

Eye Care



What Are Blue Light Glasses?

Staring at a computer all day isn't just bad for your back and your wrists. Your eyes suffer, too.

Digital screens emit blue light, the Cleveland Clinic says, which can strain your eyes, making them dry and irritated. It can also mess with your circadian rhythm, interrupting your sleep cycle. For many of us, reducing the time we spend in front of screens isn't an option. Try blue light glasses instead.

BLUE LIGHT BLOCKING GLASSES

These glasses, available over the counter at stores that sell reading and sunglasses, have special clear lenses that block or filter out the blue light, protecting your eyes from the glare of digitized light.

Ophthalmologist Dr. Rishi Singh told the Cleveland Clinic that blue light isn't the only culprit in computer-strained eyes. Computer vision syndrome, he says, is a range of eye strain issues.

While you're looking at the computer, your eyes are constantly shifting focus and moving while looking at the strain. Furthermore, the glare and contrast can be hard work on your eyes.

"When we focus our eyes on something close up, like a screen or a even a book, our eyes are strained and contracted, which can cause eye dis-



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comfort," Singh said. "But if you look ahead to a distant object, our eyes relax."

HINTS FOR COPING WITH SCREENS

Dr. Singh offers these tips for helping eyes while working on screens.

- Practice the 20-20-20 rules. For every 20 minutes, look at

something 20 feet away for 20 seconds. This will help your eyes relax.

- Use eye drops to help keep your eyes lubricated while you work or play on an electronic device.
- Sit at arm's length from your screen, or about 25 inches away.
- Put away all the screens

about an hour before bed, or use the dark or night mode when it's available on your devices.

There's no scientific evidence that the light coming from computer screens is damaging the eyes, the American Academy of Ophthalmologists says. It says that most eye symptoms caused by comput-

er use are temporary and will lessen after you stop using the computer. In addition to the steps Dr. Singh outlined, it also advises adjusting your room lighting and increasing the contrast on your screen. Use a matte screen filter and, if you wear contacts, give your eyes a break some days by switching to your glasses.

Contacts 101

You're tired of your glasses sliding down your nose and you miss your peripheral vision.

Maybe it's time to look into contacts. Contact lenses today are much safer than they were in years past, and they're easier to care for, too. Here's what you need to know about taking care of your contact lenses and your vision.

WHAT ARE CONTACTS?

Contact lenses are corrective medical devices that are worn directly on the cornea of the eye. Just like your eyeglasses, contacts help correct refractive errors by adding or subtracting focusing power to the eye's cornea and lens. More than 24 million Americans wear contact lenses, which can correct both near- and farsighted vision, as well as astigmatism and presbyopia.

TYPES OF CONTACTS

The type of contact lens you're prescribed depends on your situation. Soft contacts are the most common type of contact lens. They're made with materials that make them soft and flexible and, most importantly, allow oxygen to reach the cornea. They come in different varieties, including daily disposable lenses, two-week or monthly disposable lenses, or tonic lenses for astigmatism. If you need bifo-



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cal, you can also get those in the form of a soft lens.

Gas-permeable lenses are rigid or hard lenses that allow oxygen to pass directly through the lens to your cornea. They may also be called RGPs, for rigid gas permeable lenses.

RISK FACTORS

There are certain people who can't wear contact lenses, says the Kellogg Eye Center at the University of Michigan. They are people who have frequent eye infections, severe allergies, dry eyes, who work in a dusty or

dirty environment, or who can't handle and care for the lenses properly.

You shouldn't sleep in your contacts and never wear lenses for longer than they are prescribed. Daily wear lenses, for example, should be thrown away each day. Misuse

of contact lenses can lead to potentially sight-threatening damage to your cornea. Never sleep in RGPs as the lens itself can scratch the cornea. These lenses are also more likely to slide off the cornea and become hidden under your eye lid.



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Aging and Your Eyes

One of the most common signs of aging is changes in your vision.

As people get older, we tend to lose the ability to see up close, we have trouble distinguishing colors and need more time to adjust to changing light levels, among other things.

PROTECTING YOUR EYES

As you get older, protecting your vision becomes more critical, the National Institutes of Health says. Have your eyes checked regularly by

an ophthalmologist or optometrist to find and treat problems early. Some medications can also affect your vision, so make sure you note those for your eye care professional as well.

Other things you can do to protect your vision are protecting your eyes from sunlight by wearing sunglasses that block ultraviolet radiation and a hat with a wide brim while you're outside. You should also stop smoking, eat healthy foods and get plenty of exercise to help your whole body feel younger longer. Maintain a normal blood pressure and carefully manage your diabetes, both of which can adversely affect your vision.

COMMON EYE DISEASES

There are some eye diseases that can lead to vision loss or even blindness in older adults. Getting regular eye exams can help fight these illnesses; even if they have few or no early symptoms, your eye care professional can still spot them.

- Age-related macular degeneration can harm the sharp, central vision you need to see objects clearly, meaning it can limit your driving and reading. The good news is there are treatments available and some dietary supplements can keep it from getting worse.

- Diabetic retinopathy develops

slowly, often with no early warning signs. If you're diabetic, you should have a dilated eye exam at least once a year to check for this disease. Laser surgery can sometimes keep it from getting worse.

- Cataracts are cloudy areas in the eye's lens that can cause blurry or hazy vision. Surgery can restore your vision and is a safe and common treatment.

- Glaucoma is caused by too much fluid pressure within the eye, leading to vision loss and blindness. It can be caught early with yearly dilated eye exams and is treated with prescription eye drops, lasers or surgery.

Why You Should Wear Sunglasses

Sunglasses aren't just a great fashion accessory.

They also protect your eyes from harmful ultraviolet rays that can damage your vision. Ultraviolet rays can harm your eyelids, cornea, lenses and retinas, and can take a terrible toll on your vision.

WHAT ARE UV RAYS?

The American Academy of Ophthalmology says that ultraviolet radiation can raise your risk of eye diseases and other problems.

These include some conditions that can take years to develop, including eye cancers. It's important to remember that while UV rays come from the sun, they can also come from artificial light sources. Any sunglasses you purchase should offer 100% UV protection. It's also helpful if your sunglasses are a wraparound style for maximum protection.

Wearing sunglasses is also good for your skin, too. The skin around the eye is some of the most thin on your body, and UV rays can be strong enough to punch through that thin skin — which is also more susceptible to damage because of its thinness — and manage to damage your eye even though they're closed.

WHEN TO WEAR SUNGLASSES

Sunnies aren't just for the



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summertime.

“Whether it's winter or summer, cloudy or sunny, you're always subject to ultraviolet exposure,” Dr. Elliot Levine told Piedmont Healthcare. It's especially true if you're hanging out near the water or snow. “Not only do you get direct sun exposure, but you also get reflected

light from the water.”

You should also wear sunglasses even if it's cloudy; harmful UV rays can pass through haze and thin clouds, too.

The American Academy of Ophthalmology says to wear sunglasses in the early afternoon, when the sun is strongest; at higher altitudes where

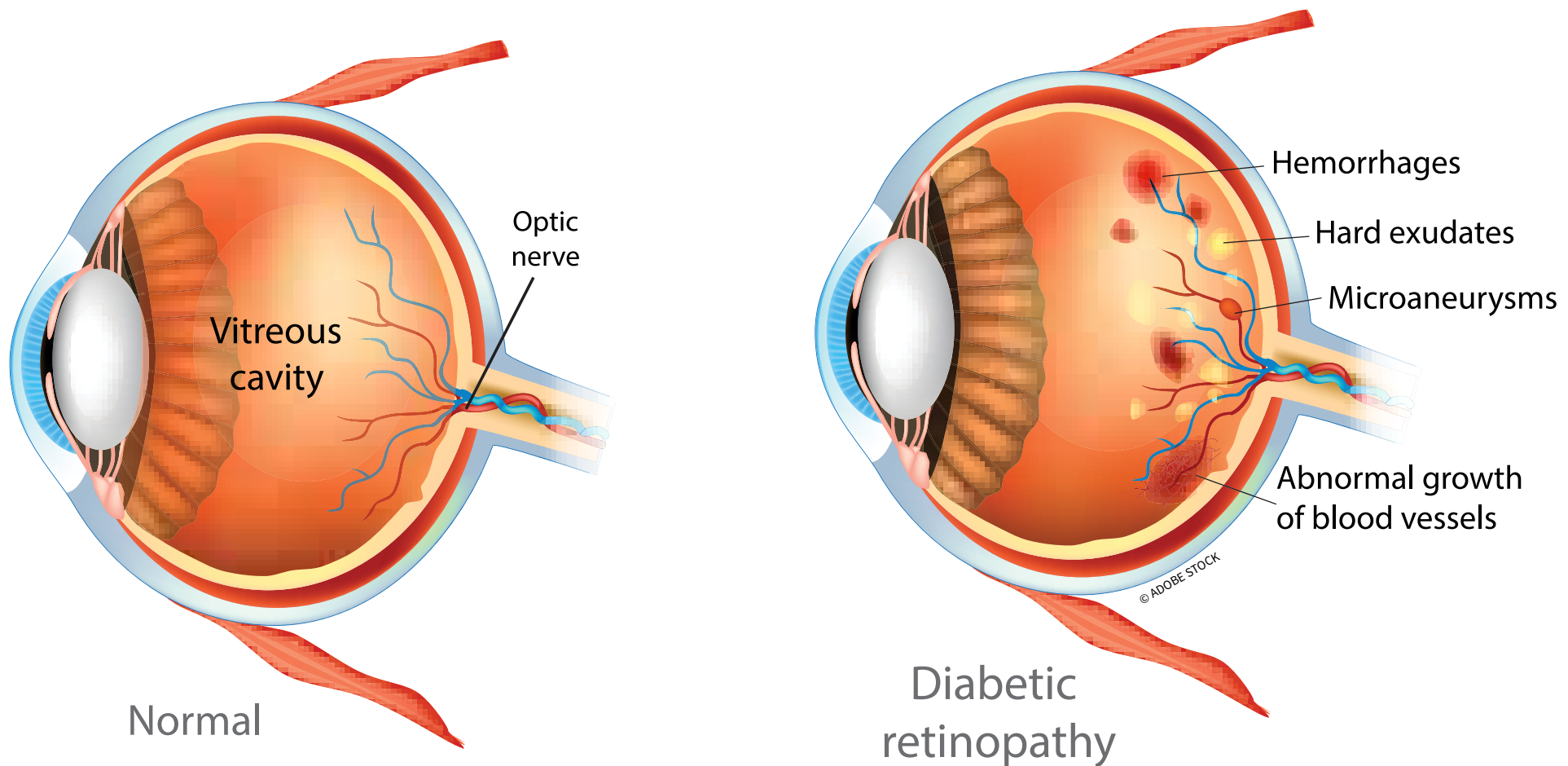
the UV light is more intense; and when you're taking medications that can cause sensitivity to light. These include some antibiotics, nonsteroidal anti-inflammatory drugs and diuretics.

SUNGLASSES FOR KIDS

Dr. Dawn Davis, a dermatologist at the Mayo Clinic,

says that even kids should be wearing sunglasses.

“We suggest sunglasses on children as early, as young, as they will wear them,” she said. You should pick a pair — whether for adults or children — that has broad spectrum coverage or specifically protects against UVA and UVB rays.



Diabetes and Your Eyes

Diabetes mellitus is a group of diseases that affect how your body uses blood sugar, or glucose.

Glucose is vital to your health because it's an important source of energy. Chronic diabetes — diabetes that doesn't go away — can be type 1 or type 2. Both diseases can have devastating consequences for your eyes.

TYPE 1 DIABETES

Type 1 diabetes used to be known as juvenile diabetes or insulin-dependent diabetes. It's a chronic condition where the pancreas produces little or no insulin,

a hormone needed to allow glucose to enter cells and produce energy. Type 1 diabetes can be caused by different factors, including genetics and some viruses. It is typically diagnosed during adolescence, but it also can develop in adults.

TYPE 2 DIABETES

Type 2 diabetes, there are primarily two problems. The first is that the pancreas doesn't produce enough insulin. The second is that the cells respond poorly to insulin and take in less sugar. It used to be known as adult-onset diabetes because it's more common in adults, but children can get it, too.

There's no cure for either type 1 or type 2 diabetes.

Symptoms of both type 1 and type 2 diabetes include:

- Increased thirst.
- Frequent urination.
- Extreme hunger.
- Unexplained weight loss.
- Fatigue.
- Irritability.
- Blurred vision.
- Slow-healing sores.
- Frequent infections.

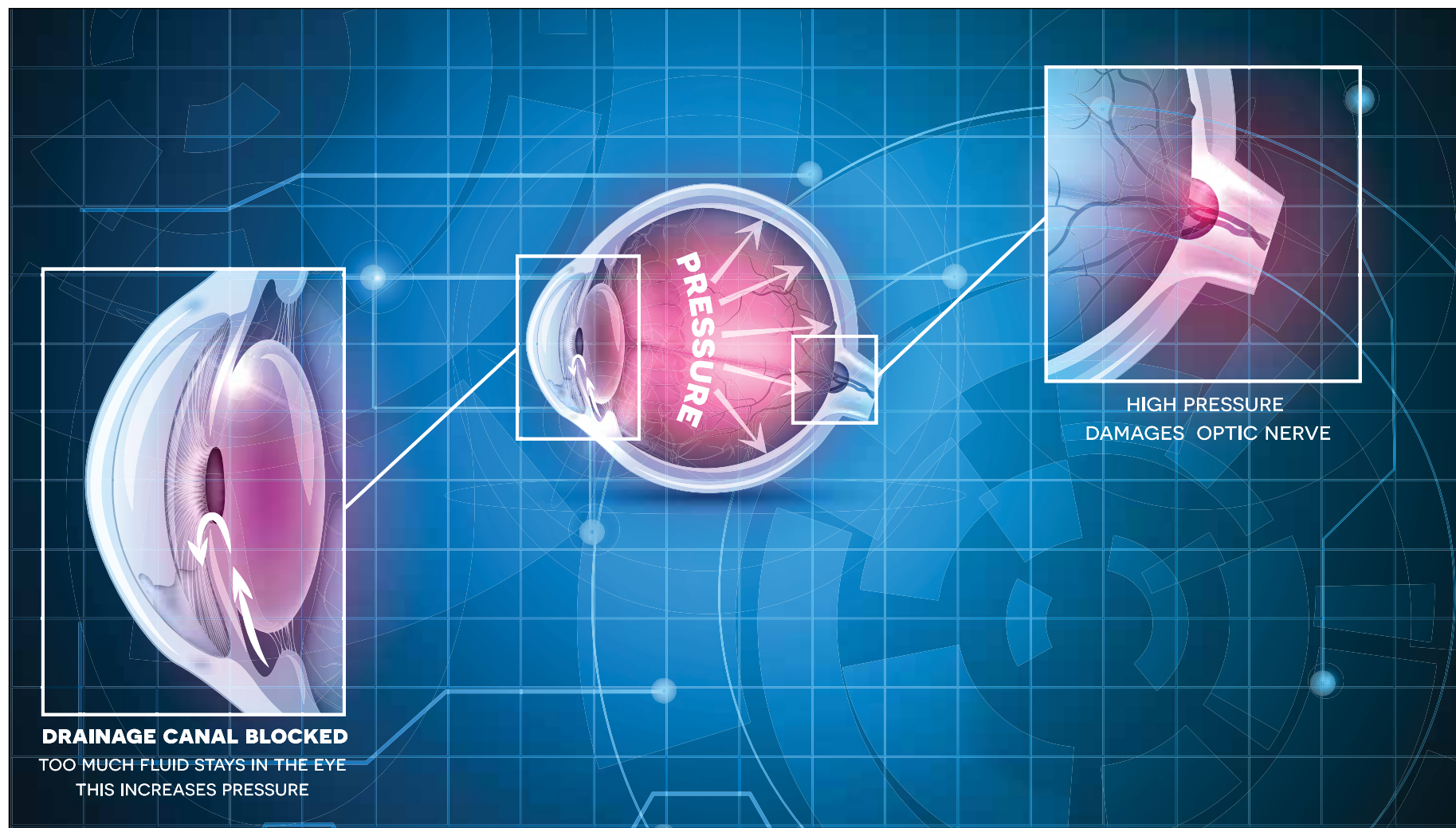
RETINOPATHY

Diabetes can damage the blood vessels of the retina, potentially leading to blindness. Diabetes also increases the risk of other eye conditions, including cataracts and glaucoma. Diabetics, no matter which type, should get a com-

prehensive dilated eye exam at least once a year.

Some of these diseases, particularly diabetic retinopathy, have few or no early symptoms and can only be detected in a dilated eye exam. Symptoms of diabetic retinopathy can include trouble reading or seeing far away. As blood vessels in the retina start to bleed into the fluid in your eye, diabetics may see dark, floating spots or streaks that look like cobwebs. If not treated properly, the bleeding can happen again or cause scarring in the eye.

Diabetics can also prevent eye damage by managing their diabetes well. Do this by staying physically active, eating healthy and taking medications as directed.



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What Is Glaucoma?

Glaucoma is a group of eye conditions that damage the optic nerve, often through abnormally high pressure in the eye.

It's one of the leading causes of blindness for people over the age of 60. Glaucoma doesn't generally give a warning and the effect can be so gradual that you may not notice a change in vision until the condition is advanced.

SYMPTOMS

There are two types of glaucoma, and their symptoms are different. In open-angle glaucoma, the symptoms are

patchy blind spots in side or central vision, frequently in both eyes. In advanced stages, open-angle glaucoma is characterized by tunnel vision.

Acute angle-closure glaucoma brings with it severe headaches, eye pain, nausea and vomiting, blurred vision, halos around lights and eye redness. Eventually, both types of glaucoma can eventually cause blindness, even with treatment. But, if glaucoma is

caught early, vision loss can be slowed or prevented.

RISK FACTORS

Glaucoma tends to run in families, and scientists have identified genes related to high eye pressure and optic nerve damage. Risk factors for glaucoma include:

Having high internal eye pressure or intra-ocular pressure.

- Being older than 60.
- Being black, Asian or Hispanic.
- Having a family history of glaucoma.
- Having certain medical

conditions, such as diabetes, heart disease, high blood pressure and sickle cell anemia.

- Having corneas that are thin in the center.
- Being extremely nearsighted or farsighted.
- Having had an eye injury or certain types of eye surgery.
- Taking corticosteroids, especially eye drops, for a long time.

PREVENTION

If you have one or more of these risk factors, don't worry. There are steps you can take to help you detect glaucoma in its early stages, which is

important to preventing or slowing vision loss. The Mayo Clinic recommends getting regular dilated eye exams. You should also know your family's eye health history and pay close attention if there's any glaucoma in it. If there is, you may need more frequent screenings.

Regular, moderate exercise may help prevent glaucoma by reducing eye pressure. Talk with your doctor about an exercise program that's best for you. You should also take any prescribed eye drops to lower high eye pressure, even if you're not having symptoms.

Sports Eye Safety

There are nearly 30,000 sports-related eye injuries treated in U.S. emergency rooms each year, the American Academy of Ophthalmology says.

About 90% of all serious eye injuries can be prevented by wearing appropriate protective eyewear. Basketball causes the most sports eye injuries, the association says, followed by baseball, softball, airsoft rifles, pellet guns, racquetball and hockey.

SPORTS AND EYEGLASSES

Regular eyeglasses, the AAO says, do not provide proper eye protection for sporting activities. Instead, choose eye protection that can be tested to meet the American Society of Testing and Materials (ASTM) standards or that pass the Canadian Standards Association racquet sports standard. Some sports, such as ice hockey and lacrosse, helmets with a wire shield or polycarbonate mask should be worn to protect your eyes. Finally, there is no appropriate eye protection for combat sports, which post an extremely high risk of serious and even blinding eye injuries, the AAO says.

You should also be careful while watching some sports. Bats, balls, players and other gear can end up flung into the stands. Be on the lookout for



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flying sports equipment and take care to protect your eyes.

NOTABLE EYE INJURIES IN SPORTS HISTORY

The AAO compiled a list of notable injuries in sports history, some of which changed lives and rules.

Cleveland Indians pitcher Herb Score was struck in the face by a line drive on May 7, 1957. He spent nearly three

weeks in the hospital, where he was treated for a damaged retina, hemorrhaging in the eye and fractured orbital bones. The former American League Rookie of the Year returned to the mound, but was never the same.

In 1982, World Welterweight Champion Sugar Ray Leonard underwent surgery to fix a partially detached retina in his left eye. It was injured during a

sparring match months earlier. Despite a successful operation, Leonard retired six months after the eye healed. He mounted several comebacks, but lost his last professional fight in 1996.

Detroit Red Wings forward Steve Yzerman, who wasn't wearing a face shield, took a puck to the eye in 2004. He was taken to the hospital, where he was treated for a corneal abra-

sion and orbital fracture. Yzerman, a 10-time All Star, missed the remainder of the playoffs.

Amare Stoudamire of the Phoenix Suns suffered a detached retina after being poked in the eye during a game in 2009, just after a trauma to the iris of the same eye. He had emergency surgery and sat out the rest of the year, eventually recovering his 20/20 vision.