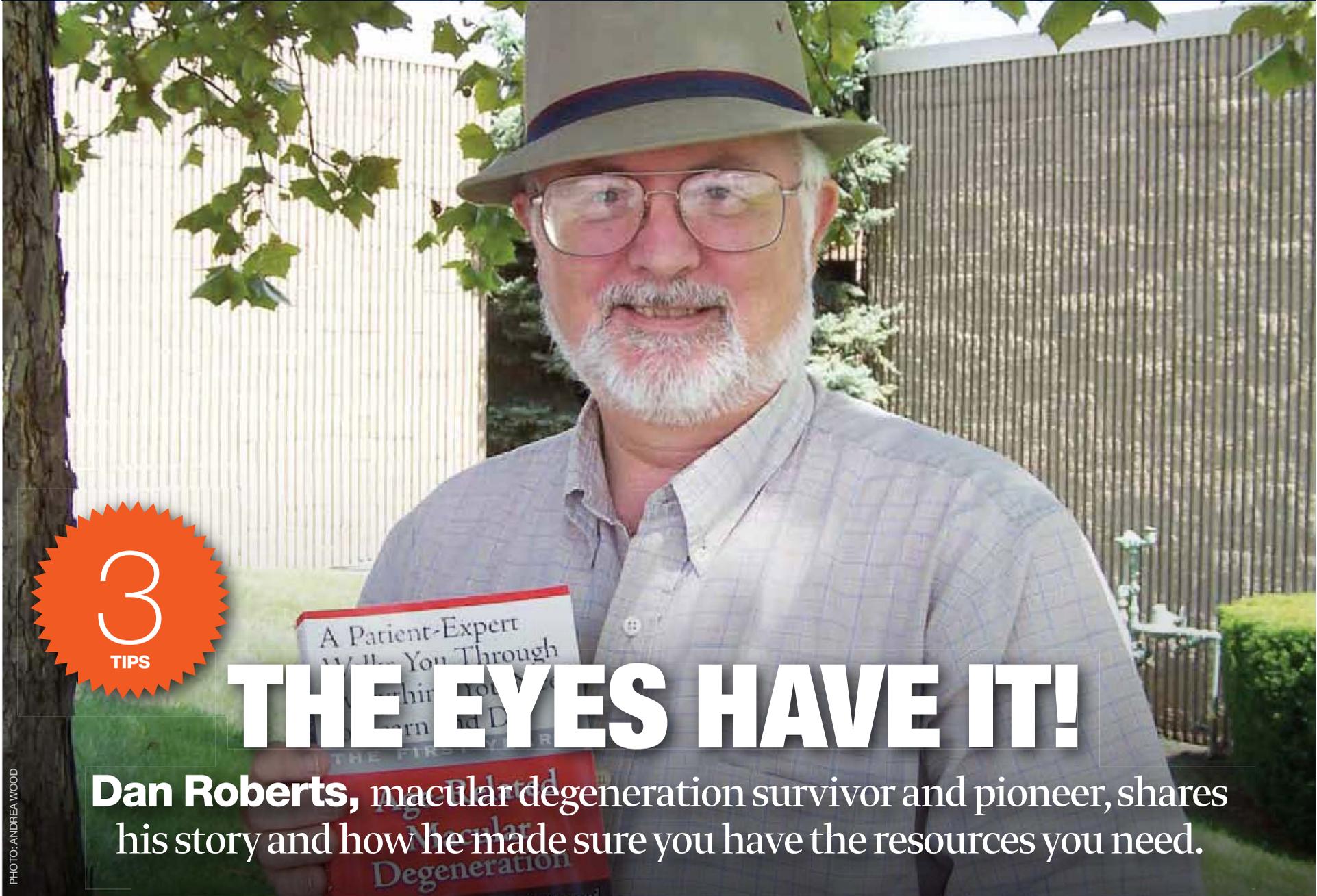


VISION CARE



3
TIPS

THE EYES HAVE IT!

Dan Roberts, macular degeneration survivor and pioneer, shares his story and how he made sure you have the resources you need.

PHOTO: ANDREA WOOD

Cataracts
A new generation of lenses



LASIK
More precise —take another look



Low vision
Assistive technology developments



CHALLENGES

Taking care of our children's eyes today can put them on a **path to a bright future.**

Vision loss knows no age limits

Blindness and visual impairment exact a great price from individuals and can rob people of their independence, mobility and quality of life. But the effects are not only on adults. The impact of vision loss can occur early in life.

Without a certified vision screening or eye exam, a child may have serious undetected vision problems. Through early detection and treatment by a licensed eye care professional, the effects of these conditions can be minimal and in some cases, completely corrected. Possible vision conditions in children include amblyopia, or "lazy eye," and strabismus, or "crossed eyes."

The link to education

Poor vision may also have an impact on classroom performance. In fact, children who have undiagnosed vision disorders can become frustrat-

ed in school and labeled with learning disorders or behavioral problems. Sadly, many children are not aware that they have a vision problem as they think that how they see is how everyone else sees.

Considering about 80 percent of what a child learns is done so visually, protecting a child's eyesight is necessary for school success. With 25 percent of students in grades kindergarten through sixth having some form of visual problem that is serious enough to impede learning, it is imperative that we all make an effort to ensure our children's eye health is a priority today.

Our children deserve to experience the success in education that healthy vision can bring. Prevent Blindness America, the nation's oldest eye health and safety nonprofit organization, has launched its new program dedicated to educating the public on what they can do to keep our children's eyes healthy. Star Pupils offers parents



Hugh R. Parry
President & CEO
Prevent Blindness America

BEST TIP

Signs of possible eye problems in children

Has your child's behavior changed?

- rubs eyes a lot
- closes or covers one eye
- tilts head or thrusts head forward
- has trouble reading, or holds objects close to eyes to see
- blinks more than usual or seems cranky when doing close-up work
- squints eyes or frowns

information in both English and Spanish on everything related to children's vision including vision impairments and conditions, and eye safety.

Parents may visit starpupils.org to access the information free of charge. Parents are also invited to participate in online discussion groups to talk about their children's eye health. Star Pupils is designed to help put our children on a path to a lifetime of healthy vision.

We encourage everyone to educate themselves on how to protect the precious gift of sight by visiting starpupils.org or by calling (800) 331-2020. The content in this special advertising section was not developed by Prevent Blindness America. Prevent Blindness America neither endorses nor recommends any specific vision care product or provider.



WE RECOMMEND



Dan Roberts
Support options for those with macular degeneration.

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Dry eyes

The condition and preferred treatments

p. 5

MEDIA PLANET

We make our readers succeed!

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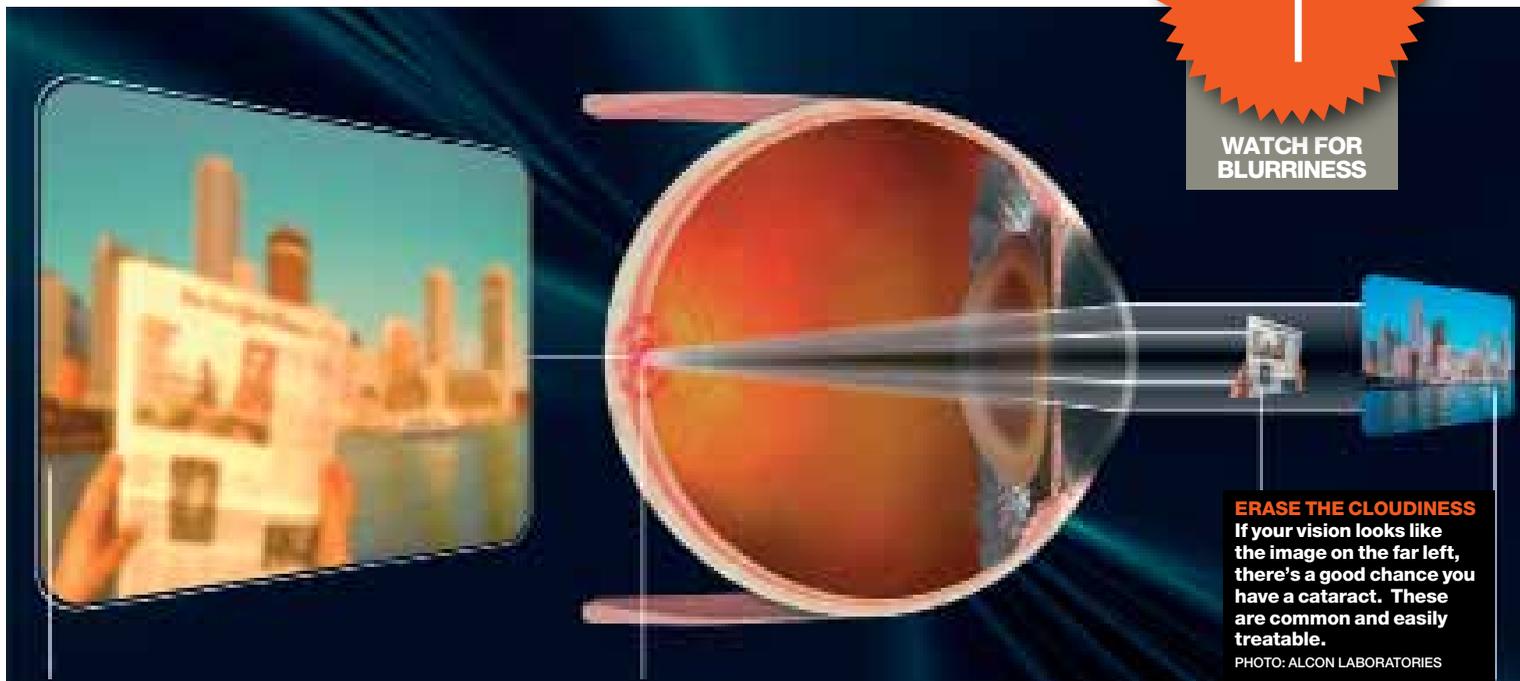
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NEWS



TIP

1

WATCH FOR BLURRINESS

ERASE THE CLOUDINESS
If your vision looks like the image on the far left, there's a good chance you have a cataract. These are common and easily treatable.

PHOTO: ALCON LABORATORIES

Cataract surgery: for many, better vision than ever

Question: Why is cataract surgery about more than just cataracts?

Answer: Because a new generation of lenses can correct a wide range of conditions.

First, the bad news: Cataracts are one of the inevitabilities of life. Live long enough and your chances are good of developing them. With the Baby Boom generation now in retirement mode, it's no surprise that there are about three million cataract surgeries every year in North America, some 10,000 every day.

Now the good news: Cataract surgery has gotten faster and simpler. It's typically done on an outpatient basis. And people can return to their normal routine within a few days.

And the really good news: Cataract surgery can actually correct conditions that long predat-

ed your cataracts. "We can address near sightedness, farsightedness and astigmatism," said Kerry Solomon, M.D., Carolina Eye Physicians (Charleston) and Director, Carolina Eye Institute. "For many people, cataract surgery can give them better vision than they've had in years."

Protein on the lens

Cataracts are clumps of protein that form naturally on the lens of the eye leading to cloudy vision and other symptoms. In cataract surgery, the ophthalmologist makes incisions in the cornea and, using an ultrasound technique known as phacoemulsification, breaks up the cloudy lens, removes it and makes way for a new lens, known as an intraocular lens or IOL.

"We now have far more options in IOLs," explained Robert J. Cionni, M.D., Medical Director of the Eye Institute of Utah. "There are

lenses that address near or far vision, multifocal lenses that address both and Toric lenses that address astigmatism. For many patients this can markedly reduce or eliminate the need for wearing glasses or contacts. The final choice is

FACTS

- By age 80, more than half of all Americans either have a cataract or have had cataract surgery.
- You don't have to be a senior or citizen to get an 'age-related' cataract.
- A cataract can occur in either or both eyes. It cannot spread from one eye to the other.

Read more on the web:

www.nei.nih.gov

www.alcon.com

www.allaboutvision.com

based on your condition, your goals and your lifestyle."

A range of new IOLs

New IOLs are being developed all the time: a recent innovation is an IOL that blocks ultraviolet and blue light rays that may be damaging to the retina. Currently, the newer IOLs are considered "premium" lenses: while health insurance and Medicare will cover basic costs of cataract surgery, the lenses may be out of pocket. Laser-assisted surgery is also in the offing for cataracts. A laser similar to that used in LASIK won FDA approval last year and more are on the way. "Laser-assisted cataract surgery has the potential to be far more precise and reduce the reliance on ultrasound," said Dr. Solomon.

JOSEPH KELLY

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QUESTION & ANSWER



David F. Chang, MD

Clinical Professor
University of California,
San Francisco

■ Astigmatic correction at the time of cataract surgery

! Like nearsightedness, astigmatism describes a common type of blur in healthy eyes that is corrected by wearing eyeglasses. It results from an inherited, imperfect optical shape of the cornea, the clear front window of the eye. If the shape of your cornea is more oblong (like the back of a spoon) instead of spherical, then it will cause some amount of mis-focus when corrective eyeglasses are not worn.

Although it has nothing to do with cataracts, astigmatism can be reduced or even eliminated at the same time that cataract surgery is done. The "astigmatic keratotomy" technique places tiny superficial incisions that do not enter the eye, but reduce the undesirable oblong shape of the cornea.

A more advanced option is a modification to the artificial lens implant that is permanently implanted in every cataract operation. The Toric lens implant corrects astigmatism that otherwise would have required prescription eyeglasses. This is the most accurate method and is more effective for higher amounts of astigmatism.

Both of these astigmatism-reducing techniques allow appropriate patients to see better when they are not wearing eyeglasses. They are perfectly safe but do involve additional costs.

NEWS

THE LATEST IN LASIK: CUSTOM TREATMENT FOR YOUR EYES ONLY

■ **Question:** Have you resisted LASIK surgery, worried that the results won't justify the cost?

■ **Answer:** Take another look says Dr. Colman Kraff, a leading Chicago ophthalmologist. The latest custom LASIK treatments are bringing about an era of enhanced vision and improvements for a wider range of conditions, such as age-related presbyopia (i.e., no more reading glasses).

Like a fingerprint, everyone's eyes are different. But when it comes to the popular LASIK treatments to improve visual acuity, the eyes have been treated with almost relentless uniformity.

Now that's changing. The newest LASIK technologies can create a far more precise mapping of your eye's anatomy—hundreds of individual data points—and then use that information to guide the laser during surgery. The result is a greater level of individualized vision correction. And it is done entirely with the laser—there is no blade used.

Seeing fine detail

"In the past, two people with the

same prescription would receive nearly identical LASIK treatments," said Dr. Colman Kraff, director of Refractive Surgery at the Kraff Eye Institute in Chicago. "Now our ability to precisely target a wider range of visual imperfections means we can do much better. We can enable improvements in seeing fine detail, in low light situations and at night. We can dramatically reduce complications involving glare and halos. We can achieve better than 20/20 vision, what some people call 'HD vision.'"

The Kraff Eye Institute has been



Dr. Colman Kraff, MD
Director of Refractive Surgery at the Kraff
Eye Institute in Chicago

a pioneer in custom LASIK. Dr. Kraff was a principal investigator in trials that led to FDA approval of a newer treatment option. He believes the next step will be broadening the use of custom LASIK to address conditions such as presbyopia—the inability to focus on things up close that afflicts people as they age. "Today we can help many of these patients by correcting one of the eyes to a reading prescription. The next horizon is to use custom LASIK to do bifocal reshaping of both corneas."

Finding the right candidates

LASIK surgery is not for everyone—the improvement may still not be enough or could come with side effects, such as glare or the feeling of grittiness. "There will always be people with poor eyesight who are better off with glasses or contacts," said Dr. Gary Tracy, an optometrist in New York. "I tell people, 'This is elective surgery. Proceed cautiously.' One of the outcomes of custom LASIK is that it can make it easier to identify who is a good candidate and who isn't."

JOSEPH KELLY

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PERSONALIZED AND PRECISE
Dr. Colman Kraff performs custom LASIK laser eye surgery on a patient. Consult with your vision care provider to see if you qualify. PHOTO: GEORGE MAY



Help 5 million
kids become
Star Pupils.





Feel the burn? It might be dry eye

■ What is dry eye?

■ It's the condition of not having enough tears—either the eyes are not producing enough tears or the tears are evaporating too quickly. Dry eye is uncomfortable and if left untreated can damage the eye, weaken your vision, and increase the risk of infections.

■ Why do so many people seem to have dry eye?

■ We are doing more things that lead to dry eye: wearing contact lenses; staring at computer monitors, which causes us not to blink enough; working in dry, over air



Jeffrey Anshel, OD
Optometrist,
Carlsbad, CA;
President of the
Ocular Nutrition
Society

conditioned/over-heated environments. We are also getting older: dry eye is a natural consequence of aging, especially for women. Dry eye can also result from taking medications such as antihistamines, antidepressants and blood pressure medicines.

■ What's your preferred treatment for dry eye?

■ In my experience, diet can have a major impact particularly by increasing the amount of Omega 3 and 6 essential fatty acids that are found in cold-water fish such as sardines, tuna and salmon. Fish oil supplements are also a good source. I also recommend a targeted supplement such as BioTears, which provides the right Omega 3/6 combination as well as other tear supporting ingredients.



■ What's the connection between LASIK and dry eye?

■ Dry eye is a common side effect of LASIK. During surgery, the feedback loop telling the brain to produce tears gets disrupted. I counsel people to prepare by following the nutritional approach before undergoing LASIK.

■ Can you take some drops?

■ With over-the-counter drops the effect is short lived. Some drops are better than others. Drops that promise to get the red out can actually aggravate the condition—over time more drops are needed to achieve the same effect. For severe cases, an option is to get a prescription for Restasis. It can help you produce more tears.

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Special contact lenses solve vision problems

When eye surgery is not an option, many people can achieve the same results by wearing specially designed contact lenses.

Like LASIK, Orthokeratology—Ortho-K for short—reshapes the cornea to achieve better vision. Instead of undergoing laser surgery, patients wear special lenses at night to achieve and then main-

tain clear daytime vision. “Ortho-K is an alternative when LASIK is not an option or the person doesn't want to wear contact lenses during the day,” explained Dr. Robert Gerowitz, an Optometrist and Orthokeratologist in Palatine, IL. “It's an option for people whose prescription keeps changing.”

Ortho-K has been around for de-

acades, but a new wave of enhanced lenses is enabling the treatment to address more conditions: far-and-near-sightedness, astigmatism and presbyopia. An ongoing clinical trial with children is also showing good results.

JOSEPH KELLY

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BEST TIPS

Lenses for Keratoconus

1 Keratoconus—a condition in which the cornea weakens and bulges outward, often necessitating a corneal transplant—can also be addressed with the right contact lenses. “The lenses used to be too uncomfortable for extended use,” said Dr. Christine Sindt, Assistant Professor of Clinical Ophthalmology at the University of Iowa. “Today, new plastics enable people to wear the lenses comfortably all day long. When I fit people now, many of them cry out of happiness.”

What the future holds

2 Both Ortho-K and Keratoconus treatments may also benefit from upcoming FDA trials involving Corneal Collagen Crosslinking with Riboflavin. If this treatment proves successful in strengthening the corneal structure, it could enhance the ability of Keratoconus patients to use contact lenses and may also help stabilize Ortho-K treatments—so patients don't need to wear the lenses as often.

Dry Eye Pain?

MORE INFO

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NEWS

Options grow for people with low vision

Who needs low vision products?

Anyone with vision problems that are not entirely correctable via conventional means such as glasses, contact lenses or surgery and that are negatively affecting their quality of life. It could be someone who is legally blind. But it could also be someone who has 20/40 vision, but experiencing functional difficulties.

Who suffers from low vision?

People with macular degeneration, glaucoma, optic atrophy, diabetic retinopathy—any condition that restricts vision and can't be corrected.

What low vision products are available today?

Thirty years ago, there weren't many options. Today, there are glasses, telescopic devices for seeing things far away, electronic magnification devices for seeing things up close, talking/auditory devices, computers, computer software—the number of products keeps growing.

How do you find what's right for you?

First, work with your eye care professional to understand the problem and what can be addressed with contacts, glasses or surgery. Then have a comprehensive vision rehabilitation evaluation to determine what devices are best for enhancing visual functioning to improve quality of life. Many people will use multiple devices to help with different parts of



Mark E. Wilkinson, OD
Director, Vision Rehabilitation Service,
University of Iowa's Carver Family Center
for Macular Degeneration
PHOTO: Carver Family Center

their life. They might have something for reading and writing at home, for example, and something else to bring when they go out.

What's the most exciting development in low vision solutions?

Advancements in technology, including computer options, along with portable electronic magnification devices that people can carry with them and use anywhere.

Like the new Apple iPad?

Yes, the iPad has great contrast. One of my patients is using the iPad to download books and read in bed. Before, the only kind of readers like that were desktop devices.

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CHARITABLE OPTION

Helping vision world-wide

1 Lions Clubs address humanitarian needs in their local community and around the world. Lions Clubs International Foundation, the official charitable organization of Lions Clubs International, provides grant funding to Lions and their partners to carry out large-scale humanitarian projects in their communities. One of the largest initiatives they support is the LCIF SightFirst program. The SightFirst mission is to build eye care systems in underserved communities to fight blindness and vision loss and assist blind and visually impaired persons.

If you are in need of eye care—whether routine vision screening or care for complex eye diseases—the University of Iowa Department of Ophthalmology and Visual Sciences is here for you.

WHERE YOU GO DOES MATTER.

A nationally recognized leader of ophthalmology, we provide comprehensive vision services, including treatment for:

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- LASIK and laser vision correction
- Nearsightedness, farsightedness, astigmatism, and diseases of the cornea
- Children's vision care needs and vision rehabilitation services



"When the bandage came off after my cataract was removed, I could see the hues of the world: the blues and reds, oranges and yellows were back."

—Stephen Kuusisto,
University of Iowa professor
and eye care patient

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PERSONAL INSIGHT

One otherwise beautiful day in 1994, a doctor told me I was going to **lose my eyesight**, and there was nothing either he or anyone else could do about it.

Paying it forward

Well, he was right about my eyes, but he didn't tell me how to slow the disease through good nutrition and behavioral practices, or how to maintain my quality of life in spite of vision loss. He also didn't assure me I would not go blind from macular degeneration, and how, with some modification, I could continue doing everything pretty much as before. In the doctor's defense, low vision care for our aging population was not yet part of normal health practice in the 90's. It simply didn't occur to some practitioners that we are more than our eyes. Education and rehabilitation opportunities were sadly lacking, and millions suffered for it.

Strength in Numbers

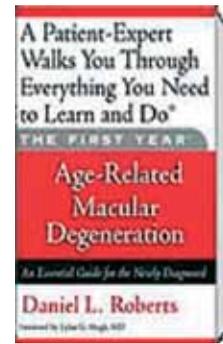
Luckily, a few of us found each other on the then-fledgling World Wide Web. Together, we shared ex-

periences and searched for answers. Everything we learned was stored on a website and, eventually, in a book* for those who were still unacquainted with the Internet. Quickly growing in both numbers and knowledge, we incorporated as a nonprofit organization in 1998. This allows us to offer all of our services at no cost through corporate funding and other assistance. Our website has expanded to more than 850 pages and generates nearly four million hits per year. And with our help, over 200 live support groups around the world now reach thousands of previously unconnected seniors. Most important, we have the respect and cooperation of many leading professionals who stand ready to answer our questions and who volunteer their expertise to our monthly educational webcasts. We are called MD Support, and we can be found at www.mdsupport.org. We started with a single person who said, "Where is everyone?" And we are committed to our mission until the last person says, "Thank you for being there."

"Low vision care for our aging population was not yet part of normal health practice in the 90's"



Dan Roberts
Visually-impaired educator, author, composer, theatrical director, and musician.
PHOTO: Private



***About the author**

Dan Roberts is a visually-impaired educator, author, composer, theatrical director, and musician.

Retired from over 30 years in public school education and church music ministry, he now dedicates his life to low vision education and patient advocacy. He is the recipient of the 2004 Distinguished Service Award presented by the American Optometric Association Low Vision Rehabilitation Section, and his organization was awarded the National Eye Institute's 2006 Healthy Vision Community Award for innovative approaches to vision-related health education.



QUESTION & ANSWER



Michael Abramoff, MD, PhD
Associate Professor of Ophthalmology and Visual Sciences, Vitreoretinal Service, University of Iowa Health Care

Question: What advances have been made in detecting diabetes-related eye problems?
Answer: People with diabetes are at risk of blindness. Yet nearly half with diabetes do not get an annual eye screening to detect possible problems.

There are computerized systems being developed at the University of Iowa and elsewhere that can detect diabetes-related eye problems. The systems take pictures of a patient's retina which are then transferred to computers that can detect small hemorrhages and fluid that are signs of diabetes damage. With this initial screen, patients at risk of vision loss can be identified and sent to an ophthalmologist for diagnosis and treatment.

Through this technology, people with diabetes can have an opportunity for screening that they might not otherwise have.

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