



PRESIDENT'S DESK



Exciting News! Registration is now open for the 2021 Annual ALLDocs Meeting!



Kerry Gelb, OD
President

The Board of Directors along with our event planning team are putting together a truly spectacular program as usual. This year our members certainly deserve to treat themselves. Not far from Miami Beach and downtown, an island escape awaits at The Ritz-Carlton Key Biscayne, Miami. The resort sits along the coast of the five-mile barrier island, attracting families, couples, golfers, spa-goers, culinary enthusiasts and meeting planners with its secluded but convenient location and array of offerings. We look forward to seeing all of you at this year's ALLDocs meeting, register early to secure your place and help our event team coordinate the best event possible.

Our speaker lineup is coming together and The Board is looking forward to bringing our members world class

medical lectures and some very unique business education. Stay tuned for announcements about speakers for this year!

ALLDocs is working with our sponsors at Essilor to custom design a business education program that our members can take advantage of. The program will bring information on establishing your own culture, creating your brand, business operations and performance, the customer experience, practice profitability and much more. Those members at the annual meeting will be the first to hear about the details of this unique opportunity.

Thank you so much to the members who were able to participate in the various webinars ALLDocs has hosted this year. It's certainly more than the usual number. Our sponsors look for opportunities to connect with the membership, offer CE and unique business solutions that are too good to wait for our annual meeting. If you missed any of the valuable webinars they can be found in our password protected webinar library. Login on www.alldocsod.com, go to: "about us" and scroll down to "webinars."



GALLERY

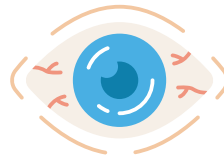


2021 Annual Meeting

The Ritz-Carlton Key Biscayne, Miami
October 17-22, 2021

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Managing Patient Expectations in Dry Eye Disease



Patient education is the cornerstone of optimizing the management of dry eye disease (DED).¹ “When talking with patients, it’s important to convey the complex and chronic nature of the disease, ensure that they understand the potential for DED to progress, and provide information on available treatments options,” explains Bridgitte Shen Lee, OD, FBCLA, FAAO.

Since many factors can contribute to DED, a multi-targeted treatment approach is often required to address signs and symptoms.^{2,3} The underlying pathophysiology of DED needs to be determined, and a medication review should be performed to identify systemic and topical medications that may contribute to DED.⁴

“It’s important to discuss how other treatments and products can impact DED and then collaborate with patients to see if switching to alternative therapies is feasible,” says Dr. Shen Lee. “Helping patients understand this aspect of DED can empower them to take a proactive role in their treatment.” Furthermore, there should be candid discussions about treatment costs, health insurance coverage, and potential adherence challenges to complex regimens that are under consideration.⁵

Setting the Bar

Patients need to understand that DED treatment will be ongoing and it will take time for therapies to provide symptom relief.¹ “Some pharmacologic treatments that address underlying DED pathophysiology may take 2 to 4 weeks to reach onset of therapeutic effect,” Dr. Shen Lee says. “Patients should also be aware of potential tolerability issues. These educational efforts help set realistic expectations and can increase the likelihood of treatment success. Adherence to therapy throughout the expected treatment time is critical.”

Treatment Considerations

Since multiple therapeutic modalities are often needed, patients should understand the rationale for using prescribed DED treatments.¹ “When prescribing a therapy, patients should be educated on how the agent works and the goal of using it in easily understood terms,” Dr. Shen Lee says. “They should also be instructed on the proper sequencing of DED treatments and how they will be performed during daily routines. A detailed written treatment plan that includes information on sequencing DED treatment and skincare routines should be provided, preferably electronically, so patients can refer to these resources when they leave the office.”⁵

Whenever prescription ophthalmic drops are provided, it is helpful to explain to patients that they may experience symptoms like stinging, blurred vision, or altered taste from drug instillation.^{1,5} “We should reassure patients that such side effects should not be grounds for concern,” says Dr. Shen Lee. “The immediate discomfort after instillation often decreases over time with continued use of treatment.”

Emerging DED treatments are aiming to address limitations with currently available DED therapy, according to Dr. Shen Lee. “By thoroughly educating patients on DED prevention strategies and treatment options,” she says, “we can motivate them to be active participants in their treatment and enhance their quality of life.”



Contributing to This Article:

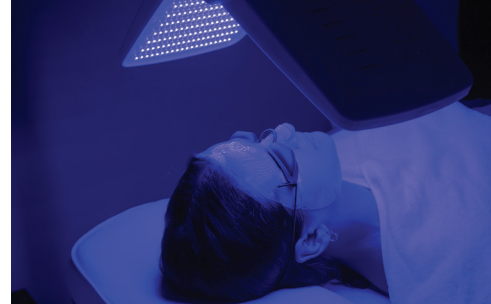
**Bridgitte Shen Lee, OD,
FBCLA, FAAO**
CEO/Co-Founder
Vision Optique
Adjunct Clinical Instructor
College of Optometry
University of Houston
Houston, TX

SOURCES

1. Shen Lee B, Kabat AG, Bacharach J, Karpecki P, Luchs J. Managing Dry eye disease and facilitating realistic patient expectations: a review and appraisal of current therapies. *Clin Ophthalmol*. 2020;14:119-126.
2. Ong ES, Felix ER, Levitt RC, Feuer WJ, Sarantopoulos CD, Galor A. Epidemiology of discordance between symptoms and signs of dry eye. *Br J Ophthalmol*. 2018;102:674-679.
3. Vehof J, Sillevs Smitt-Kamminga N, Nibourg SA, Hammond CJ. Predictors of discordance between symptoms and signs in dry eye disease. *Ophthalmology*. 2017;124:280-286.
4. Craig JP, Nelson D, Azar DT, et al. TFOS DEWS II Report Executive Summary. *Ocul Surf*. 2017;15(4):802-812.
5. Schaumburg DA, Uchino M, Christen WG, Semba RD, Buring JE, Li JZ. Patient reported differences in dry eye disease between men and women: impact, management, and patient satisfaction. *PLoS One*. 2013;8:e76121.



Fucoidans: A Promising New Candidate for AMD Therapy



Fucoidan, a polysaccharide found in marine sources like brown seaweed, may be a promising candidate for a new therapy to treat age-related macular degeneration (AMD). Investigators in Germany reported that fucoidan could potentially help protect the eye against environmental influences because of their bioactivity.

For a study, researchers reviewed 10 in vitro studies that showed promising results in VEGF inhibition and, to a lesser degree, oxidative stress protection. They found that fucoidans from *Saccharina latissima* and *Laminaria hyperborea*, both of which fall into the brown algae family, were deemed the best candidates for further investigation. Fucoidans appeared to exhibit a species dependency in their bioactivity. Additionally, high molecular weight was preferable when considering anti-VEGF function.

The authors reported that fucoidans could potentially counteract AMD progression. However, they cautioned that further research is needed to assess bioactivity, availability, application, and in vivo efficacy.

SOURCE

Dörschmann P, Klettner A. Fucoidans as potential therapeutics for age-related macular degeneration—current evidence from in vitro research. *Int J Mol Sci*. 2020;21:23:9272.



The Key Role of Optometrists in Pediatric Headache



Children are commonly referred to optometrists for eye exams when they have complaints of headaches. Surveys show that 17% of 4- to 18-year-olds reported frequent, severe headaches, and/or migraine in the previous year.¹ Optometrists can play an important role in evaluating children with headaches by providing comprehensive assessments to rule out neurologic signs, ocular pathology, and binocular vision or accommodative dysfunction.² When pediatric patients with headache are referred to an optometrist for further evaluation, this is a great opportunity to step in and help.

Ocular Exams

A headache evaluation begins with basic assessments of visual acuity and the pupils as well as extraocular motility testing. The following findings should sound the alarm for further investigation:

- Visual acuity that is reduced with no apparent refractive, amblyopic, or pathologic cause
- Presence of anisocoria or an afferent pupillary defect
- Restriction of movement on extraocular motility testing

A comprehensive evaluation of pediatric headache should include an assessment of ocular health and visual field, including refractive error. The most worrisome ocular finding to rule out is papilledema, which indicates increased intracranial pressure.² While it is important to rule out ocular signs of emergent headaches, the ocular exam is more likely to find that the cause of secondary headache with ocular etiology is from something easily diagnosed and treated in optometric offices.²

Optometric Treatments

Refractive, binocular vision, and accommodative problems can be managed by optometrists. Many of these conditions can be treated or initially managed with glasses alone. Binocular vi-

sion and accommodative conditions can be successfully treated with vision therapy.³ Many patients who complete a vision therapy program report a decrease in their symptoms, including headache. Vision therapy can also be used together with lenses to improve symptoms.²

Imaging Decisions

Neurologic signs and symptoms play a key role when deciding on imaging pediatric headache patients. The American Academy of Neurology and Child Neurology Society recommend the following:⁴

- Routine neuroimaging is not indicated in children with recurrent headaches and a normal neurologic exam
- Neuroimaging can be considered in children with an abnormal neurologic exam, the coexistence of seizures, or both
- Neuroimaging can be considered in children with historical data suggesting recent onset of severe headaches, change in type of headache, or factors suggestive of neurologic dysfunction

Counseling Patients

Optometrists should counsel pediatric patients on lifestyle changes to promote a healthier and more headache-free life:⁵

- Sleep: Get sufficient and appropriate sleep
- Meals: Eat healthy foods and get good fluid intake
- Activity: Engage in regular physical activity
- Relaxation: Consider stress management and relaxation methods
- Trigger avoidance: Recognize and avoid or manage situations that provoke headache

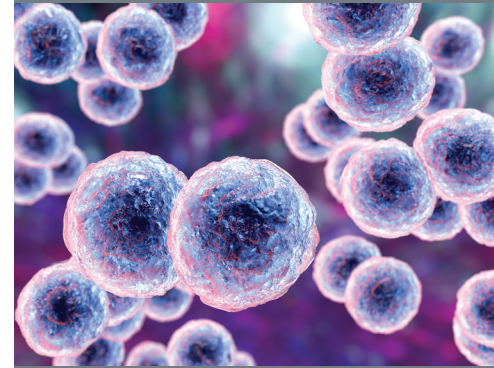
Optometrists are part of the healthcare team that works toward identifying root causes of pediatric headache. When you communicate your findings to the patient's medical doctor, they can use those results to optimize care.

SOURCES

1. Lateef TM, Merikangas KR, He J, et al. Headache in a national sample of American children: prevalence and comorbidity. *J Child Neurol.* 2009;24(5):536-543.
2. McDaniel C. Pediatric headache: the vital role of the optometrist. *Optometry Times J.* 2020(12):3. Available at: www.optometrytimes.com/refractive/pediatric-headache-vital-role-optometrist.
3. Convergence Insufficiency Treatment Trial Study Group. Randomized clinical trial of treatments for symptomatic convergence insufficiency in children. *Arch Ophthalmol.* 2008;126(10):1336-1349.
4. Lewis DW, et al. Practice parameter: Evaluation of children and adolescents with recurrent headaches: report of the Quality Standards Subcommittee of the American Academy of Neurology and the Practice Committee of the Child Neurology Society. *Neurology.* 2002;59(4):490-498.
5. Blume HK. Childhood headache: a brief review. *Pediatr Ann.* 2017;46(4):e155-e165.



Risk Factors for Microbial Keratitis in Contact Lens Wearers



Showering while wearing contact lenses appears to be a significant risk factor for the development of microbial keratitis, according to a study published in *BMJ Open Ophthalmology*. When compared with never showering in contact lenses, those who showered with them every day had more than 7 times the risk of developing a corneal infection. In addition, sleeping with lenses increased the risk of microbial keratitis by more than 3 times. People between ages 24 and 54 years were identified as the most at-risk group of patients.

The study, conducted at the University Hospital Southampton Eye Casualty, also asked participants if they were informed of the risks of contact lens-related infections when their lenses were prescribed. Nearly 50% reported “no” or “not sure.” When asked how such advice and instruction should be given, about half believed that written information, verbal information, and demonstrations would be of benefit.

SOURCE

- Stellwagen, A, MacGregor C, Kung, R, et al. Personal hygiene risk factors for contact lens-related microbial keratitis. *BMJ Open Ophthalmol.* 2020 Sep 8; 5(1): e000476.



Low Vision: Making Life Easier & Safer for Older Patients



According to recent estimates, the number of older Americans with low vision is expected to double in the coming years as people are living longer than ever before.¹ As people age, low vision is increasingly common. Patients with low vision have blind spots that can make it difficult or impossible to drive, read, or see faces.² Unfortunately, most older adults with low vision believe nothing can be done to improve their quality of life. The good news is optometrists can help patients retain their independence and stay safe despite their declining vision.

Common Causes

Age-related macular degeneration has been identified as a leading cause of low vision. Other common causes include diabetic retinopathy, glaucoma, and inherited retinal diseases. Regardless of the cause, vision rehabilitation is an important tool that can help people make the most of the vision they have left so they can live as independently as possible.²

Over the past several years, field of vision rehabilitation has advanced significantly. Today, eyecare professionals can offer a wide range of solutions, such as simple, portable video magnifiers that can enlarge text and objects. More advanced options include high-tech glasses with cameras that allow people to read text and see faces.

Counseling Messages

Optometrists can recommend simple changes to their patients with low vision to improve their lives:²

- **Improve contrast:** Recommend putting dark place mats under white place settings. Buy rugs that are a contrasting color with the floor. Use kitchen towels and cutting boards that contrast with countertops. Patients can also install contrasting colored tape along the edges of rugs, stairsteps, and lamp shades
- **Improve lighting:** About 3 million older Americans are treated for injuries from falls each year, according to the CDC.³ Many of these falls are caused by low vision. Recommend installing lighting on staircases and dark hallways and removing hallway rugs to prevent tripping. Task lighting in the kitchen can also make food preparation safer and easier
- **Reduce clutter and organize:** When houses are cluttered, it is more difficult for patients to navigate the home; this can contribute to falls and frustration. Recommend placing all home items in a designated place and identifying them with high-contrast labels to make them easier to locate
- **Embrace technology:** Books on tape and personal voice-activated assistants (eg, Google Home or Amazon's Alexa) can be helpful for people who can no longer see well enough to read, dial a phone, or set a thermostat

Many older patients are referred for vision rehabilitation as a last resort, when their disease has advanced to late stage. Optometrists can be proactive by introducing vision rehabilitation as early as possible. This important treatment can help people stay in their homes and keep doing the things they love to do.

SOURCES

1. Lateef TM, Merikangas KR, He J, et al. Headache in a national sample of American children: prevalence and comorbidity. *J Child Neurol*. 2009;24(5):536-543.
2. McDaniel C. Pediatric headache: the vital role of the optometrist. *Optometry Times J*. 2020(12):3. Available at: www.optometrytimes.com/refractive/pediatric-headache-vital-role-optometrist.
3. Convergence Insufficiency Treatment Trial Study Group. Randomized clinical trial of treatments for symptomatic convergence insufficiency in children. *Arch Ophthalmol*. 2008;126(10):1336-1349.
4. Lewis DW, et al. Practice parameter: Evaluation of children and adolescents with recurrent headaches: report of the Quality Standards Subcommittee of the American Academy of Neurology and the Practice Committee of the Child Neurology Society. *Neurology*. 2002;59(4):490-498.
5. Blume HK. Childhood headache: a brief review. *Pediatr Ann*. 2017;46(4):e155-e165.



Introducing a Searchable Contact Lens Database



The Contact Lens Compendium, a searchable contact lens database for eyecare practitioners, is now accessible in the United States, offering information on over 500 contact lens listings. The resource gives optometrists comprehensive and up-to-date information on contact lens products, including lenses, solutions, and rewetting drops.

The contact lens listings are sustained and updated regularly by the Centre for Ocular Research & Education at the University of Waterloo. The website allows users to filter, compare, and search for a variety of contact lenses and contact lens products in a matter of seconds. Filters can easily locate lenses that fit any of their patients' needs. In addition, one of the features of the website allows manufacturers to log in and update product information directly in an effort to keep listings current.

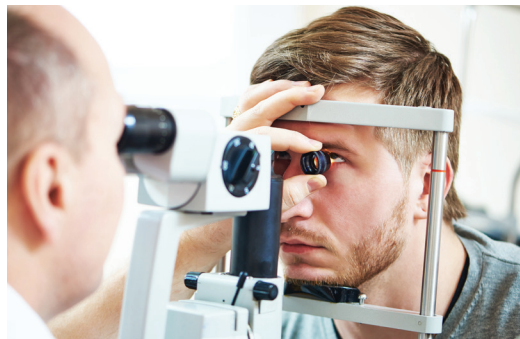
The Contact Lens Compendium is available free online at <https://compendium.contactlensupdate.com/us>. This can be a valuable tool for the busy clinician who is entrenched in keeping up with the changes in the contact lens industry.

SOURCE

Beery B. US launches searchable contact lens database. *Optometry Times*. October 15, 2020.



Integrating Diabetic Eye Care to Add Value for You & Your Patients



According to published research, blindness ranks among the greatest health fears among Americans.¹ Despite this fear, nearly two-thirds of people with diabetes over the age of 40 fail to follow their eye exam schedule. Further complicating matters is the fact that diabetic populations are among those at greatest risk during the current COVID-19 pandemic.^{2 3} In light of the pandemic, optometrists may be one of the first providers to detect diabetic changes in asymptomatic or recovered COVID-19 patients.

Integrating Models

Optometry is well-positioned to provide primary eye healthcare and detect the earliest diabetic changes via a dilated comprehensive eye exam. To help optometrists get patients with diabetes into an exam chair more routinely, a potential solution is to develop and use creative, integrated care delivery models to address states that are hardest hit by the disease.² Keeping comorbidities in check can ensure that the relative price of care is lower, while early identification of prediabetes could trigger lifestyle modifications to avoid disease progression.²

In Pennsylvania, the Pennsylvania Diabetic Eye Health Alliance (PDEHA) was developed by a panel of doctors who agreed to offer dilated eye examinations to patients with diabetes and directly report this information to primary care providers (PCPs) and medical insurance plans.² The PDEHA provided incentives that have yielded great suc-

cess. In 2019, the PDEHA delivered over 2,800 dilated exams of the 3,100 requested. This 90% success rate is significantly greater than what is seen with mobile clinics or retinal imaging, which is usually below 30%.²

In the PDEHA, healthcare payors are motivated to close the care gap in dilated eye exams. More importantly, early detection and intervention can help improve patient outcomes and overall health. In theory, this should decrease the cost of care in the long term, which also saves healthcare money. Recently, the American Optometric Association used Pennsylvania's model to roll out a national version of the diabetic eye health alliance. It is administered on a state-by-state basis and customizable to the local needs or opportunities available.²

Adapting for Success

In light of the recent success with the PDEHA, other states have followed suit and adapted their approach to fit the needs in their region. For example, North Carolina implemented a model in which PCPs refer patients with diabetes to participating optometry practices. Then, optometrists provide a dilated eye exam and furnish CDC-E documentation to the referring PCP or endocrinologist. The model has been seen as a win-win for both family physicians and optometrists.²

Ultimately, the goal of integrated diabetes care models is to prevent serious disease progression. Optometry plays a critical role in these efforts by providing physicians with additional information that they may not have. For optometrists nationwide, integrated diabetes care models represent a creative way to deliver the quality care that patients need every day.

SOURCES

1. Scott AW, Bressler NM, Folkes S, Wittenborn JS, Jorkasky J. Public attitudes about eye and vision health. *JAMA Ophthalmol.* 2016;134(10):1111-1118.
2. American Optometric Association. Integrating models of diabetic eye care. November 23, 2020. Available at: www.aoa.org.
3. Centers for Disease Control and Prevention. COVID-19: people with certain medical conditions. February 3, 2021. Available at: www.cdc.gov/coronavirus.



Can Brain Stimulation Reduce Macular Degeneration?



Perceptual learning can reduce letter crowding for patients with macular degeneration. However, this type of learning typically requires intensive training, which may be a barrier for patients. In addition, perceptual learning does not always transfer to non-trained stimuli. Now, researchers at the University of Waterloo School of Optometry have found that using brain stimulation may help patients with macular degeneration recover vision. Specifically, the study team found that a single 20-minute session of non-invasive visual cortex stimulation resulted in improved macular degeneration effects.

The investigators noted the findings are a step forward toward applications of non-invasive brain stimulation to recover vision in patients with macular degeneration. The results lay the foundation for future work to determine if transcranial direct current stimulation (tDCS) may be a useful visual rehabilitation tool for those with central vision loss who rely on peripheral vision. The tDCS procedure may improve vision in patients with central vision loss, especially when combined with perceptual learning techniques.

SOURCE

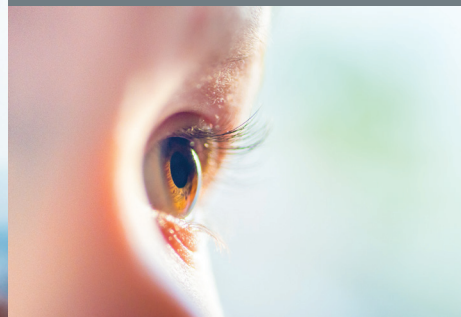
Raveendran RN, Tsang K, Tiwana D, Chow A, Thompson B. Anodal transcranial direct current stimulation reduces collinear lateral inhibition in normal peripheral vision. *PLoS One.* 15(5):e0232276.

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GALLERY

Newborn Vision Screening & Refractive Error



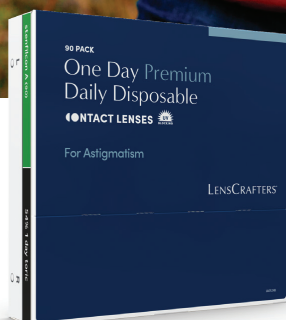
Retinopathy of prematurity (ROP) has been identified as a leading cause of blindness and visual impairment, but refractive error and binocular vision disorders are also common in premature newborns with or without ROP. While premature newborns are usually screened for ROP, refractive error may not be as commonly assessed.

A study has found that visual impairment occurs more frequently in healthy newborns than in their premature counterparts. The prospective analysis included a case group of 90 premature children, including 62 with and 28 without ROP during infancy, and 90 healthy controls. There were no significant correlations in any vision impairment variables between groups.

The study authors noted the relatively low incidence of visual impairment in newborns with or without ROP may indicate the importance of timely treatment and neonatal follow-up. The findings support continued efforts to conduct pediatric vision exams and provide patient and family education on visual impairment.

SOURCE

Rasoulinejad SA, Pourdad P, Pourabdollah A, et al. Ophthalmologic outcome of premature infants with or without retinopathy of prematurity at 5-6 years of age. J Family Med Prim Care. 2020;9(9):4582-4586.



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