

INSIGHTS

What Eye Symptoms Should You Worry About?

Importance of an annual eye exam

One morning, as Karen was getting ready for work, she noticed tiny particles floating in her left eye as well as small flashes of light. While those symptoms were annoying, she ignored them for several weeks. That was, until she noticed a gray area in her eyesight. She made an appointment to see her optometrist and learned she had the beginnings of a detached retina—a serious eye condition that left untreated can result in blindness.

As Karen found out, eye diseases can “silently” steal your vision at any age. During an annual eye exam, your optometrist can also pick up the early signs of other potentially blinding eye conditions such as glaucoma and macular degeneration. Be sure to mention if you have difficulty driving and reading street signs at night. It may be an early sign of progressive cataracts, a vitamin deficiency or diabetes. Exams can identify the cause.

The eyes also serve as a barometer to your overall health. By examining the blood vessels inside your eyes, your optometrist can look for signs of high blood pressure, cardiovascular disease, pre-diabetes and diabetes.

In younger patients, vision problems may affect school performance. Eye exams can detect conditions such as “lazy eye” or “crossed eyes.” These disorders should be treated during grade school or may become irreversible.

For just about everyone, the digital world we live in presents challenges. Staring at computer screens and mobile phones may cause Computer Vision Syndrome (CVS) with symptoms such as blurry vision and dry eyes. Your optometrist may suggest frequent rest breaks, changes to computer positioning and lighting as well as prescribing special eyeglasses made for computer users. After the age of 40, it's very common for reading and close work to present difficulty. Squinting or holding a book at arm's length may signal that it's time for a pair of reading glasses.

Active outside? Your optometrist can provide special sunglasses designed to help block damaging UV and blue-light rays.

Your eyes are the windows to everyone and everything you love. Ensure that they remain healthy by scheduling your annual eye exam today. Ask your doctor or stop by the front desk.



EYE CANDY

The Eye as Protector



Have you ever seen the Hamsa symbol of an outstretched hand with an eye in the palm? Popular throughout the Middle East and North Africa, the Hamsa is commonly used in jewelry and wall hangings.

It is very old, predating Judaism, Christianity and Islam. Its earliest use has been traced to ancient Mesopotamia (modern-day Iraq) and to the Buddha's gesture of teaching and protection.

In ancient cultures, it was thought that a malicious stare—the evil eye—could cause illness, death or bad luck. The Hamsa protected against the evil eye. In Islam, the Hamsa is also known as the Hand of Fatima, so named to commemorate Muhammad's daughter Fatima Zahra. Levantine Christians call it the Hand of Mary, for the Virgin Mary. Jews refer to it as the Hand of Miriam in remembrance of the biblical Miriam, sister of Moses and Aaron.

The next time you see a Hamsa, remember that the eye staring back at you wishes you well.

EYE-Q

Q: What is the approximate “lifespan” of an eyelash?



(See answer on back cover.)

Trusted Sources in Contacts

In 2012, police in Puerto Rico seized 4,000 counterfeit contact lenses that were destined for sale by unlicensed sales outlets. When online or box-store retailers are not licensed to sell contact lenses, they can buy from a source called the Gray Market, which may sell them counterfeit lenses or lenses that were not properly stored in clean and temperature-controlled environments. The result for the wearer can be eye problems.

Your optometrist is licensed to sell contact lenses and may offer a trusted guarantee, which includes:

Competitive pricing:

Your trusted optometrist offers prices that are competitive with most online companies, with any manufacturers' rebates and instant and yearly discounts that are available. Shipping is usually free (except for overnight and express deliveries).

Funding options:

Your optometrist's staff is here to help you get the maximum value from your insurance plan. If you have a flexible spending account (FSA), you can use those funds all year long for your eye care and contact lenses.



Quality product:

All lenses come from an authorized distributor of the brand you wear—always fresh and pure, never expired. In most cases, if your contact lenses arrive defective or torn, they can be replaced free of charge. They are guaranteed to be the correct lenses with the correct prescription.

Continuing support:

If your lenses are not performing properly, the problem can be corrected. At your annual eye exam, you can exchange unopened boxes purchased at your optometrist's office as long as they are not expired and the package is in its original condition.

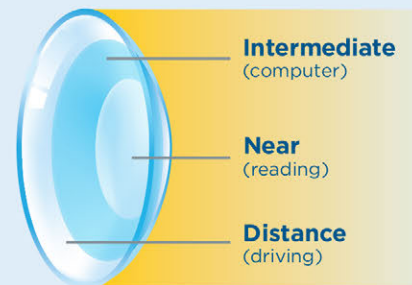
In addition to all of the advantages above, if you purchase your contacts from your trusted optometrist, you are not only helping a local business in your community, but you are getting your yearly contact lens supply from someone who genuinely cares about you and is there to safeguard your eye health.

What Are Multifocal Contact Lenses?

Have you ever held a book at arm's length to read what was on the page? After the age of 40, you may find yourself developing presbyopia—also called farsightedness.

Up until that point, you may have worn a single prescription for each eye. With the advent of farsightedness, you may need multifocal lenses. Multifocal lenses feature two or more lens powers to help you see objects at all distances.

Bifocal contact lenses come in both soft materials and rigid, gas-permeable materials. Some can be worn on a disposable basis. Several contact lens manufacturers offer multifocal lenses made of silicone hydrogel material. These lenses allow significantly more oxygen to reach the cornea than conventional soft lenses for greater wearing comfort.



Watch a Hot New Video on Eye Health:
See Your Optometrist Once a Year
<https://vimeo.com/96959505>



APPLE of Your Eyes

Download the app that makes finding and wearing contacts fast, smart and simple—the CooperVision app.

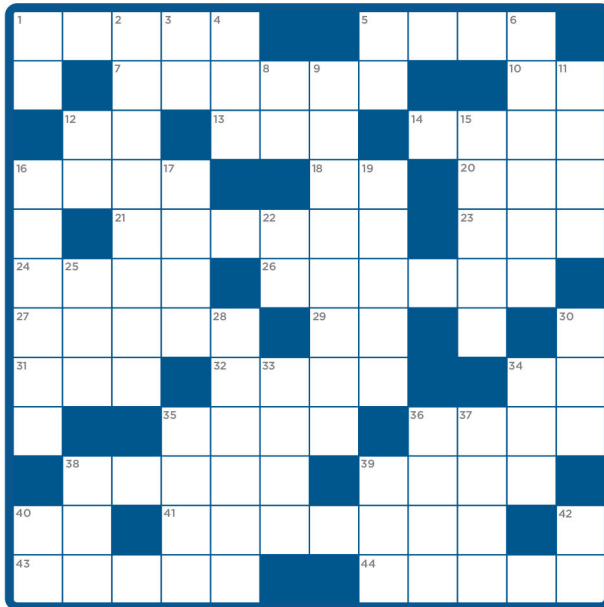
- Find contacts suitable for you and your lifestyle
- Search for an eye doctor near you
- Discover useful tips and info about eye health and vision care
- **Access valuable rebates and discounts**

<https://itunes.apple.com/us/app/coopervision/id687757892?mt=8>



The Eyes Have It

(See answers on back cover.)



ACROSS

1. One of your five senses.
5. The part of your eye that is brown or blue.
7. Contact _____ (you wear them).
10. Opposite of down.
12. Ma's husband.
13. An object for play.
14. An active volcano on the east coast of Sicily, Italy.
16. What you see with bad vision.
18. Auntie ____ from *The Wizard of Oz*.
20. ____ a *Wonderful Life!* (classic Christmas movie).
21. Transparent outer covering of the eyeball.
23. It comes in regular, plus or premium.
24. Slang abbreviation for animation.
26. You need it to breathe.
27. Name for ancient symbol of protection: eye in the palm of the hand.
29. Slang for what you exercise with sit-ups.
31. Span of time.
32. That and a _____ will buy you a 10-cent cigar.
34. ____ and fro.
35. Each of these weighs 2000 pounds.
36. *The Eyes of Laura* _____ (1978 thriller film).
38. Captain Kirk sounded a Red _____ when danger was near.
39. One of the Sopranos.
40. ____ Capone (famous gangster).
41. An animal that may leave you seeing spots.
43. Medicines sometimes come in this form.
44. Sauce with basil leaves, pine nuts, garlic, Parmesan cheese and olive oil.

DOWN

1. Abbreviation for continent below North America.
2. A condition of increased pressure within the eyeball, causing gradual loss of sight.
3. Opposite of she.
4. Name for an explosive.
5. The house was for sale, as ____.
6. It's important to wear UV sunglasses if you're on a beach blanket trying to get one of these.
8. Not good or bad, just so ____.
9. You should visit your optometrist once a year for one of these (two words).
11. The opposite of fail.
12. Abbreviation for opposite of singular.
15. _____ eye (type of precious stone).
16. Someone who immerses himself in water to get clean.
17. Reagan and Weasley.
19. Neither yes nor no.
22. Opposite of yes.
25. You row a boat with one.
28. Loves.
30. Distress signal.
33. *He's Just Not That _____ You* (book made into 2009 movie).
34. If at first you don't succeed, ____.
35. I cannot ____ a lie.
36. If you don't have enough, you want ____.
37. No ifs, ____ or buts.
38. Famous boxer Muhammad ____.
39. Light knock.
40. Abbreviation for major news organization.
42. Ready, set, ____.



What are lutein, zeaxanthin and meso-zeaxanthin?

Carotenoids may sound like aliens from outer space, but they're actually essential nutrients for your eye health.

Two very important carotenoids are lutein and zeaxanthin—yellow pigments that occur naturally in many plants and vegetables. Recent research has discovered a third carotenoid in the eye, meso-zeaxanthin. It is not found in food sources. Instead, it appears to be created in the retina from lutein.

Embracing carotenoids

The best natural food sources of lutein and zeaxanthin are green leafy vegetables and other green or yellow vegetables. Among these, cooked kale and cooked spinach top the list, according to the U.S. Department of Agriculture. Other sources are cooked collards, cooked turnip greens, green peas, cooked broccoli, raw romaine lettuce, cooked green beans and carrots. A nonvegetarian source of lutein and zeaxanthin is egg yolks. If you can't get carotenoids into your diet, lutein/zeaxanthin/meso-zeaxanthin supplements are available. Be sure to ask your optometrist.



Seeing Under Pressure: Glaucoma

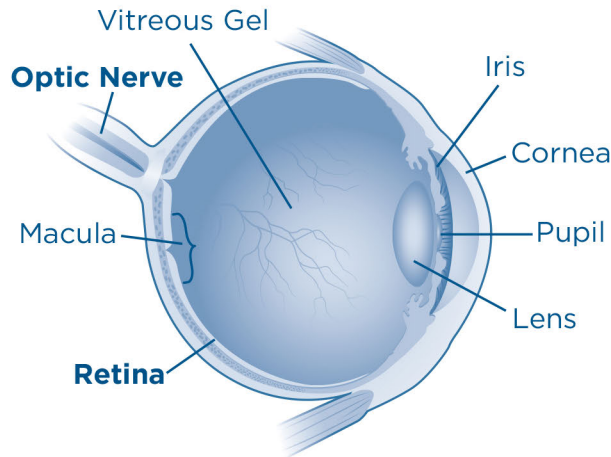
What is glaucoma?

Glaucoma is a group of eye diseases that damage the optic nerve behind your eye and can slowly rob you of your eyesight. The optic nerve carries images from the light-sensing tissue inside the back of your eye to the brain so you can see. With glaucoma, eye pressure increases, damaging the delicate fibers of the optic nerve. When enough nerve fibers are damaged, blind spots develop in the field of vision. Once nerve damage and visual loss occur, it's permanent. Most people don't notice these blind areas until much of the optic nerve damage has already occurred. If the entire nerve is destroyed, blindness results.

How common is glaucoma?

Glaucoma is a leading cause of blindness in the world, especially in older people. Early detection and treatment are key to preventing optic nerve damage and vision loss from glaucoma. Fortunately, most patients diagnosed and treated for glaucoma do not lose their sight. While blindness can occur, it is relatively rare. There are around 120,000 cases of blindness in the United States and 2.3 million cases of glaucoma.

The Tonometry Test is also called the "Puff Test" because the machine emits a puff of air that measures the pressure in the patient's eye.

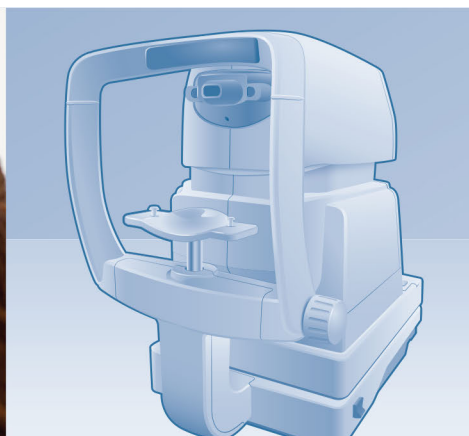


How is glaucoma diagnosed?

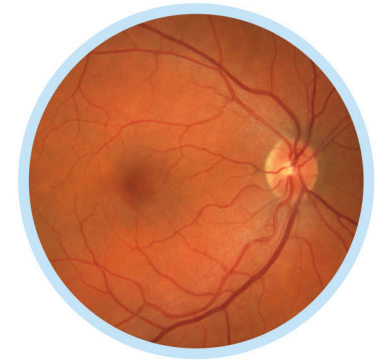
During an exam, in addition to checking your eye pressure, your optometrist may use drops to dilate the pupil to examine your optic nerve. The eye exam may also include a diagnostic machine to view and assess damage to the optic nerve. Annual eye exams screen for glaucoma, ensuring that if it occurs, it will be caught early.

How is glaucoma treated?

Glaucoma is treated by lowering the pressure inside the eye. This is done with medicines, laser therapy or surgery. Treatment needs to be maintained for life. Glaucoma can be controlled, but there is currently no cure.



What Is the Retina?



Retinal fundus photography (above).

The retina is the nerve layer that lines the back of the eye, senses light and creates impulses that travel through the optic nerve to the brain.

The retina is actually a part of the brain. When developing in the womb, the eye divides from the brain but keeps its connections with it through a bundle of fibers—the optic nerve. Shaped like a plate, the retina is only about .0098 inches thick.

It is made up of the central area or "macula" and the peripheral retina. The macula has the most retinal cells and provides the sharpest vision. You need your macula to read fine print and thread a needle. The leading cause of blindness in America, macular degeneration, causes damage to the macula.

The peripheral retina is used for side vision which is critical for many activities such as driving and playing sports. A common disorder of the peripheral retina is a retinal tear. This can lead to a retinal detachment and loss of peripheral and ultimately central vision as well.

The Dark Side of Light



Ultraviolet light (UV), an invisible form of radiation that comes from the sun, helps the body produce vitamin D₃ and can improve people's moods. But it also has a dark side. If your eyes are left unprotected, UV sun rays can damage them and cause cataracts, age-related macular degeneration and other conditions of the eye.

In addition, new research suggests the sun's high-energy visible (HEV) radiation—also called “blue light”—may increase your long-term risk of macular degeneration. People with low blood plasma levels of vitamin C and other antioxidants especially appear at risk of retinal damage from HEV radiation.

Thwarting an invisible threat

To protect your eyes from harmful solar radiation, sunglasses should block 100 percent of UV rays and also absorb most HEV rays. Frames with a close-fitting wraparound style provide the best protection because they limit how much stray sunlight reaches your eyes from above and beyond the periphery of your sunglass lenses.

If you wear prescription eyeglasses, it's important to remember that standard glasses don't shield your eyes from harmful UV and HEV radiation. You'll need sunglasses, too. Options include prescription sunglasses, fit-over sunglasses that cover your regular glasses or clip-on sunglasses that clip onto your regular glass frames.

Avoiding the blues

While UV protection in sunglasses is unrelated to the color and darkness of the lenses, for HEV protection, color does matter. Most sunglass lenses that block a significant amount of blue light will be bronze, copper or reddish-brown.

One option your optometrist may recommend for HEV protection is BluTech lenses, which are infused with natural melanin and ocular lens pigments to protect the eyes from harmful, high-energy blue light. It's also important to remember that living indoors won't keep this threat at bay. Harmful blue light also comes from fluorescent and CFL light bulbs and the screens of today's computers, tablets, smartphones and televisions.

What Is an Autorefractor Test?

As part of your annual eye exam, your optometrist may perform the autorefractor test. An autorefractor is a computer that helps improve accuracy when determining your final eyeglasses or contact lens prescription.

The autorefractor works by measuring how light is changed as it bounces off the back of your eye. The automated refraction technique is quick, simple and painless. You just take a seat, place your chin on a rest and focus on an image.

Testing one eye at a time, the optometric technician looks into the machine at a picture of a house. The picture moves in and out of focus as the machine takes readings to determine when the image is on the retina. Several readings are taken, which the machine averages to form a prescription. No feedback is required from the patient during this process.

Autorefractors are especially useful for evaluating young children who may not sit still, or interact with the optometrist adequately for an accurate manual refraction.





Dr. Kerry Gelb
Guest Optometrist

Q: Lately, I've been experiencing a burning sensation and fatigue in my eyes. By the end of the day, my eyes are red. What can I do about this?

A: When a patient comes in with those symptoms, the first thing we do is diagnose the cause. More often than not, the patient is suffering from Dry Eye Syndrome. The most common approach for treating dry eye is to prescribe moisturizing eye-drop "tears" for mild cases. In severe cases, prescription anti-inflammatory eye drops are often used. In addition, I recommend that patients gently cleanse their eyelids—an area where inflammatory material can accumulate.

The goal is to relieve the patient's eye discomfort. Since inflammation is the primary cause of dry eye, lifestyle changes that reduce overall body inflammation can also be helpful. In fact, lifestyle changes can often enable a patient to discontinue prescription eye drops altogether. First, and most importantly, if patients smoke, I always encourage them to quit.

Dietary changes can also reduce inflammation. That includes cutting back on sugar, bread, pasta, rice, white potatoes and cereals, as well as processed oils such as peanut, soy, canola and safflower. Just substitute healthier oils, such as organic, first-cold-pressed, extra-virgin olive oil and/or raw coconut oil. Some people are sensitive to dairy and may have to reduce or eliminate it. Meats should be grass-fed, hormone-free and antibiotic-free so that they contain an anti-inflammatory omega 3/6 ratio. Also, if patients can, they should strive for

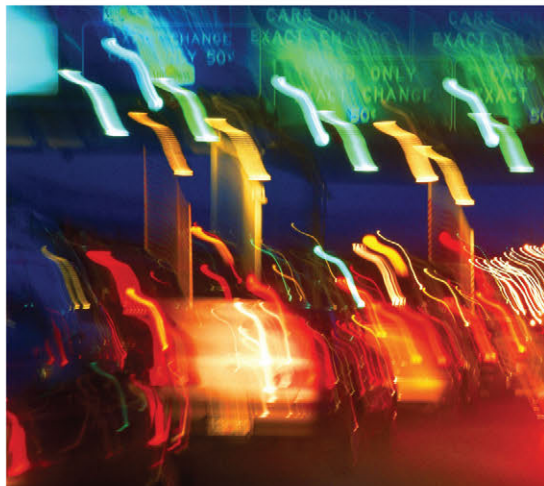
more than 50 percent of each meal to be raw vegetables and healthy fats such as raw nuts, seeds and avocado.

Dehydration is another cause of dry eye, but this can be remedied by drinking 1.5 liters of water throughout the day. Exercise and adequate sleep also cut down on inflammation. In addition, keep in mind that medications, such as antihistamines, antidepressants, certain blood pressure medicines, Parkinson's medications and birth-control pills, may contribute to dry eyes.

Usually the lifestyle changes mentioned above reduce the inflammation that causes dry eye. In fact, when patients make these changes, they are often surprised at how much weight they lose and how well they feel.

Q: I notice that I'm not seeing as well as I used to at night, especially while driving. What could be the cause?

A: There are many possible causes for this, but the most common one is the need for a change in prescription. You may have become more nearsighted or have greater astigmatism. An eye exam can easily identify this, and then a new prescription can solve it. Sometimes the problem, particularly in older patients, may be the beginning development of cataracts. If you notice a change in your ability to see at night, visit your optometrist. He or she can determine the cause and offer an appropriate treatment.



Should I put my makeup on before or after inserting my contact lenses?

If you wear makeup, the age-old question is "Which comes first, my makeup or my contacts?" The answer is that all cosmetics should be applied **after** inserting lenses.



That includes not only your eye cosmetics such as mascara and eye shadow, but also any creams, lotions or foundation you may use.

In addition, avoid exposing your contact lenses to sprays or aerosols of any kind. That means, unlike makeup, you should apply hairspray, deodorant or spray cologne **before** lens insertion, or keep your eyes closed until the spray has settled. It is best not to find out how uncomfortable and hard to clean sprayed lenses can really be!

Answer to Eye-Q (from page 1)

A: The approximate "lifespan" of a human eyelash is five months.

Answers to Puzzle (from page 3)

S	I	G	H	T	I	R	I	S
A	L	E	N	S	E	S	U	P
P	A	T	O	Y	E	T	N	A
B	L	U	R	E	M	I	T	S
A	C	O	R	N	E	A	G	A
T	O	O	N	O	X	Y	G	E
H	A	M	S	A	A	B	R	S
E	R	A	D	I	M	E	T	O
R	T	O	N	S	M	A	R	S
A	L	E	R	T	T	O	N	Y
A	L	L	E	O	P	A	R	D
P	I	L	L	S	P	E	S	T

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