



### PRESIDENT'S DESK

## ALLDocs Rocked the Key to Success in Miami at the 2021 Annual Meeting!



**Kerry Gelb, OD**  
President

The Ritz Carlton proved to be the perfect venue for one of the very best ALLDocs Meetings ever! The weather was spectacular, the meetings were productive, the CE was cutting edge but it's the company that really made the meeting. Thank you ALLDocs members for record attendance!

Thank you to Dr. Chris Knobbe, Dr. Jeff Gerson and Dr. Craig Thomas for returning by popular demand. Our new speakers: Dr. Dale Bredesen, Dr. John Gelles, Dr. Vittorio Mena, Dr. Krstyna Lensky Sipes, Dr. Lisa Hornick, and Dr. Jay Haynie exceeded expectations and hopefully will become part of the ALLDocs returning favorites.

Our partners at Essilor sent Frank Pigneri and Brooke Carrasco to provide us with 2 hours of Practice Management that was very well received. Thank you Essilor. If you missed the meeting, feel free to visit the ALLDocs website [www.alldocsod.com](http://www.alldocsod.com) and find this year's and previous year's CE lectures for you to catch up on.

We were delighted to welcome Dr. Brian Rosenblatt to the meeting. Dr. Rosenblatt delivered a beautiful message entitled "Against All Odds" about determination and motivation. Thank you Dr. Rosenblatt for contributing to our meeting and inspiring our members.

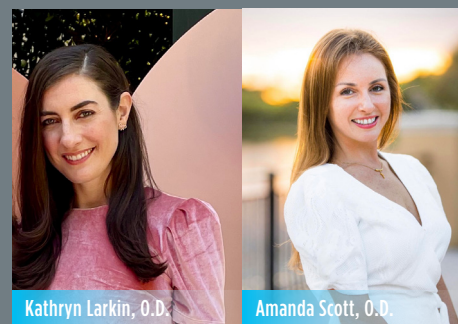
We cannot have the ALLDocs meeting without the partnership of our sponsors. Our Diamond Sponsors: CooperVision, Alcon and Bausch & Lomb together with our Platinum, Silver and Gold sponsors: Johnson & Johnson, ABB Optical Group and MacuHealth provide the majority of the support for our group. Our board and members have a deep appreciation for your participation, business and friendship. Thank you to all the Bronze sponsors, who can be found on the [www.alldocsod.com](http://www.alldocsod.com) website. The Bronze sponsors add enormous value, variety and technology to our meeting. They play a big part in making our meeting unique and we thank you.

Mark your calendars, October 16-21, 2022. Looking forward to next year in Cabo!



### GALLERY

## New Attendees, New Friends



Kathryn Larkin, O.D.

Amanda Scott, O.D.

Joining ALLDocs was the best decision, not only professionally but personally! While I learned a lot regarding practice management, the relationships formed were also so refreshing. Unlike some organizations, I didn't feel that competitive undertone- instead, seasoned members and newcomers alike shared their experiences and offered help with all areas of the business. I was very impressed with the beautiful accommodations, CE, and parties. I am excited for future meetings and look forward to connecting with everyone again soon!

**Kathryn Larkin, O.D.**

"As a new member to AllDocs and attending my first meeting in Utah, I felt welcomed and everything surpassed my expectations. The CE lectures were informative and the speakers were amazing, I enjoyed how they incorporated vision with not only systemic health but with nutrition. My husband and I learned a lot of great information we will begin to apply in our practice. We made a lot of connections with different ODs and expanded our knowledge of what other doctors are doing in their practices to expand scope and services. We also really enjoyed the location, hotel, food and excursions which were big highlights of our trip. Thank you so much AllDocs! We look forward to next year!"

**Amanda Scott, O.D.**





## Your Patients Deserve to Be Seen



National guidelines and professional groups like the American Optometric Association (AOA) recommend that all Americans deserve in-person, comprehensive eye care as part of their overall healthcare. Since many patients postponed eye care due to COVID-19 pandemic lockdowns in 2020, the AOA emphasizes that optometrists continue to adhere to federal, state, and local health directives to ensure the uninterrupted safe delivery of essential eye care.<sup>1</sup> Consequently, patients should not need to resort to subpar alternatives or forgo their eye care altogether.

Optometrists are paramount to delivering essential healthcare that goes beyond vision correction prescriptions and should be a critical component of preventive health. As patients settle into the “new normal” imposed onto them by the pandemic, the AOA warns it is now more important than ever to be aware of products that mistakenly give the impression that eye health and vision needs are met.

### Addressing Pandemic Fears

An unfortunate reality is that some companies preyed on the anxiety that patients experienced as a result of the pandemic. These companies asserted that their online vision tests and apps could serve as an alternative to having an in-person consultation. However, these assumptions discredited the importance of a strong doctor-patient relationship with in-person visits. Al-

though optometrists and some companies acknowledge that these apps do not provide the same level of high-quality care afforded by an in-person, comprehensive eye exam, many Americans were still victimized by advertisements that claimed these apps were convenient at the expense of eye and vision health.<sup>2</sup>

### Promoting In-Person Consultations Matters

The AOA is providing optometrists with tools to combat the undermining messages which downplay the doctor-patient relationship that is achieved using in-person patient visits.<sup>1</sup> The association is introducing a digital, online search and social media initiative with a series of targeted, dynamic digital and social media ads with a campaign called “Calling Out the Catfish.” The ads will run across online channels and expose patients to information that reinforces the importance of in-person eye health and vision care while also offering the option of finding a local optometrist for their eye care needs. Another AOA campaign called Eye Deserve More will enable the public to see the value of entrusting their eye health to an optometrist.

### Getting Involved

The AOA is asking optometrists to share powerful patient care stories about how they are providing critical primary eye healthcare to their patients and families. This effort is to celebrate moments of lifechanging diagnoses and life-altering treatments that reaffirm the importance of in-person optometric care. To get involved, visit [www.aoa.org](http://www.aoa.org) to find step-by-step guidance for patient recruitment and check out the campaign page to submit patient testimonials.<sup>1</sup>

#### SOURCES

1. American Optometric Association. Who are you? AOA is letting America know. February 25, 2021. Available at: <https://www.aoa.org/news/inside-optometry/aoa-news/save-your-vision-month?ss=y>.

2. American Optometric Association. AOA to FDA: Patients need guidance on risks of online vision apps. November 18, 2020. Available at: <https://www.aoa.org/news/advocacy/patient-protection/patients-need-guidance-on-risks-of-online-vision-apps?ss=y>.



## Consolidating Visual Fields May Save Time



Early glaucoma can lead to central visual field sensitivity loss, which in turn can contribute to decreased vision-related quality of life. Standards of care in glaucoma recommend primary visual field testing with the 24-2 testing protocol. The 10-2 test is key for detecting central visual field defects, but adding this second test is sometimes impractical because it requires more time to complete.

A study published in the *Journal of Glaucoma* assessed agreement between these two tests for detecting defects in the central 10° of the visual field. Researchers found substantial agreement between the Humphrey 24-2C and 10-2 protocols. The findings suggest that the faster threshold algorithm of the 24-2C test and shorter test time may reduce the need to complete 10-2 testing. However, the authors cautioned that longitudinal studies are needed to determine how well the 24-2C can identify central visual field defects over time.

#### SOURCES

Chakravarti T, Moghadam M, Proudfoot JA, et al. Agreement between 10-2 and 24-2C visual field test protocols for detecting glaucomatous central visual field defects. *J Glaucoma*. 2021;30:e285-291.





## Patient Nonadherence: How Optometrists Can Fight the Battle



Patient nonadherence is one of the most common causes of treatment failure in eye care and can have profound implications. According to global clinical studies, a key reason for patient nonadherence is poor buy-in from patients, which accounts for billions of dollars in wasted doctors' office visits and years of lost sight.<sup>1</sup> Some of the other most commonly cited reasons for patient nonadherence are:<sup>1</sup>

- Poor recall or misunderstanding
- Poor execution or misapplication
- Poor memory or forgetting
- Poor access or lack of finances/transportation
- Poor experiences or side effects

Many studies evaluating nonadherence have attempted to identify contributing variables. In general, these include issues surrounding dosing regimens, treatment complexity, and poor doctor-patient communication.<sup>1</sup> Further complicating matters is intentional nonadherence, which can occur because patients do not want to disappoint their optometrists, feel embarrassed, or fear their doctors will punish them for not adhering to prescribed treatments.

### Promoting Adherence

Optometrists can address nonadherence by creating a blame-free environment of mutual trust in which patients feel comfortable reporting their true adherence. Social support and effective doctor-patient communication are

critical to promoting adherence. Social support involves connecting with a patient's support system to improve adherence; this includes providing support for medications, transportation, and encouragement.<sup>1</sup> Medication support may involve use of phone reminders or texts to stick to calendars and ensure that patients take medications on time. Mail-order pharmacies and/or telehealth can be used to reduce needs for transportation to follow-up visits. For patients who lack encouragement support, brief phone calls can be an effective replacement to improve treatment adherence.<sup>1</sup>

### Dodging Communication "Sins"

Research shows that several cardinal communication sins can occur as optometrists talk to patients about treatment decisions. These include dominating discussions, failing to discuss risks or side effects, and not mentioning medication names. Other practices to avoid include not discussing how new treatments differ from failed older medications, not checking patient comprehension, and believing a diagnosis justifies the medication.

To foster adherence and create an environment of trust, optometrists are encouraged to provide patients with comprehensive overviews of their diagnosis and treatment. Additionally, they should review communication road bumps before one-on-one conversations with patients so they can develop a plan for how to avoid them. Additionally, it is important to practice good bedside manners, pay attention to both verbal and non-verbal communication, and build trust through empathy.

While optometrists are unable to control many things within their practice, one thing that can be controlled is communication with patients. By enhancing the quality of communication, optometrists can improve how each case is managed and potentially decrease issues with nonadherence.<sup>1</sup>

### SOURCES

1. Berry B. How to avoid patient nonadherence. *Optometry Times* J. 2021;13(2). January 16, 2021. Available at: <https://www.optometry-times.com/view/how-to-avoid-patient-nonadherence>.



## Decision Model Useful for Detecting Keratoconus



A two-step decision tree method developed by researchers at the Casey Eye Institute appears to be a useful tool to detect keratoconus. In the model, an eye was classified as keratoconic using spectral-domain optical coherence tomography (OCT) if the following conditions were met:

1. At least 1 of 4 quantitative corneal thickness and epithelial thickness map parameters exceeded cutoff values
2. A concentric thinning pattern was seen on the epithelial thickness map and a coincident thinning pattern was observed on corneal and epithelial thickness maps by visual inspection

Of note, the two-step decision tree method was useful for detecting forme fruste keratoconic cases that would otherwise go undetected using standard topography-based indices. The study provides evidence that OCT corneal and epithelial thickness map parameters and patterns offer important diagnostic information, in addition to topography, for characterizing corneal ectatic conditions.

### SOURCES

Yang Y, Pavlatos E, Chamberlain W, et al. Keratoconus detection using OCT corneal and epithelial thickness map parameters and patterns. *J Cataract Refract Surg*. 2021;47(6):759-766.



## Examining Efficacy With Convergence Insufficiency Therapy



Each year, the American Academy of Ophthalmology (AAO) conducts technology assessments to evaluate procedures, prescription and over-the-counter therapies, and diagnostic screening tests. These projects consist of systematic reviews of available research, which are then submitted to the AAO for consideration in official statements. According to a 2021 report from the Ophthalmic Technology Assessment Committee Pediatric Ophthalmology/Strabismus Panel on vergence and accommodative therapies, office-based therapies can improve motor outcomes in children with symptomatic convergence insufficiency.<sup>1</sup>

The AAO's literature review included 359 abstracts of studies involving children and young adults up to age 35 years, but only 12 were considered appropriate for inclusion in the assessment. The panel then assigned each study a level of evidence rating, with 8 of the 12 studies being graded as level I evidence while 2 were graded as level II and 2 more as level III.<sup>1</sup>

### Office-Based Therapies Improve Outcomes

In children with convergence insufficiency, level I evidence suggested that office-based vergence and accommodative therapy was effective when compared with office-based placebo for improving oculomotor parameters—namely near point of convergence (NPC) and positive fusional vergence—at 12 and 16 weeks after initiating therapy. However, the evidence for symptom improvement after office therapy was

inconsistent.<sup>1</sup> Level II evidence suggested that the benefits of any treatment for symptomatic convergence insufficiency were maintained at 1 year after therapy. In addition, level II evidence indicated that children who had a reduction in convergence insufficiency symptoms with any treatment also had improved academic behaviors.<sup>1</sup>

The AAO panel noted that evidence was insufficient to determine whether home pencil push-up (PP) therapy, home computer therapy, or both were superior to home placebo when treating symptomatic convergence insufficiency in children. However, level III evidence suggested that home computer therapy with or without home PP therapy may improve NPC and convergence insufficiency symptoms in children.<sup>1</sup>

In older teenagers and adults younger than 35 years with convergence insufficiency, level I evidence showed that office-based vergence and accommodative therapy was not superior to office-based placebo for treatment of symptoms. On the other hand, augmented office therapy with over-minus lenses and base-out prisms led to better outcomes than standard office therapy and home PP therapy at a lower treatment dose.

### More to Come

The AAO panel noted that more research is needed to establish the efficacy of home-based vergence and accommodative therapies for children with symptomatic convergence insufficiency. The authors say convergence insufficiency outcomes are especially difficult to assess because the primary objective of treatment is to improve symptoms, but this is inherently subjective data. By conducting studies that are designed to clarify the underlying pathophysiology of convergence insufficiency, clinicians can potentially identify different mechanisms that can help guide the development of individualized treatment approaches.

### SOURCES

1. Berry B. How to avoid patient nonadherence. *Optometry Times J.* 2021;13(2). January 16, 2021. Available at: <https://www.optometry-times.com/view/how-to-avoid-patient-nonadherence>.



## Low IOP Does Not Rule Out Glaucoma



Although it is well known that patients with high intraocular pressure (IOP) have either ocular hypertension or glaucoma that requires intervention, new research suggests the reverse is not always true. A study from the United Kingdom has found that a primary open angle glaucoma (POAG) diagnosis should not be ruled out in patients who present with low IOP. After adjusting for various covariables, lower pretreatment IOP and no reported problems with eyesight were identified as factors significantly associated with previously undiagnosed POAG.

While it is easy to be reassured by IOP levels less than 24 mm Hg, other features of glaucoma can be missed. The investigators recommend examining the optic disc carefully and with supportive disc imaging and visual field testing to improve the likelihood of identifying suspicious disc features when caring for patients with non-elevated IOP. They also suggested raising public awareness of glaucoma and encouraging regular eye tests to help reduce undiagnosed glaucoma.

### SOURCES

Chan MPY, Khawaja AP, Broadway DC, et al. Risk factors for previously undiagnosed primary open-angle glaucoma: the EPIC-Norfolk Eye Study. *Br J Ophthalmol.* 2021 Jun 25;bjophthalmol-2020-317718.





GALLERY



## 2021 Annual Meeting Highlights



Canadian members Dr. Sam Dhaliwal And Dr. Sal Jivraj



Dr. Dale Bredeisen author of "The End of Alzheimer's"



Frank Pigneri and Brooke Carrasco, Essilor



Dr. Brian Rosenblatt and his wife Angel



"Go Go Gadjet" Performs live at the ALLDocs 2021 Annual Meeting in Miami!



Special Thank you to Dr. and Mrs. Hults and our event planning team at Etak Events



INSIGHTS

## DED & MGD Prevalence in Very Old Patients



A study from Russian investigators has found that several factors appear to be associated with a higher prevalence of dry eye disease (DED) and meibomian gland dysfunction (MGD) in elderly people, including female sex, rural region of habitation, longer axial length, higher hearing loss score, and lower salt consumption. The results are based on data from 1,493 participants from the Ural Very Old Study, in which all patients were aged 85 years and older and received detailed ocular and medical exams.

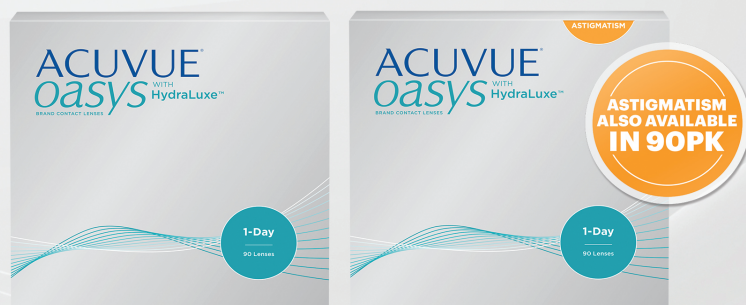
The analysis is among the first on DED and MGD prevalence in patients who fall into this age group, according to the researchers. The findings build on the observations in sex-related differences in DED and MGD prevalence that were seen in previous studies. Of note, patients aged 85 years and older are a group for which data are extremely limited or unavailable.

### SOURCES

Bikbov MM, Kazakbaeva GM, Rakhimova EM, et al. The prevalence of dry eye in a very old population. Acta Ophthalmol. 2021 Jun 14 [Epub ahead of print].



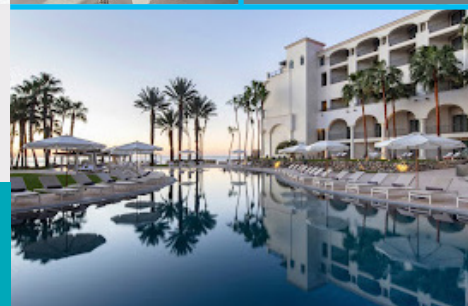
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\*Designed to support the functions of the tear film.

<sup>1</sup>Unsurpassed coverage claim was demonstrated using a non-inferiority test with a difference margin of 5% and 95% confidence level.

References: 1. JIV data on file 2018. Design ACUVUE® VITA® Brand Contact Lenses for ASTIGMATISM. 2. Straker, B, Hamada, W, Sulley, A, Olivares, G. Fitting performance and efficiency with a new silicone hydrogel daily disposable toric contact lens. Poster presentation at GSLC Conference, January 2017. 3. JIV Data on File 2020. Proportion Astigmatism Accommodated with ACUVUE® Brand Contact Lenses for ASTIGMATISM.

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