

Eye Care





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Remote Work and Your Eyes

Home offices and remote work may be more convenient for some employees, but it carries with it a risk of eye strain much like a traditional office.

The Maryland Eye Care Center says remote workers spend an additional 2.5 hours working compared to in-office workers, often meaning more screen time, blinking less frequently and other factors that can cause eye discomfort.

Here are some things you can do to safeguard your eyes.

FOLLOW THE 20-20-20 RULE

Frequent eye breaks can help reduce digital eye strain, which is taxing your eyes by looking at a screen too long. Combat eye fatigue by practicing the 20-20-20 Rule. Every 20 minutes, take a 20-second break to look at an object or picture at least 20 feet away. Take the time to relax your eyes and blink. Stretch your neck, shoulders, arms and wrists.

PRACTICE GOOD ERGONOMICS

Ergonomics is the study of how people interact with their environments,

tools and equipment. For the home office worker, this can be their desk, their chair and the home office as a whole. The goal of ergonomics is to design a work space that is comfortable to the worker, not forcing the worker to conform to the space.

Remote workers may be tempted to stretch out on the couch or stay in bed, but awkward screen positions can contribute to eye strain and discomfort. Make sure the computer screen remains at eye level and is at least 20 inches from your eyes. Position the computer so natural light doesn't cause screen glare and adjust the room lighting to reduce contrast and reduce light-induced eye strain.

GET GOOD NUTRITION

Stay hydrated throughout your work day by drinking plenty of water and eating lots of leafy greens, citrus fruits and fish that are high in omega-3s to lower your risk of developing eye conditions such as macular degeneration. Schedule regular eye exams with your eye doctor.

Regular exams can help your doctor preserve your sight and detect symptoms of any disease or degeneration early.

Scheduling an eye exam is a great time to go over what your eye insurance covers and doesn't cover and compile a thorough family history of eye conditions.

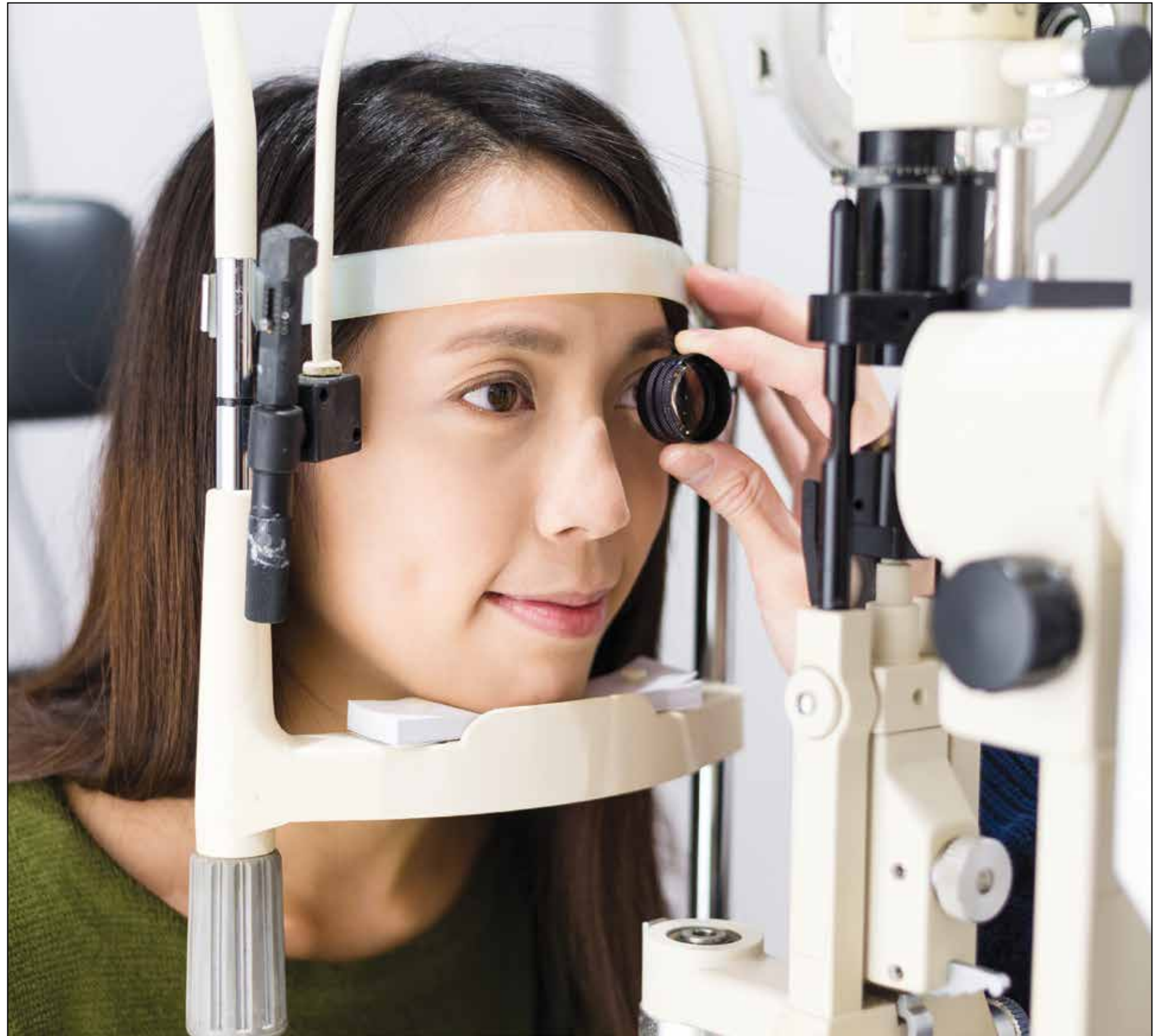
Eye Exam Basics

Visiting an eye doctor can be nerve-wracking, but regular exams can help preserve your long-term vision.

Both children and adults should have regular exams. During an eye exam, the doctor or a staff member will take your medical history, including your family's medical conditions, what medications you take and anything you use to correct your vision.

They'll also test your visual acuity: the practitioner may ask you to read an eye chart to determine how well you see at various distances. You'll cover one eye while the other is being tested. The doctor may use a device called a phoropter that contains different lenses to determine the best eyeglass or contact lens prescription. During this test, they'll flip lenses around in front of each eye and ask whether it makes your vision better or worse.

The doctor will also check how your pupils — the dark center part of your eye — respond to light by shining a bright beam of light into the



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eye. Pupils respond by getting smaller and, if they don't, it may reveal an underlying problem. An ocular motility test evaluates your eye movement. Your doctor will check to see that your eyes are properly aligned and that your eye muscles are working properly.

One test that often causes nervousness is the eye pressure test. Tonometry measures the pressure within the eye and can indicate glaucoma if it's higher than normal. The test sounds harmless, just a quick puff of air into the eye or applying a pressure-sensitive tip near or

against your eye, but the proximity so close to the eye can cause nerves. Your doctor may use numbing eye drops before this test to help your comfort.

Doctors can check the front part of your eye by using a slit-lamp microscope that lights up the eyelids, cornea, iris and

lens to check for cataracts or scars or scratches on the cornea. By dilating the eye, the doctor can widen the pupil and examine the retina and optic nerve for signs of damage from disease. For a few hours after the test, your eyes may be more sensitive to light than normal.

What Is Vision Rehabilitation?

Visual rehabilitation can help people with visual impairment make the most of their existing vision and improve their quality of life.

Visual rehabilitation services include employment and job training; assistive products, such as reading stands and special lighting; technology such as magnifiers and screen readers; independent living skills training; emotional support; and transportation and household services. Your eye care team can help you figure out which services can help you the most.

WHAT IS VISUAL IMPAIRMENT?

Visual impairment means reduced vision. Some problems can be corrected with glasses or contacts, while others remain even with the best available correction. The World Health Organization classifies distance vision impairment by visual acuity:

- Mild: worse than 6/12, but equal to or better than 6/18.
- Moderate: worse than 6/18, but equal to or better than 6/60.
- Severe: worse than 6/60, but equal to or better than 3/60.
- Blindness: worse than 3/60.

Visual acuity measures clarity at a set distance in the better-seeing eye.



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An eye care professional can explain test results and recommend appropriate services.

The vision can be loss of central vision or peripheral vision, blurred vision, reduced contrast sensitivity, sensitivity to glare light, night blindness and more. Each type of low vision requires a different therapeutic approach, and patients have different goals for vision rehabilitation.

WHAT MIGHT BE IN A REHABILITATION PLAN?

The goal of visual rehabilitation is to improve the patient's quality of life. The plan may start with prescription glasses or contact lenses, magnification devices, assistive technology, glare control devices, therapeutic filters, visual field enhancement and other services. Other professionals may be involved as well, in-

cluding assistive technology specialists, psychologists, social workers, occupational therapists, mobility specialists and more.

LOW-VISION DEVICES

There are a variety of devices that can improve patients' vision and quality of life.

Some of the more commonly prescribed devices are magnifiers mounted on glasses, handheld magnifi-

ers, electronic magnification, large-type books, books on tape, talking wristwatches, and other assistive technology.

Vision rehabilitation starts with a visit to your eye health professional for a full exam, including dilation and other testing.

From there, your health team can formulate a plan that allows you to live your best life with the vision you have available.

Taking Care of Kids' Eyes

About a third of children around the world have myopia, or nearsightedness.

It is a very common condition in which the eye is longer than normal from front to back or the cornea is too steeply curved. Some studies suggest, the American Academy of Ophthalmology says, that myopia is becoming more common among children. That could be because children are spending more time indoors doing near-focused activities such as video games and computer work, researchers say. But there are new treatment options, the academy says.

EYE DROPS

Atropine eye drops may slow the progression of myopia, the academy says, when given to children in small amounts for two to three years. Doctors aren't sure how it works, but they think the drops keep the eye from growing too long. Low-dose atropine is used for children between 5-18 years old, placed in each eye every night before bed. Some side effects of atropine include redness or itchiness around the eye.

PERIPHERAL DEFOCUS CONTACT LENSES

Special contact lenses worn by children 6-12 years old can help with myopia. These multifocal contact lenses have



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different areas of focus: The center of the eye corrects blurry distance vision while outer portions of the lens defocus peripheral vision to help slow eye growth and limit myopia. Like any contact lenses, there is a risk of corneal infection.

Children should be able to correctly wear, clean and store the contact lenses to avoid infection.

ORTHOKERATOLOGY

Also called ortho-K, these contact lenses are worn overnight to correct blurry vision during the day. They flatten the cornea while you sleep and, during waking hours, cause light passing through the reshaped cornea to fall precisely on the retina, clearing up blurry distant images. These lenses improve vision for only a little while. Once

the patient stops wearing the lenses, the cornea will slowly go back to its normal shape and the myopia returns. But it may provide some permanent reduction in myopia progression, the academy says.

OTHER RISKS ASSOCIATED WITH MYOPIA

Myopia is associated with other conditions. Research

shows myopia patients are 17% more likely to need cataract surgery, six times more likely to experience retinal detachment, and 50% more likely to develop glaucoma. Parents should encourage their children to spend three hours per day outside, spend less time on screens and, when they are working with screens, rest their eyes every 20 minutes.

Learn About Lens Coatings

A trip to the eye doctor for new glasses leaves a patient with a load of options from frames to available lens coatings.

Your lifestyle will factor into which lens coatings make the most sense for you. Here are a few of the examples of what is on the market.

ANTI-REFLECTIVE COATINGS

Anti-reflective coatings reduce surface reflections on glasses lenses. This can help improve night vision, reduce glare from screens and headlights, and help make the lenses more transparent. There are a variety of anti-reflective coatings on the market.

- Standard anti-reflective coatings use alternating layers of high and low refractive index materials to reduce glare.
- Hydrophobic or oleophobic coatings are added to the basic coating and can help repel water and resist oil and fingerprint smudges.
- Ion-assisted anti-reflective coatings are formed through ion bombardment during deposition, creating denser, more durable films. It's more expensive than standard coatings, but it can be more long-lasting and improve optical performance.

UV BLOCKING COATINGS

These coatings provide additional protection on lenses, helping to prevent cumulative UV damage to the eye. UV exposure can cause cataracts and retinal issues, among other damaging conditions.

UV coatings, when combined with photochromic lenses, can provide a fast, fade-to-black effect to protect the eye.

SCRATCH-RESISTANT PROTECTIVE COATINGS

Some coatings provide a protective layer that improves lens durability, making them more resistant to scratches. It's important your eye-wear professionals match the proper scratch-resistant protection with the correct substrate. The coating needs to cure for the exact time required, or it can yellow or crack.

BLUE-LIGHT FILTERS

Blue-light filters reduce short-wavelength light, but have not been shown to relieve digital eye strain. Discomfort is linked to prolonged close work and reduced blinking. Regular breaks can help. There are two kinds of coating variations:

- Absorptive blue light filters absorb specific wavelengths of blue light. These often have a yellow or amber

tint and may introduce slight color shifts.

- Reflective blue light filters reflect the light away from your eyes. This coating has minimal color distortion for the wearer but may have a slight blue tint that can be noticeable. These filters can be less effective depending on viewing angle and block a smaller percentage of light.



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Buying Glasses Online

Buying glasses online can save money, but purchasing in person gives you the peace of mind that the glasses are the correct fit and look you're going for.

Most glasses are still bought in person, The Vision Council says, but more people are venturing into online retailers to purchase their eyewear.

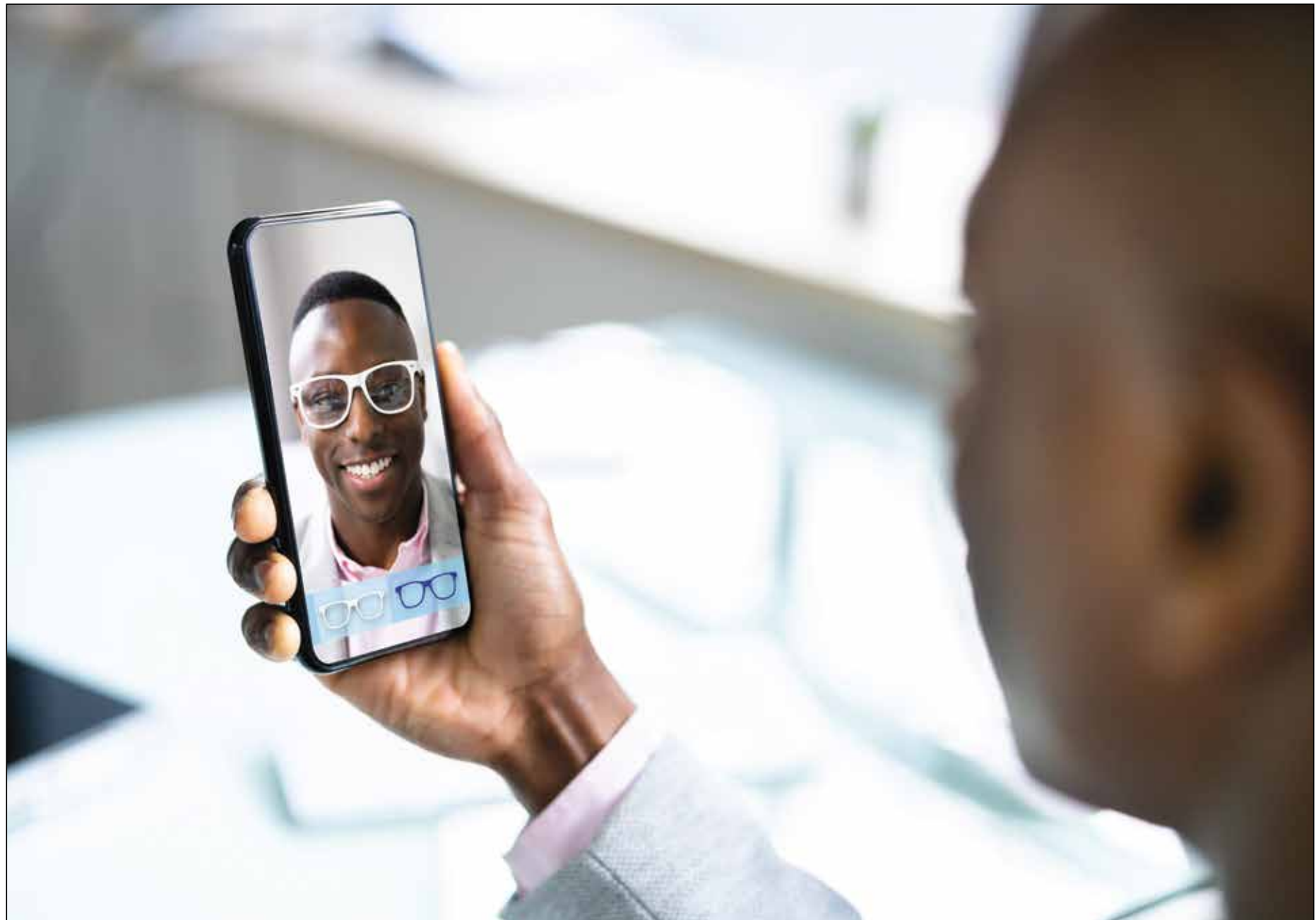
WHY BUY ONLINE?

Online retailers can be cheaper than in-person buying — Consumer Reports says patients can save as much as 40% buying online. You may get more choices of styles and colors, and even be able to try them on from the comfort of your couch without having to drive to a store or office.

HAVE YOUR PRESCRIPTION READY

If you're planning to buy glasses online, you'll need to get your prescription from your eye care professional, including the distance between your pupils to make sure the lenses are properly placed in the frame.

There may be other fitting measurements you need for some types of glasses, such as those for progressive lenses, that you'll need to get in person.



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LOOKING FOR AN ONLINE RETAILER

Vision insurance provider VSP says it's generally safe to buy glasses online if you use a reputable retailer. It advises shoppers to look for sites with strong customer reviews, clear return policies and secure payment options. You may or may not be able to use your insurance when purchasing glasses

online. Review how claims are handled and see if you may qualify for reimbursement.

WHEN NOT TO BUY ONLINE

Some patients may not have the best of luck buying glasses online. Patients with a complex eye prescription, those who prefer expert help and personalized adjustments,

or like to see and feel options before purchasing may prefer buying in person. Also, don't substitute buying online for getting an annual eye exam. VSP says annual exams help spot changes or issues in the eye before they become dangerous.

OTHER WAYS TO SAVE

If buying online isn't for

you, WebMD suggests these other ways to save money on prescription eyewear. Look for brands that aren't designer to save money. Find a pair you like and ask the staff member to find other pairs like that in a more budget-friendly price range. Use large discount stores to look for sales or even membership stores such as Costco or Sam's Club.

Keeping Eyes Safe in the Winter

While we most commonly associate sunglasses with sunny summer weather, they have an important role to play on winter's shorter days.

Dry eyes and cold and flu season can wreak havoc on your eyes. Here's how to keep those peepers safe, even when the weather turns chilly.

PROTECTING YOUR EYES FROM UV

UV rays from the sun and other sources such as tanning beds can lead to eye damage. Photokeratitis is similar to sunburn on the eye, and can be exacerbated by winter weather such as reflective ice and snow. Symptoms of photokeratitis, insurance provider VSP says, include:

- Sensitivity to light
- Pain or a gritty feeling in the eye
- Blurriness or seeing halos
- Headache
- Red, watery eyes

Protect your eyes no matter the season with sunglasses that have 100% UVA/UVB protection whenever you go outside. If you're going out in the ice and snow, use the appropriate goggles when snowboarding, skiing or snowmobiling.

DRY EYE

Wintry weather, cold tem-

peratures and dry air can all exacerbate dry eyes. Nearly 16 million Americans have the condition, VSP says, but it's easily treatable. If you're experiencing symptoms of dry eye — which include stinging or burning eyes, scratchy eyes, red or irritated eyes, or watery eyes — try running a humidifier

in your home or office. If you wear contacts, consider switching to glasses for a while. Ask your health care professional for artificial tears to keep your eyes moist.

Cut back on screen time during the drier months. When you're staring at a screen, you're using up a lot of visual

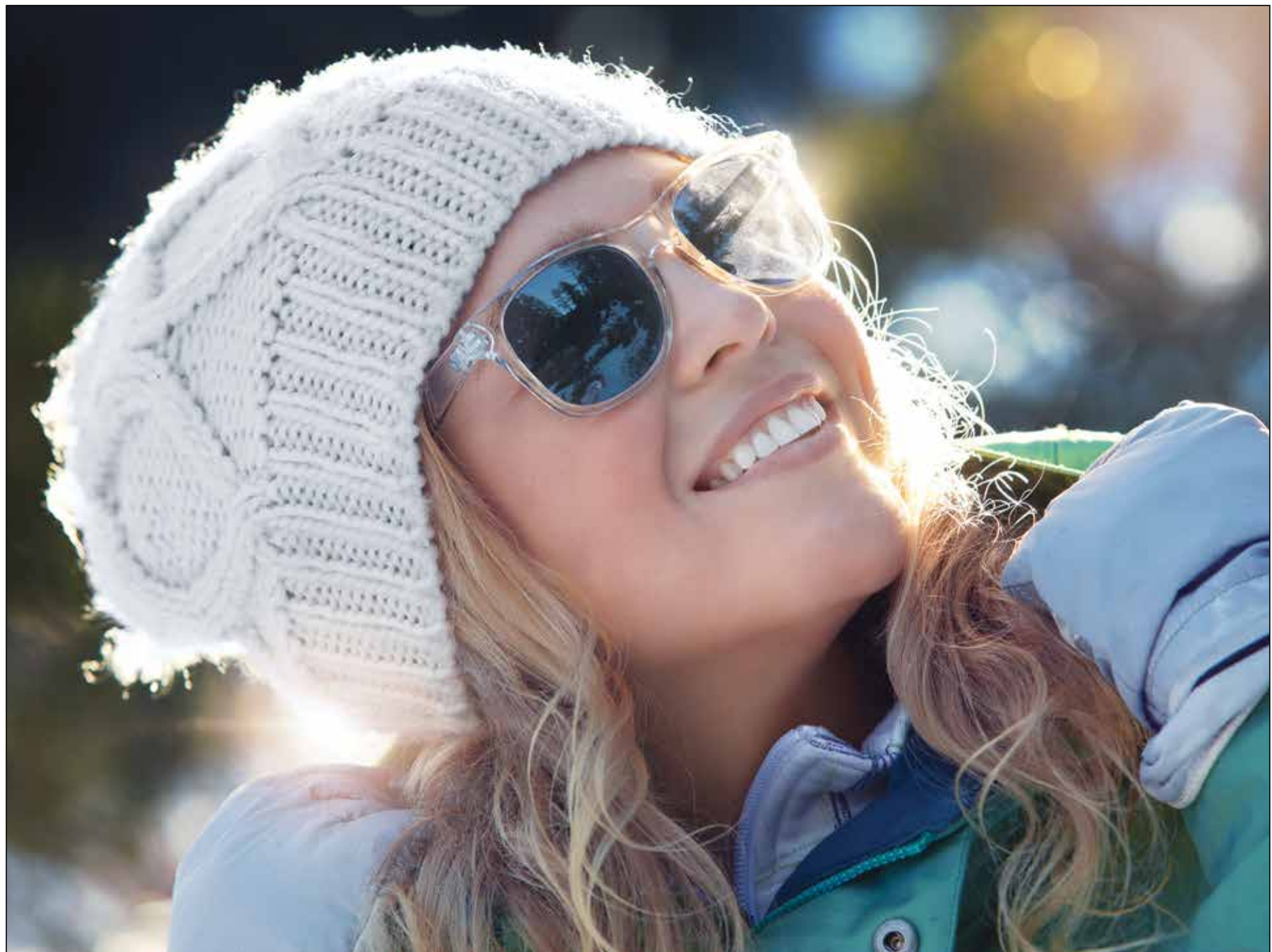
attention and, unbeknownst to you, blinking less. This can make your eyes more dry, so make sure to take frequent breaks from the screen. Experts recommend resting your eyes every 20 minutes.

COLD AND FLU SEASON

Cold and flu season can also

trigger red, itchy, watery eyes. Winter illnesses can lead to conditions such as conjunctivitis, also called pink eye, and make light sensitivity and dry eyes worse.

Include any eye-related symptoms when you talk to health care providers about cold and flu symptoms.



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