

CHILDREN'S VISION

Be a guiding light

Eye problems are among the most common long-term health problems experienced by children, with one in 10 Australian children suffering from a long-term eye disorder.¹ It is important to be aware of the signs of a vision problem in your child as good vision is crucial for educational, physical and social development.

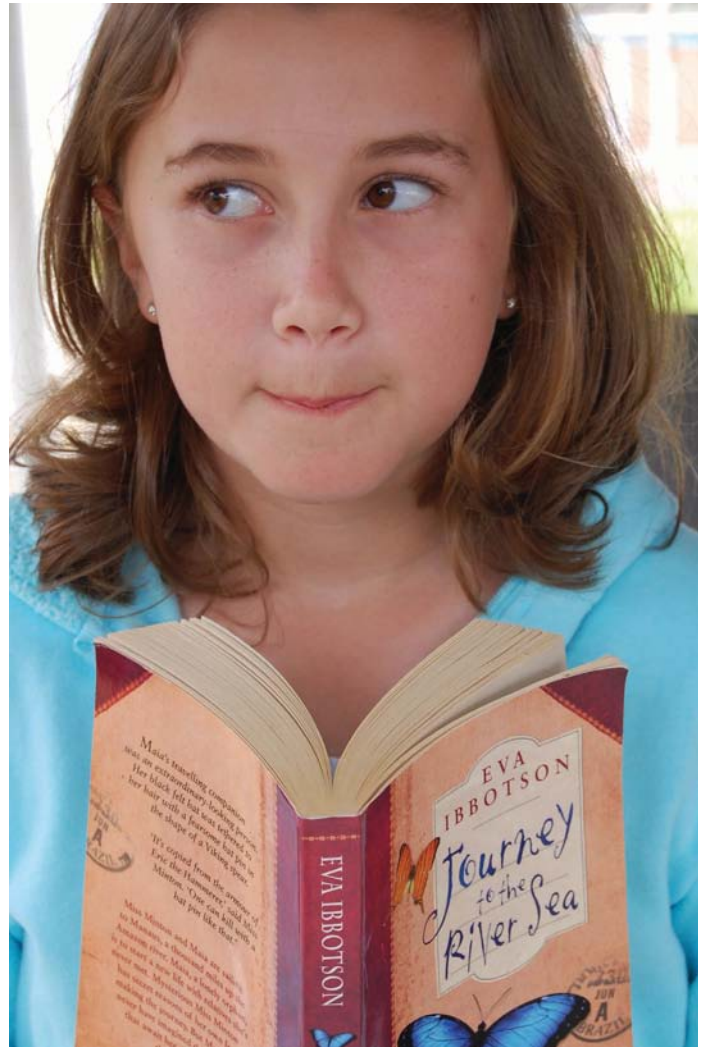
The most common vision problems experienced by school-aged children are those affecting the ability to see clearly and sharply. These include difficulty focusing up close (longsightedness), blurred distance vision (shortsightedness) and astigmatism, which is distortion of vision. These problems are usually easy to correct.

Other vision problems may be more difficult to detect and require treatment by an optometrist. Early detection is the key. Parents need to be able to recognise the signs of a vision problem, as children are often unaware that there is anything wrong with their vision.

Some signs of vision problems are obvious like turned eyes, squinting to watch television and covering one eye when looking; other signs can be more subtle, such as headaches, difficulty concentrating and red, sore eyes.

Through regular eye examinations and by following some simple guidelines you can help protect your child from conditions that can lead to permanent vision impairment. It is recommended that children have a full eye examination with an optometrist before starting school and regularly as they progress through primary and secondary school. Most eye examinations are covered by a Medicare rebate.

1. Australian Institute of Health and Welfare 2008. *Eye health among Australian children*. Cat. No. PHE 105. Canberra: AIHW.



YOUR OPTOMETRIST

If your arms are not long enough, you may be presbyopic

Around the age of 40 years most people start to experience presbyopia, which is a gradual loss of ability to focus at normal reading distance. This is part of the natural ageing process. Presbyopia cannot be prevented but it can be corrected by using prescribed reading spectacles or contact lenses.

Presbyopia occurs due to a change in the shape and flexibility of the lens in our eye. Normally, the lens changes shape to focus light directly on the retina at the back of the eye, but with age, the lens

stiffens and cannot change shape easily. Close objects such as newsprint, mobile phones or needles and thread can look blurry.

Other symptoms of presbyopia include poor concentration, eye strain, headaches and tiredness from reading or other close work.

Although presbyopia is a normal condition, there are many other conditions that can cause permanent loss of vision that cannot be corrected. Be aware of the health of your eyes and how your vi-

sion is affecting your everyday life; learn to look for warning signs such as spots in your vision, sudden eye pain or redness, loss of central or peripheral vision, and distorted or double vision. Don't dismiss a vision problem as simply 'ageing'.

You may not know when you have a serious eye problem and after the age of 40 years the risk of developing cataracts and eye diseases such as macular degeneration and glaucoma is much greater. The earlier a problem is detected, the greater your chance of retaining good vision.

Thought about multifocal contact lenses?

Multifocal contact lenses serve a purpose similar to multifocal spectacles. They combine distance, intermediate and near vision needs into one tiny lens so you can focus well at all distances.

People usually wear multifocal lenses when they develop presbyopia and find it hard to focus on near objects but spectacles might not be suitable for an active lifestyle. Contact lens technology gives those in their 40s and older a choice of wearing multifocal contact lenses or multifocal spectacles.

Multifocal contact lenses are available in various wearing schedules. Daily disposables are worn once and thrown away the same day, daily wear lenses are removed at night and worn again, and extended wear lenses can be worn overnight. Soft multifocal lenses can be comfortably worn on a part-time basis, so they are great for special occasions or weekends if you prefer not to wear them all day, every day.

Your optometrist can advise you on the type of multifocal contact lens that suits you and the kinds of activities you do regularly.



ON YOUR MARK, GET SET...

Optometrists are a part of the sports medicine team, along with many other health-care practitioners. They recognise that sports performance and ultimately the enjoyment of sport depend on efficient eye-care correction, protection and visual skills training.

Visual acuity, which is the ability to see sharply and clearly, is needed by golfers to judge the distance to the green and the location of traps, trees and roughs. Shooters and archers use it to accurately locate their targets.

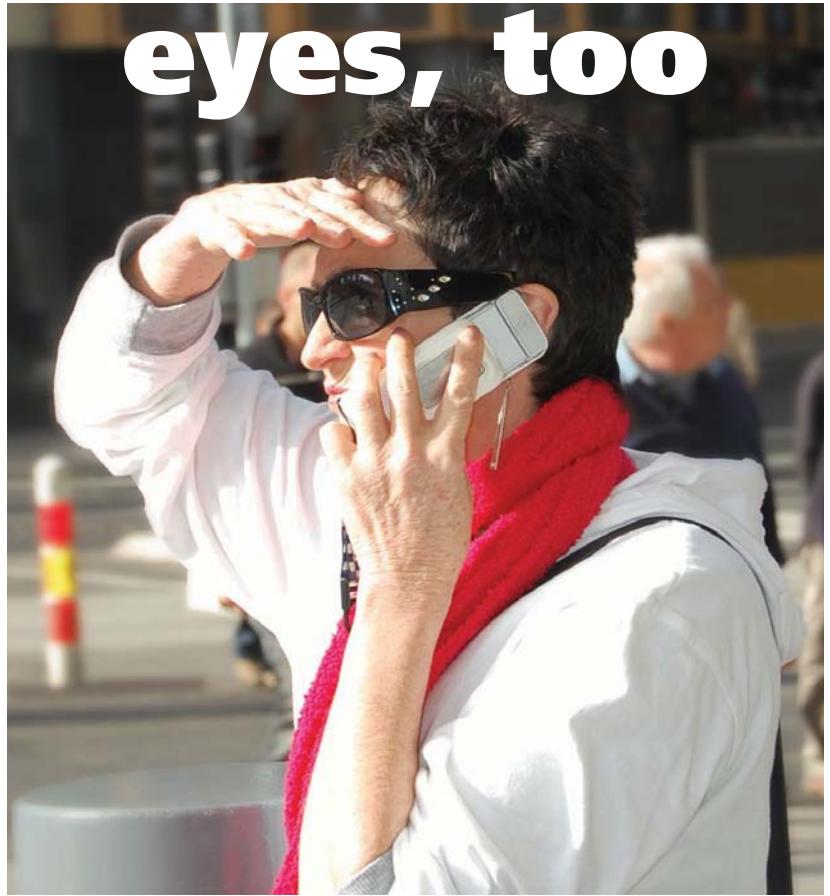
Footballers and tennis players use depth perception to judge how far to kick or hit the ball, and accurately judge the distance and speed of objects and fellow players. Depth perception and tracking depend on the two eyes working together as a team. These skills are used when a cricket fielder runs to take a catch.

Peripheral vision and awareness is the ability to see what is occurring to the sides, above and below while concentrating on a target, ball or player. This visual skill makes it possible for a good basketballer or soccer player to look in one direction and pass the ball in another.

Contact lenses have an advantage in contact sports where the use of spectacles is inconvenient or unsafe. They can offer UV protection and better, more natural peripheral vision, and they do not fog up.

Many people are remarkably good at adapting to their vision problems or level of visual skills, and unknowingly may be missing out on their maximum visual capacity. A regular optometric examination will uncover any gradual changes to vision that might otherwise go unnoticed. This will ensure that your visual system is functioning at its peak, which may mean the difference between a mediocre performance and winning.

Shade your eyes, too



Sunglasses are more than a fashion accessory; they are a vital part of sun protection for all of us. Ultraviolet (UV) radiation can damage our skin and our eyes and although we can't smear sunscreen on our eyes the way we do on our skin, we can still protect them.

Well-fitting sunglasses are the best way to protect your eyes when out in the sun. Choose sunglasses that sit as snugly as possible on your face without touching your eyelashes. Wraparound sunglasses offer great protection because they help prevent light from shining around the frames and into your eyes.

UV radiation can be three times higher in Summer than in Winter but even in Winter you can still be exposed to UV rays reflected off snow, or water or sand at the beach. This means you need to protect your eyes from the sun all year round.

Accumulated UV exposure can lead to cataracts, macular degeneration (a leading cause of blindness), cancer and pterygium (a fleshy growth on the cornea).

The simplest way to protect your eyes from UV radiation is to limit your exposure. Try to stay out of the sun as much as possible between 10:00 am and 3:00 pm, when the sun's effects are strongest.

Sunglasses don't need to be expensive to be effective. Examine the labels carefully to make sure the sunglasses meet Australian Standards. Look for sunglasses that screen more than 95 per cent of both UV-A and UV-B radiation; as a minimum buy those labelled as Category 2.

Have your eyes tested regularly by your optometrist. The earlier UV-related conditions are detected, the better the chance of effective treatment.

Hardworking tears do many jobs

Tears are a combination of water for moisture, oils for lubrication, mucus for even spreading, and antibodies and special proteins for resistance to infection. These components are secreted by special glands around the eye.

Changes to the health of tears can result in a change in the quantity and quality of the tears. An imbalance or deficiency in the tear system can lead to dry eye.

Sometimes a person with dry eye will have excess tears, which may seem confusing. This happens when the eye isn't getting enough lubrication. The eye sends a distress signal through the nervous system for more lubrication. In response, the eye produces extra tears, but these tears are too watery and don't have the lubricating qualities or rich composition of normal tears.

Ageing is one of the most common causes of dry eye because as we get older tear production decreases. Hormonal changes such as those that occur in pregnancy, menstruation and menopause can decrease tear production; and wind,



heat, dust, air conditioning, cigarette smoke and even hair dryers can make our eyes dry.

Dry eye is common when using a computer because we tend not to blink as often when staring at a screen for long hours, and the tears evaporate on the eye's surface.

Your optometrist may recommend that you use lubricating eye-drops, gels, ointments or natural supplements to alleviate dry eye symptoms.

MEDICARE COVERS OPTOMETRY, TOO

Medicare pays benefits for most optometric consultations, so if you are a permanent resident of Australia you can have your eyes examined by an optometrist and the government will cover all or part of the cost.

Because they work under Medicare, optometrists must meet high standards of practice and adhere to rules governing the fee that they can charge for a consultation and the types of consultations that attract a Medicare rebate.

For most people, consultations relating to regular eye examinations are fully

covered. This includes one full eye examination every two years and any other visit that may be necessary. Visual field testing for people at risk of glaucoma and other eye conditions is also covered.

Consultations relating to contact lenses are not eligible for benefits unless you have a clear clinical need for contact lenses instead of spectacles.

Medicare does not cover expenses for spectacle lenses, frames, contact lenses or other vision appliances.

Medicare allows optometrists to directly bill the government on behalf of their patients. This is known as bulk-billing. If

your optometrist directly bills Medicare for your eye examination, you pay nothing for the examination. Medicare pays the optometrist 85 per cent of the fee that is set by the government, which the optometrist accepts as full payment.

If you are billed for the examination, your rebate can be easily claimed from a Medicare office. Some optometrists' practices have online Medicare claiming systems or EFTPOS claiming systems available.

You do not need a referral from your doctor to see an optometrist, simply contact your local optometrist and arrange an appointment.