

Taking great care of ageing eyes

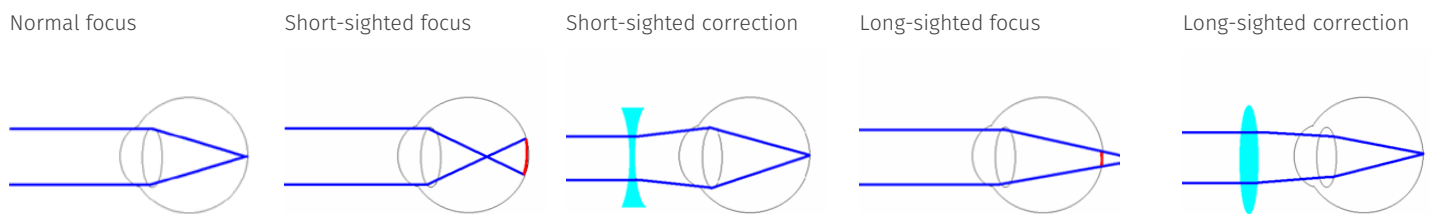
As we age, our eyes change just like the rest of us. Our eyes may adjust more slowly to altered light levels and be more sensitive to glare. We can also experience blurred vision or find it difficult perceiving edges and distances. 90% of vision loss can be treated or fixed, so long as the issue is diagnosed early enough.

There are 3 aspects of vision to consider: visual acuity, contrast sensitivity and visual field.

Visual acuity

This is a measure of how clearly we can see at various distances and is assessed when the optometrist asks us to read the letter chart. Our visual acuity decreases because of refractive error or eye disease. There are four types of refractive error and in most cases it can be easily fixed with glasses or contact lenses.

- > Myopia – where the shape of the lens results in distant objects being blurry. Also known as “short-sightedness”.
- > Hyperopia – difficulty seeing clearly and comfortably up close because the lens is a different shape. Also known as “long-sightedness”.
- > Astigmatism – the eye is shaped more like a football than a basketball and causes more complex blurring both horizontally and vertically.
- > Presbyopia – this typically hits us at 40 because the lens has grown less flexible. It results in us needing to hold small print further and further away.



Contrast sensitivity

This describes how well we differentiate shades, patterns and edges. It is particularly important when lighting is poor and is a common cause of falls because it's difficult to see steps and slopes when we are walking. Refractive error, cataract or eye disease can all result in a change.

Cataract

Cataracts, which are the clouding of the lens in our eye, are common after the age of 60 and usually result in gradual vision loss and blurred vision. Surgery is common and may be required to insert a new lens. Protecting our eyes from U.V. light by wearing a wide-brimmed hat, sunglasses and a U.V. coating on our regular glasses or contact lenses, is a great habit to get into, to slow cataract development.

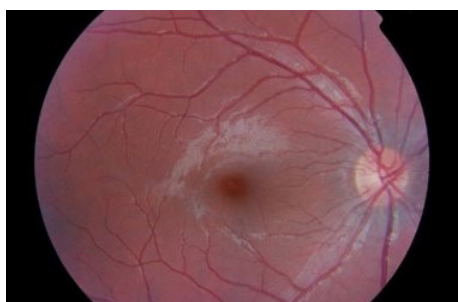


Age-related macular degeneration (AMD)

The image at left shows what a patient with AMD typically sees - the disease results in a loss of our central vision. Whilst it often progresses gradually and our side-vision is usually unaffected, we will have problems reading (even with our glasses on). There are two types of AMD: “dry” and “wet”. Prevention is the key, as once damage has occurred, any lost sight cannot be restored. Whilst U.V. protection is beneficial, regular eye examinations are vital. Patients aged 40+ should have an eye health check every two years, or as directed by their optometrist.

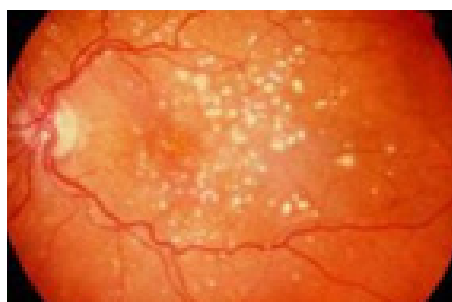
Healthy retina

This is what a normal, healthy retina looks like.



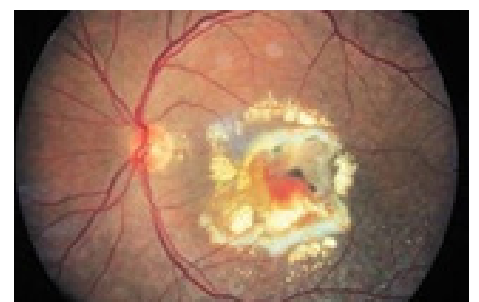
“Dry” AMD

Caused by small deposits of “drusen” (yellow fatty deposits) under the retina. Whilst it is less serious than “wet” AMD, there is no treatment available.



“Wet” AMD

Fluid accumulates under the retina and the optometrist will refer to an ophthalmologist immediately for surgery, which aims to stop further vision loss.



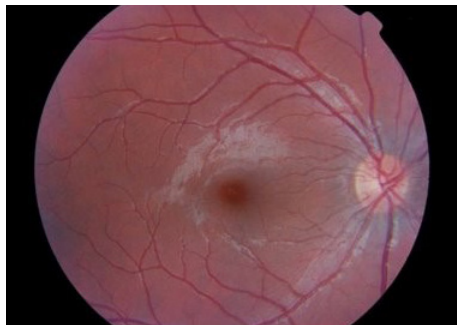
Taking great care of ageing eyes

Diabetic retinopathy

Diabetic retinopathy is caused by damage to the small blood vessels in the retina, causing leakage. It is more likely in patients who have been a diabetic for a long time, where their blood sugar is not well controlled and if they have high blood pressure. It is also more common in Aboriginal and Torres Strait Islander communities. There are two types of diabetic retinopathy: non-proliferative and proliferative.

Healthy retina

This is what a normal, healthy retina looks like.



Non-proliferative retinopathy

The damaged blood vessels leak, causing pools of blood in some areas whilst starving other parts of the retina of blood.



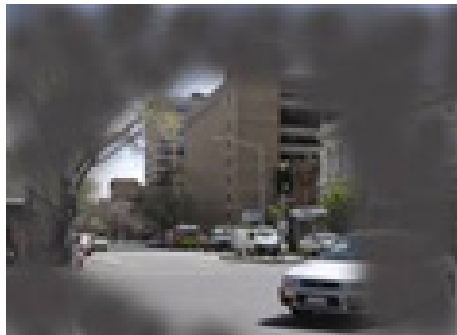
Proliferative retinopathy

New vessels grow in an attempt to mend the leaks. This requires urgent treatment as significant vision loss can occur quickly.



Visual field

Visual field describes how much we can see out of the sides of our eyes (our "peripheral vision") whilst we focus our eyes on a central point. It is particularly important for driving and walking safely. Our visual field can be reduced by glaucoma or a stroke.



Glaucoma

Glaucoma is a degenerative disease of the optic nerve (which takes messages from the eye to the brain). It results in a loss of our peripheral vision and once lost, cannot be restored. Glaucoma runs in families and is most common in older patients. It is hard to notice any changes in our vision until it's too late, which is why it is vital to have our eyes checked every two years by the optometrist if a family member has been diagnosed with glaucoma or if we are 40 or over.

Looking for more information?

Head to www.goodvisionforlife.com.au