

## INSURANCE

**H**ospital insurance usually covers you for *unexpected* illness. Ancillary or extras insurance depends more on your *expected* needs for optical, dental or other allied health services. Whether it makes sense to take out ancillary cover depends on how much you're going to use these services and how well you've matched the level of cover to your expected need.

If you play a lot of sport and need regular physiotherapy, it may be worth your while having extras



## Do you need extras?

cover but there may be little point taking out ancillary cover if you don't wear spectacles, have only a dental check-up annually and rarely visit a physiotherapist, chiropractor or podiatrist. The amount you pay occasionally for these services may be less than the extras premiums.

Health funds might say they will refund up to 100 per cent of the cost of extras but this may not be 100 per cent of the amount you pay. Compare your fund's limits for different products and services against the fee your health-care provider charges to see whether you are getting value for money.

Most policies have annual limits on claims, specifying the maximum that can be claimed in any 12-month period. Most people prefer one pair of good quality spectacles in a fashionable frame every couple of years to a cheaper pair every year.

Most funds offer only an annual benefit for optical items and many will not allow you to roll over unused optical benefits from year to year.

Lifetime Health Cover means you have to pay an extra two per cent on hospital insurance if you have not taken it out by 1 July following your 31st birthday. For each year you delay, you will pay two per cent more on your premium. Extras policies are not affected by these rules, so you can take them out later in life without being penalised.

It's important to read all the fine print before selecting a policy as many funds limit your choice of practitioner and product selection. By doing the sums you could save yourself a substantial amount of money.

# Take care in the sun



**W**hen we are out in the sun we must protect our eyes from harmful ultraviolet (UV) rays. UV rays are an invisible form of radiation that cause sunburn and damage to eyes and vision.

Radiation reaches us in two forms, UV-A and UV-B. UV-A rays can damage the most important part of the retina at the back of your eye, called the macula. The front part of your eye, the cornea and lens, absorbs most UV-B rays, which can cause even more damage to your eyes than UV-A rays.

UV can cause different types of eye problems, including macular degeneration, cataracts, pterygium (a fleshy growth on the white of the eye), skin cancer around the eyelids and photokeratitis (corneal sunburn). Photokeratitis occurs typically as a result of excessive exposure to highly reflective surfaces such as sand, water or snow.

Everyone's eyes can be damaged by UV radiation. People who work or play in the sun for long periods are at greater risk.

The risk of ocular damage from UV exposure is highest during Summer months, particularly between 10 am and 3 pm when the radiation from the sun is most intense. A wide-brimmed hat or cap and UV-absorbing, wrap-around sunglasses will reduce the amount of UV to which you are exposed.

Sunglasses don't need to be expensive. Examine the labels carefully to make sure they meet Australian Standards. Look for sunglasses that screen more than 95 per cent of both UV-A and UV-B radiation, or those labelled as Category 2. As long as they fit well, your eyes will be protected.

There are different types of sunglass lenses available. Polarised lenses block reflected light from the surface of water; photochromic lenses adjust their darkness when the intensity of UV light changes. Contact lenses are now available with a UV-blocking feature but should still be worn with sunglasses to provide additional protection from the sun.

## Children's vision

### ACHIEVE AT SCHOOL

**G**ood vision is essential for a child to develop their full potential and maximise their enjoyment at school.

Reading, writing, using computers and playing sports are among everyday tasks for which they require excellent vision.

As children progress through school they face increasing demands on their visual abilities; the size of print in schoolbooks becomes smaller and the amount of time spent reading and studying increases.

When certain visual skills have not developed, or are poorly developed, educational, social and sports participation can be difficult and stressful. A child might try to avoid reading and other near visual work or they might attempt to do the work but with a lowered level of comprehension or efficiency.

It is important for a parent to recognise the signs of vision defects such as squinting and sore, red eyes. Often children are not aware they have a problem as they lack the benefits of an adult's experience and just assume their vision is normal.

The most common vision problems experienced by children are those affecting the ability to see clearly and sharply. Parents and teachers should be alert for problems such as myopia (blurred distance vision), hyperopia (difficulty focusing at near) and astigmatism (distortion of vision). Once diagnosed, they are usually easy to correct.

Your child may experience other vision problems that affect their visual performance. These problems are harder to identify and frequently escape detection in school vision tests and other vision screenings.

Children should have an eye and vision examination by an optometrist when beginning school and every two years as they progress through primary and secondary education. A thorough eye examination takes about 30 minutes and qualifies for a Medicare rebate.

# Why we dilate your pupils

**P**upils are dilated in an optometric examination to enable a much better view of the inside of your eye.

The pupils appear black but they are actually holes in the centre of the iris (the coloured part of the eye) that allow light to reach the back of the eye.

In dark conditions pupils expand, or become dilated, to allow as much light as possible to enter the eye. In bright conditions the pupil can shrink down to a tiny hole so that you are not blinded by the glare. Fear and anger can cause the pupils to shrink, while excitement can cause them to dilate.

During an eye examination an optometrist uses an instrument called an ophthalmoscope, which has a bright light and a lens to look into the eye. The bright light causes

the pupil to shrink, making it difficult to see the back of the eye. To make the pupils stay dilated, special eye-drops are used.

Pupils need to be dilated so an optometrist can examine the inner lining of the eye, the retina, which is a thin layer of nerve tissue that receives light images and transmits pictures to the brain.

Dilating eye-drops act gradually. You may then experience difficulty focusing on near objects such as books and some people notice their distance vision is also blurred. You may also be more sensitive to glare because the larger than normal pupils are letting more light into your eyes. Sunglasses can help reduce glare and sensitivity.

These effects are harmless and usually wear off within about one hour. If your vision is blurred after your eye examination,



you should be careful walking, particularly when stepping off footpaths or crossing roads, and you should not drive immediately.

Pupil dilation is important as it can reveal general health problems like hypertension, diabetes and cataracts. The earlier these conditions are detected, the better the chances of treatment.

## Contact lenses

### BRENDAN'S FINE FORM



**W**hen Brendan was told he needed to wear spectacles to correct his vision, he was worried that they would interfere with playing cricket. Brendan has myopia, so close objects are clear but distant objects appear blurred.

'I thought all the test match cricketers I watched on the television had perfect vision because I had never seen any of them wearing spectacles,' Brendan said.

He feared his coach might not let him play and even if he did get to play, he was worried his spectacles might get smashed by a fast ball while he was batting. The problem was soon resolved.

'My optometrist told me many cricketers wear contact lenses; even a very well-known test cricketer called Geoff Lawson wore contact lenses while playing and spectacles off the field. He became an optometrist himself,' Brendan said.

His optometrist suggested he could try soft contact lenses and scheduled a trial lens fitting before cricket practice one afternoon. Brendan was excited with the result. It gave him the confidence he needed.

Brendan has since played in the Junior Country Week cricket carnival, and was thrilled to play at a higher standard than he usually experienced.

He now wears extended-wear soft contact lenses that can stay on his eyes for 14 days.

# Technology can help you

**N**ot everyone is able to achieve perfect vision, even with correctly prescribed spectacles. Some people may have low vision; their vision is well below normal but they are not necessarily legally blind.

Low vision can have many causes. It can be present at birth, or due to a disease or condition, or exposure to damaging UV radiation or chemicals.

Low vision can result from the natural ageing process. Our need for good light increases as we get older. At 60 years of age we require about 15 times more light than a 10-year-old does to experience the same impression of brightness. Lighting aids can illuminate and magnify, and control glare. They can also aid contrast to help with everyday activities such as reading newspaper type and seeing the edge of a step.

As technology advances, more products are available to meet specific low vision requirements. There are aids for reading and watching television, and doing handicrafts such as needlework; and for activities when out and about, such as reading street maps or menus.

Magnifiers, strong bifocals, pocket-size telescopic systems, closed-circuit television systems, computer screen magnification programs and adjustable lamps provide effective magnification for low vision patients. Many types of magnifiers are available and different strengths are prescribed for various levels of low vision.

Some magnifiers are hand-held, others are fitted to special



spectacles for hands-free use. Binocular spectacles have telescopic lenses and can help patients with low vision watch television, view a whiteboard and assist with many other activities.

Your optometrist can assess your vision and prescribe aids to help you or refer you to a low vision specialist.

## TEAM WORK GIVES YOU BEST CARE

**O**ptometrists do much more than just eye examinations. They may also be involved in the comanagement of ocular diseases such as glaucoma, diabetic retinopathy or macular degeneration, and the after-care of cataract, corneal transplant, ocular muscle or pterygium surgery or laser vision correction.

Comanagement allows care of the patient to be shared by two or more practitioners, each practising within their particular area of expertise, to provide a high level of quality, integrated care.

In eye care, optometrists often

collaborate with a doctor such as an ophthalmologist to share in the management of a patient.

An optometrist might refer a patient to an ophthalmologist for an opinion or procedure, then the ophthalmologist will refer the patient back to the optometrist for future management.

Optometrists also collaborate with other optometrists on a variety of clinical issues such as speciality contact lenses, low vision rehabilitation, glaucoma, infant eye and vision care, and vision therapy.

In some cases, the expertise of a specialist such as a neurologist, paediatric

ophthalmologist, occupational therapist or learning consultant may be requested or recommended. Regular communication between each practitioner ensures that patient care is streamlined and of the highest quality. Comanagement offers many advantages to optometric patients—reduced waiting times, reduced travel and consultation costs, and continuity of care from a familiar practitioner.

As knowledge about visual demands and problems increases, and the treatment of these problems becomes more specialised, comanagement enables patients to receive the best care.