

Reducing blindness Improving vision

Welcome to Save Our Sight 2010 the public awareness campaign for eye health.

In each year since 2002, the New Zealand Association of Optometrists has headed a month-long eye health promotion campaign called **Save Our Sight**.

Our Mission:

To improve the eye health of New Zealanders by raising the profile of eye health and reducing the number of people who go blind from preventable causes.

Did you know?

75% of the world's **blindness is preventable**, according to the World Health Organisation

More than **70,000 New Zealanders** aged 40 years and older have glaucoma. At least half do not know they have it.

Twenty-five thousand New Zealanders **have already lost sight** due to Age Related Macular

Degeneration (ARMD) and a **further 2,000** are developing ARMD each year.

Around **81,500 New Zealand adults and 13,200 children** are already legally blind or have a sight impairment that cannot be corrected by glasses or contact lenses.

Up to 20% of children may have **blurry vision** that can easily be corrected by glasses or contact lenses. Without correction they may struggle in the classroom, playing sports, using a computer, riding a bike, or texting their friends.

Impaired vision can lead to falls, poor health, and higher levels of depression. (Wang, et al. IOVS, 1999; Wang et al Aust NZ J Pub Health, 1999)

What you can do:

- Display the Save our Sight brochures and posters in the practice
- Remind your patients to schedule a complete eye exam every two years.
- Think about asking for an optometrist report for all your eye patients.

The tests included in a **comprehensive eye exam** are:

- medical history questions
- assessment of internal eye health, including retina, optic disk, and blood vessels
- slit-lamp assessment of the external eye including lids and lashes
- assessment of colour perception (some general diseases affect colour vision)
- glaucoma assessment including eye pressure test
- assessment of visual functions
- testing of eye muscles to check they move and coordinate properly
- visual fields test to check for blind spots caused by eye disease or brain damage (e.g stroke or tumour)
- assessment of pupil function and response

If an eye exam does not tick all these boxes then you need to think about the risk that there may be undetected eye disease.



Comprehensive eye exams can detect more than just eye diseases

A complete examination of the eyes can provide information about risk and presence of a range of general diseases such as diabetes, multiple sclerosis, high blood pressure, stroke, and heart disease.

Losing vision is devastating and generally irreversible

The first symptom of most diseases that rob people of their sight is when they notice they can't see well. By that time it is too late to reverse the loss and treatment will be aimed at protecting the vision that remains.

People with poor vision have higher rates of depression, more falls and fractures, increased need for community and/or family support, and earlier need for institutionalized care than people who can see well.

People who do not see well rate their quality of life lower than people who do see well.

Watch out for:

Macular Degeneration

This is a major cause of blindness in New Zealand.

Smoking is one of the leading contributors to macular degeneration along with UV damage and hereditary disposition.

Risk reduces at any time that smoking cessation begins so even older patients will benefit.

It is important for everyone, regardless of age, to wear UV protective eyewear while outdoors.

Symptoms: The gradual loss of ability to see clearly, distorted vision, a gradual loss of colour vision and a dark or empty area appearing in the centre of vision.

Treatment: There are now treatments for some forms of wet AMD and new research is developing towards more treatments for both wet and dry forms as time goes on.

Glaucoma

Glaucoma is an eye condition that often involves pressure in the eye and damage to the optic nerve. Left untreated, glaucoma can cause loss of sight in just a few years.

People at risk are:

- people with a parent, brother or sister with glaucoma

- people who are over 60 years old

- people with certain medical conditions: high blood pressure, diabetes, thyroid disease, or a history of migraine.

- people who take steroids over a prolonged period

- people with a history of eye injury

- people who have injuries involving sudden blood loss

- people who are myopic (short sighted) in primary open angle glaucoma;

- people who are hyperopic (long sighted) in angle closure glaucoma.

Symptoms: usually none except vision loss, in advanced cases.

Treatment: If detected early, glaucoma can be managed and further loss of vision prevented by drops or, in some cases, surgery

In a few cases, glaucoma will develop rapidly with blurred vision, loss of side vision, seeing coloured halos around lights, redness of the eye, nausea or vomiting and pain in the eye. This is serious and should be treated as a medical emergency.

Why General Practitioners need to talk to patients about eye health

Because most people have very poor understanding of the conditions that might rob them of their precious sight.

A survey undertaken last year by the NZ Association of Optometrists revealed that 47% of respondents feel uninformed or very uninformed about eye health in New Zealand. 62% of people who do not wear glasses or contact lenses have never had an eye examination.

If approximately 70,000 New Zealanders over the age of 40 currently have glaucoma and half of them don't know they have the disease and 62% of people don't visit an optometrist for a regular eye exam because they don't need glasses, there is a real problem.

Awareness and knowledge of the importance of eye health is a critical prerequisite for motivating behaviours and accessing appropriate care but in New Zealand there are astoundingly low levels of knowledge about conditions that can make people blind.

Even more importantly, behaviours that negatively affect eye health are not clearly understood. Only 64% percent were aware that "smoking cigarettes" was "bad for your eyes" and yet smoking cessation is actually the number one modifiable lifestyle factor for reducing risk of damage to the retina.

Despite the low levels of understanding about causes of changes to vision and threats to eye health nearly all respondents had noticed some changes in their vision; 38% noticed changes before they reached 35 years of age.

Also, access to eye care appears to be uneven, particularly among indigenous populations. As a group, Maori and Pacific Island respondents to the survey reported using eye health resources considerably less than the overall population, despite having the same awareness of the importance of eye health and associated diseases. Only 14% of Maori/Pacific Islanders say they see eye care providers every three to five years compared with 31% of European or Pakeha. Nearly a third (32%) of Maori and Pacific Islanders reported they never see eye care providers compared with 20% of European/Pakeha.

When asked what comments they might make about eye health care, nearly a third of respondents actually called for increased public awareness about eye health and associated diseases. And this is where General Practice can help get across the messages of Save our Sight.

As typical respondents noted:

'I would like to see more awareness on how people can look after their eyes, as sight is such a precious thing.'

'More emphasis on getting your eyes checked regularly. Could tie into getting your health check done yearly. For example, with dentist checks, doctor checks, mole checks.'

THE NEW ZEALAND ASSOCIATION OF OPTOMETRISTS

www.saveoursight.co.nz

www.nzao.co.nz



If you wish to order more SOS or Eye Examination pamphlets (*Pamphlets supplied at no charge*), Please Fax: 04 473 2328 or email: info@nzao.co.nz



**Focus on the centre dot,
one eye at a time.**

**Do these lines
look wavy
to you?**

**If so, you need
an eye exam today.**

