AgriLIFE EXTENSION
Texas A&M System

Improving Lives. Improving Texas.

The Eyes Have It!

by

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The Eyes Have It!

OBJECTIVES

After completing this lesson, participants will be able to:

1. Identify common eye problems
2. Distinguish between different eye care providers
3. Describe ways to reduce the risks for eye problems

PAMPHLETS

About a month before you expect to do this program, order the following pamphlets from the National Eye Institute. They are free. You may order these by calling 1-800-869-2020 or online at http://www.nei.nih.gov/ and click on publications. Then, click on materials for general public and order the number of each of these pamphlets you will need for your program:

Don't Lose Sight of Age-Related Macular Degeneration
Don't Lose Sight of Glaucoma
Don't Lose Sight of Cataract
Don't Lose Sight of Diabetic Eye Disease

ACTIVITIES

This unit contains five activities. For each of the activities in this unit, you may choose to have more than one person participate in the activity. To increase the number participating in each activity, bring the number of the items listed below to accommodate the number of participants you want.

Bring a few pictures of children and flowers for participants to look at through the lenses for the eye diseases demonstrations.

Bring Windex and paper towels to clean lenses in between demonstrations.

ACTIVITY #1: DOING SOMETHING SIMPLE WITHOUT VISION

Materials: Blindfold, peanut butter, white bread, knife to spread peanut butter, paper plate, paper towels and cloth to protect table.

Class activity: Ask volunteer(s) to sit at table, put blindfold(s) in place, then place supplies in front of person. Allow the person to have a coach to tell them where things are as needed.

After the bread is covered with peanut butter, have participant(s) tell how it felt to do this simple activity without vision.

Desired effect is to realize the importance of maintaining good vision.

ACTIVITY #2: MACULAR DEGENERATION ACTIVITY

Materials: One pair of glasses (not sunglasses). Glasses that have no correction are best like safety glasses. Black construction paper, scissors, Vaseline.

Do this before class: Cut out a small circle of black construction paper–small enough to stick into the center of both lenses of the glasses. Stick the black circle in center of lens by placing a dab of Vaseline on circle.

Class activity: Place glasses on volunteer(s), ask them to look at a picture and then describe what they see.

Desired effect is to lose the ability to see what is in the middle of the field of vision.

ACTIVITY #3: GLAUCOMA ACTIVITY

Materials: One pair of glasses (not sunglasses). Glasses that have no correction are best like safety glasses.

Do this before class: Cut out a thin, circular piece of black construction paper sized to fit around the edge of the lenses of the glasses. Stick this to the lenses.

Class activity: Place glasses on volunteer(s), ask them to look at a picture and then describe what they see.

Desired effect is to decrease the outside of the visual field. This time, sight is possible through the center of the lens, but not around the edges.

ACTIVITY #4: CATARACT ACTIVITY

Materials: One pair of glasses (not sunglasses). Glasses that have no correction are best like safety glasses.

Do this before class: Lightly cover lenses with a thin layer of Vaseline–this can be a very light covering–just so it has a "smeary look." Leave Vaseline on the lenses for the diabetic retinopathy demonstration.

Class activity: Place glasses on volunteer(s), ask them to look at a picture and then describe what they see.

Desired effect is to make vision cloudy and blurry.

ACTIVITY #5: DIABETIC RETINOPATHY

Materials: One pair of glasses (not sunglasses). Glasses that have no correction are best like safety glasses.

Do this before class: Cut out several small pieces of black construction paper–any size or shape. Stick these to the lenses of the glasses after you have completed the cataract demonstration–the pieces do not have to be placed the same on both lenses.

Class activity: Place glasses on volunteer(s), ask them to look at a picture and then describe what they see.

Desired effect is to make vision blurry and have parts of visual field missing. Eventually diabetic retinopathy may result in total blindness.

FACT SHEETS

Before class, make enough copies of the fact sheets for all participants, and pass these out at the beginning of the session. There are two fact sheets:

- Ultraviolet (UV) Radiation and Your Eyes
- A Checklist for Your Eye Doctor Appointment

MATCHING GAME (optional activity)

Write out the following words on a large index card or piece of paper: Macular degeneration, glaucoma, cataracts, diabetic retinopathy, ophthamologist, optometrist, and optician; for the eye diseases, write what people see when they have the diseases and write what each eye professional can do. Separate the words from the definitions. Mix up words and definitions, keeping each set separate from the other set by using two different tables.

Divide group into two teams. Have teams compete to see which team can correctly match the words with the definitions first.

You may omit this activity if time is limited.

EVALUATION

Before class, make enough copies for number of participants you expect. Administer after completing the program.

The Eyes Have It!

SAY

Most people never think about how important their eyesight is to them–we have it, so we take it for granted. Some time during our middle years, we might begin to appreciate our vision a little more when we realize no matter how far we try to stretch our arms, we cannot see small print. Reading glasses usually take care of that problem, but what if you could not see at all? We are going to let you experience how it would feel if you could not see to do even a simple task.

DO ACTIVITY #1: Doing Something Simple without Vision (See above)

SAY

What would you have to give up if you lost your vision?

[Wait for audience to answer; possible answers might be driving, going shopping alone, reading, e-mail, etc.]

TRANSPARENCY: Normal vision changes

Good vision is important to our daily functioning and quality of life. We need vision to stay independent. Vision changes occur naturally as we age. Some common changes that occur as we age include:

- We need more light to see
- It becomes harder to see the difference between some colors, particularly blue and green
- It becomes more difficult to focus on things that are near
- It may become more difficult to adjust our eyes to glare and darkness

As we age, almost all of us will experience these and other changes in our vision to some degree. Even with these changes, however, we can lead active, independent lives, but we must put effort into maintaining our sight. We can prevent some problems such as eye injuries by wearing safety glasses when working around the house and at work. We can reduce our vision loss risks by controlling our diabetes, cholesterol, heart disease, and high blood pressure. Finally, we can catch problems early.

The discussion today will focus on preventing eye problems, caring for our eyes, recognizing four common eye diseases (macular degeneration, glaucoma, cataracts, diabetic eye disease), and finally, selecting the right eye care professional, all aimed at preserving our vision to the greatest extent possible no matter how long we live.

Parts of the EYE

TRANSPARENCY: Parts of the eye

SAY

To see, light enters through the pupil and passes through the lens. The lens focuses the image on the back part of the eye called the retina. The image is then sent to the brain by the optic nerve at the back of the eye, and we can "see."

A number of things can happen to this process, causing us to lose some of our vision. A cloudy lens, or cataracts, makes our vision blurry, and we have a hard time seeing in the dark. If the retina or optic nerve become damaged due to glaucoma, macular degeneration or diabetic retinopathy, we can only see parts of what we are looking at. If glaucoma destroys the optic nerve, we will lose our vision.

Eye Exams

TRANSPARENCY: Eye exam schedule

SAY

One of the most important things we can do to prevent eye problems and maintain our vision is to have regular comprehensive eye exams. In general, a person who does not have symptoms or special risks should have a comprehensive eye exam as follows:

- at age 35
- at age 40
- after age 40, every 2-4 years
- after age 60, every 1-2 years

People who have special risks such as glaucoma or cataracts will need to be seen more frequently--usually every 1-2 years. If you are at increased risk for eye disease, consult your doctor or eye care provider about how often you should have an eye exam.

Generally, a regular, thorough eye exam includes:

- tests to see how well you are seeing,
- tests for other vision conditions, and
- an exam to look for signs of eye disease

Most people go eye care professionals to have their eyes corrected to improve their vision with the right prescription for glasses or contact lenses. Many people have had glasses or contacts for most of their lives to help them see things far away: this is called **nearsightedness**.

As we get into our forties, we begin having difficulty seeing things close up, and we have to hold things farther and farther away to see the print: this is called farsightedness. **Farsightedness** occurs because our eyes lose flexibility and cannot focus on close objects. Reading glasses, bifocals, and trifocals correct farsightedness.

Are you one of the people who want to have **Lasik** eye surgery so you can throw away your glasses? Before you decide this is what you want, be aware of several facts. While most people who have had this surgery, are very pleased with the results, others discover they need additional surgeries before they can see without glasses. Even if you have Lasik surgery, you will still have to use reading glasses in most cases. No insurance, including Medicare, covers Lasik surgery or the follow up surgeries. Always make sure you choose a doctor who has done many of these surgeries.

Eye Care Professionals

TRANSPARENCY: **Types of eye care professionals**

SAY

So, you want to make an appointment for an eye and vision check up? Should you call an **ophthamologist**, an **optometrist**, or an **optician**? What are the differences?

Which of these professionals would you go to if you had diabetes?

[Answer is ophthamologist.]

Ophthamologists are physicians who are either licensed medical doctors (M.D.'s) or osteopathic physicians (D.O.'s). They specialize in diagnosing and treating eye disease. They can perform eye examinations, prescribe drugs, perform eye surgery, and dispense eyeglasses and contacts. Although ophthamologists are the most expensive eye care professional, we need to seek their services when we need medical treatments requiring medicine or surgery.

Which of these professionals would you go to if you wanted a routine eye check up and you have no known eye diseases?

[Answer is optometrist.]

Optometrists have a bachelor's degree and additional years of professional education to earn their doctor of optometry degrees (O.D.'s). Though they are not medical doctors, they can examine eyes for vision problems and eye disease and dispense eyeglasses and contact lenses. Their fees are lower than ophthamologists.

In Texas, a regular optometrist can diagnose eye disease and use drugs such as those used to dilate the eye for an eye exam. The optometrist would then refer a person with eye disease to an ophthamologist or other appropriate medical practitioner.

An optometrist cannot perform eye surgery.

So, when should you go to an optician?

[Answer is when you need to have your lens or contact prescription from the ophthamologist or optometrist filled.]

Opticians may not examine or prescribe lenses. Opticians grind and dispense eyeglasses. They do not have to be licensed.

Now you know the differences between the different kinds of eye care professionals, and you select one to call... Are there things you need to have ready before you call for an appointment and before you go to your appointment?

Take a moment to look at the fact sheet, **A Checklist for Your Eye Doctor Appointment**.

Is there anything on the checklist that you think is a particularly good idea or something you have not thought of before?

Should you tell your ophthamologist or optometrist you are taking a dietary supplement like St. John's Wort or large doses of vitamins?

[Answer: Include all prescription and over-the counter medicines with the amounts you take in a list of medicines or actually bring the medicines to your appointment. While dietary supplements generally contain unknown amounts of their active ingredient (range can be from zero to 10 times the amount), some can interact with other medicines and cause visual problems.]

Eye diseases

SAY

As we get older, our risks for eye diseases increase. When younger, most people go to an optometrist to get new glasses or contacts–generally, they only go to an ophthamologist if they have an eye disease or injury. During our middle and older years, both optometrists and ophthamologists begin looking for eye diseases such as cataracts, glaucoma, macular degeneration and diabetic retinopathy.

Any change in the appearance of the eye or in vision clarity indicates a need to see an eye professional even if we have only recently seen an eye care professional for a regular check-up.

So what exactly are these diseases we need to watch for, how are they treated and are there ways to lower our risks?

Age-Related Macular Degeneration

ACTIVITY

DO ACTIVITY #2: Macular Degeneration

TRANSPARENCY: Macular degeneration and normal

SAY

Age-related macular degeneration (AMD) is the leading cause of visual impairment in America. AMD is a disease that affects central vision by attacking the macula, the light-sensitive area in the middle of the retina where millions of cells change the light into nerve signals that tell the brain what you are seeing.

Because central vision allows you to read, drive, and perform other activities that require fine, sharp, straight-ahead vision, AMD can be very disabling -- robbing an individual of all but the outermost, side vision, often leaving only dim images or black holes at the center of vision.

No one knows exactly why macular degeneration happens. There is no treatment for the most common type. The rarer type can be helped somewhat with laser treatments.

What are the signs and symptoms? Check out what it says in your brochure on AMD.

[Let a participant answer this question by finding the answer in the brochure on AMD.]

SAY

Neither type of AMD causes any physical pain. Some of the signs and symptoms you might experience include the following – All become increasingly obvious as the disease progresses:

- slightly blurred vision, especially when reading type in books, magazines, or newspapers
- a need for more light when reading
- a gradual loss of color vision
- a dark or empty area appearing in the center of vision

- straight lines in your field of vision, such as telephone poles, sides of
- buildings, and light posts, appear wavy; here is an example of what a doctor might ask someone to look at if she thought the person had macular degeneration

TRANSPARENCY: grids

Are you at risk? Though the cause of AMD is unknown, there are a number of factors that appear to contribute to the disease, placing an individual at higher risk-- some are controllable, others are not.

Some people are at greater risk for macular degeneration than others. People at greatest risk are older Caucasian women with blue eyes and a family history.

How can you lower your risk for age related macular degeneration?

- Stop smoking
- Control high blood pressure
- Protect your eyes from sunlight with sunglasses and a wide-brimmed hat of at least three inches
- Eat a heart healthy diet, low in fats–especially saturated fats, high in fruits and vegetables, especially dark green leafy vegetables such as spinach, kale, mustard and collard greens
- Do aerobic exercise 5 times weekly for 30 minutes

What can be done about age-related macular degeneration?

The best defense against AMD is early diagnosis. If you experience any signs or symptoms, see your eye care provider immediately. Also, even without symptoms, be sure to see your provider for regular eye exams.

Though there is no cure for AMD, new treatments are available. Low Vision Rehabilitation is one of the most effective treatments. Low vision devices, such as telescopic and microscopic lenses can be prescribed to make the most out of remaining vision. Additionally, some cases of the rare macular degeneration can be treated with laser surgery to stop leaking blood vessels.

Glaucoma

DO ACTIVITY #3: Glaucoma

TRANSPARENCY: **Glaucoma and normal**

SAY

What is glaucoma?

Glaucoma is a group of diseases usually associated with increased pressure within the eye. This pressure damages the optic nerve and causes vision loss.

There are two main types of glaucoma.

In the most common type of glaucoma, inner eye pressure rises slowly because the correct amount of fluid cannot drain from the eye due to clogging within the drainage canals. Over time, this pressure results in damage to the optic nerve. Most people with this type of glaucoma have no early symptoms, pain, or noticeable changes in vision. If not found early, side vision, and over time, forward vision will be lost.

The other type of glaucoma is much more rare and occurs rapidly. Eye pressure rises rapidly, usually because the iris, or colored part of the eye, suddenly bunches up over the drainage canals. The eye ball feels very hard because of increased pressure inside the eye. This type of glaucoma requires immediate, emergency medical care. If untreated, side vision and forward vision will be lost.

What are the signs and symptoms of glaucoma? Find the answer in the brochure on glaucoma. [Ask someone to say what they have found.]

With the most common type of glaucoma, there are few signs or symptoms in the early stages. Find the signs and symptoms in your brochure on glaucoma.

[Let a participant answer this question by finding the answer in the brochure on glaucoma.]

As the disease progresses, however, symptoms may occur that include:

- loss of peripheral or side vision
- inability to adjust eyes to a darkened room
- difficulty focusing on close work

rainbow colored rings or halos around lights
frequent need to change prescription on eyeglasses
pain or redness in eyes
blurred vision

Are you at risk? There are a few conditions that tend to put people at greater risk for glaucoma:

People over age 45 - Though glaucoma can develop in younger persons, it occurs more frequently as we get older.

People with a family history of glaucoma - Glaucoma tends to "run in families," however, just because a family member has glaucoma does not guarantee that you will develop it.

People of African descent - African Americans are 4-5 times more likely to develop glaucoma than Caucasian Americans.

People who have one or more of the following:
    - diabetes
    - nearsightedness
    - previous eye injury
    - regular, long-term steroid/cortisone use for diseases like asthma or rheumatoid arthritis

What can be done about glaucoma? The best defense against glaucoma is to have regular, comprehensive eye exams to detect and treat glaucoma early. Glaucoma cannot be prevented, but if diagnosed early, it can be controlled. Treatments for glaucoma may include:

Medications in the form of eye drops or pills to reduce pressure or improve fluid drainage.

Laser surgery, to help fluid drain from the eye more easily.

Surgery to help fluid escape the eye. This procedure is usually reserved for those who do not respond well or over time to medications or laser procedures.

Cataracts

DO ACTIVITY #4: Cataracts

TRANSPARENCY: Cataracts and normal

SAY

When we are born, our lenses are crystal clear. They look like small magnifying lenses, shaped like an M & M candy. They are made mostly of water and protein. They are as firm as dense gelatin. Lenses focus light rays on the back of the eye called the retina.

By the time we are 65 years of age, at least one-half of us have cloudy lenses because the proteins in the lens have clumped, making the lens cloudy. A cloudy lens blocks some light from reaching the retina in the back of the eye, resulting in dull, blurred vision.

While experts believe that if we live long enough, all of us will develop cataracts, there are things we can do to delay having cataracts, at least the ones severe enough requiring surgery.

Advancing age and our family history are two things we cannot do much about. We also cannot do much about taking certain drugs, most notably, steroid drugs for things like asthma and rheumatoid arthritis, although these do raise the risk of cataracts. If you must take such drugs, physicians believe the risk is just something you must live with–surgery can repair the damage by removing the cataract.

Cataract surgery is very safe and very successful--it is done in an outpatient surgical center, not in a hospital, thereby costing less too. Recovery is quick. After cataract surgery, people must either wear glasses, contact lenses, or have a lens implanted inside the eye during the surgery to remove the cataract.

Has anyone here today had cataract surgery recently? Would you tell us how it went for you? Did it help your vision?

We can significantly reduce our probability for cataracts by protecting our eyes from ultraviolet radiation and not using tobacco. No research supports the usefulness of dietary supplements such as lutein to prevent cataracts or help us see better. Drinking milk does not contribute to eye problems like cataracts either unless you have a very rare problem called glactosemia.

Find your fact sheet on Ultraviolet radiation called **UV Radiation and Your Eyes**. What should you look for when you buy sunglasses? [Choose sunglasses that block out 99-100% of both UV-A and UV-B radiation, screen out 75-90% of visible light, and have lenses that are grey, green, or brown, or red, orange yellow.]

Which color lenses block out another harmful type of light, called blue light?

[Answer is amber, yellow, orange or red]

How can you find out if your sunglasses provide proper protection from UV radiation? [Answer is you can take the sunglasses to an eye care professional to test the glasses.]

Diabetic Retinopathy

DO ACTIVITY #5: Diabetic Retinopathy

TRANSPARENCY: Diabetic retinopathy and normal

SAY

Diabetic retinopathy is the most common eye problem among persons with diabetes. Diabetic retinopathy is a disease that weakens and causes changes in the blood vessels that nourish the retina. The retina is the delicate, light-sensitive tissue at the back of the eye, which translates light into electrical impulses that the brain interprets as vision. If left untreated, diabetic retinopathy can cause blindness.

Diabetes also raises the risk for a number of other sight threatening problems like cataracts and glaucoma too.

What are the signs and symptoms listed in your brochure on diabetic retinopathy? [Let participants answer.]

Early diabetic retinopathy often causes no symptoms of pain or vision loss. As the disease progresses, however, symptoms may include:

- blurred central or side vision
- cloudiness of vision
- change in central vision
- change in color vision
- blind spots
- floaters

Who is at risk? All people with diabetes are at risk for developing diabetic retinopathy. The longer a person has diabetes, the greater the risk. It is not limited to those who have had the disease for a long time, for some it may strike after one or two years, and may even be the first indicator that they have diabetes.

Additionally, during pregnancy diabetic retinopathy may be a problem for a woman with diabetes–she should have her eyes checked every three months during her pregnancy.

The best way for someone with diabetes to lower their risk for eye problems is to control their blood glucose with diet, exercise, and medications if they are prescribed. You should also see your eye care professional every year too.

If you have diabetic retinopathy, laser and other surgical treatments are available to help reduce the disease's progress and decrease the risk for vision loss. Early treatment is essential, because like most eye diseases, once damage has occurred, the effects are usually permanent.

Summary

While most of us with good eyesight do not think much about the importance of having good vision, good vision is essential for remaining independent and doing the things we want.

Today you have learned to recognize the most common eye problems that can reduce vision or even cause blindness during middle or later years so you can seek early medical attention–rather than waiting while your vision may be deteriorating. You have learned how to distinguish between different eye providers so you can avoid unnecessary charges. You have also learned the importance of regular eye check ups to catch problems early to prevent as much damage as possible.

Everyone can improve their chances of having good vision no matter their age by:

- Seeing the right eye care professional every two to four years between 40 and 60 years old and every one to two years after 60 years
- Not smoking or using smokeless tobacco or snuff
- Protecting eyes from sunlight with sunglasses and a wide-brimmed hat of at least three inches

- Eating a heart healthy diet, low in fats–especially saturated fats, high in fruits and vegetables, especially dark green leafy vegetables such as spinach, kale, mustard and collard greens

- Doing aerobic exercise 5 times weekly for 30 minutes

- Controlling other problems like diabetes, heart disease, high blood pressure and high cholesterol.

- Taking care of your eyes is something people seldom give a second thought. If you take care of your eyes, they are more likely to last as long as you do!

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Please circle the one best answer for each question.

1. I learned to recognize the early signs of macular degeneration, glaucoma, cataracts, and diabetic retinopathy.

   Yes Somewhat No No Answer

2. I learned new ways to lower my risk for these diseases.

   Yes Somewhat No No Answer

3. I learned the importance of having regular eye check ups.

   Yes Somewhat No No Answer

4. I learned the difference between an ophthamologist, optometrist, and optician so I can choose the right one.

   Yes Somewhat No No Answer

5. I intend to change at least one thing I do to lower my risk for eye problems.

   Yes Somewhat No No Answer

6. I have not had an eye examination in over two years, but because of this program, I intend to make an appointment to see an eye care professional in the next few weeks.

   Yes Somewhat No No Answer

7. I found the presenter knowledgeable about eyes, eye problems and ways to lower my risk for eye problems.

   Yes Somewhat No No Answer

8. Overall, I thought this program was helpful to me.

   Yes Somewhat No No Answer

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Ultraviolet (UV) Radiation and Your Eyes

Ultraviolet (UV) radiation is a component of sunlight. It can also be given off by artificial sources such as welding machines, tanning beds, and lasers. UV-A and UV-B, can have damaging long-term and short-term effects on your eyes and vision as well as your skin.

If you are exposed to excessive amounts of UV-A and UV-B and your eyes are unprotected, you will likely experience a sunburn of the eyes. This often causes painful symptoms, including red eyes, a gritty feeling in the eyes, sensitivity to light and excessive tearing. Fortunately, this condition is usually temporary and rarely causes permanent damage.

Long-term exposure to UV-A and UV-B, however, can have more serious effects such as cataracts or damage to the retina. Blue light, another part of light, is perhaps even more damaging.

Protecting Your Eyes from UV Radiation

Wear a hat or cap with a wide brim of 3 inches or larger

Wear sunglasses that:

- block out 99-100% of both UV-A and UV-B radiation; "UV absorption up to 400 nm" means the same as 100% UV blockage
- screen out 75-90% of visible light
  - are perfectly matched in color and free of distortion and imperfection
  - have lenses that are grey, green, or brown, or red, orange, yellow, or amber (the latter four are best for blocking out blue light, another dangerous part of sunlight

Other facts:

- Wrap around frames provide additional protection
- Contact lenses with a UV-blocking feature are also now available
- Glasses can be treated with a clear UV protective coating
- Your optician can check your glasses to measure UV protection
- "Polarized" has nothing to do with UV protection, but it reduces glare
- Some medications may increase your sensitivity to UV radiation--consult your doctor or eye care provider
- Protect children's eyes with a wide-brimmed hat and appropriate sunglasses

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A Checklist for Your Eye Doctor Appointment

Have you ever left the doctor's office and thought of a dozen questions you meant to ask? We all do that! This checklist of questions can help you make the most of your next visit to the eye doctor.

When you call to make an appointment:

- Be prepared to describe any vision problems you are having.
- Ask if you will be able to drive yourself home. Will the eye examination affect your vision temporarily?
- Ask how much the exam will cost. Do any of your health insurance plans cover any of the cost? How is payment handled?

Before you go in for your examination, make a list of the following:

- Signs or symptoms of eye problems you have noticed (flashes of light, difficulty seeing at night, temporary double vision, loss of vision, etc.)
- Eye injuries or eye surgery you have had (approximate dates, hospitals where treated, etc.)
- Prescription and over-the-counter drugs you are taking.
- Questions you have about your vision.
- Your general health condition (allergies, chronic health problems, operations, etc.)
- Family history of eye problems (glaucoma, cataracts, etc.)

Take along the following:

- Your glasses, contact lenses or both.
- Prescription and over-the-counter drugs you are taking.
- Medical or health insurance card or your membership certificate.

During the examination:

- Ask questions about anything that seems unclear to you, such as the names and purposes of tests you may undergo.
- Ask if there are any changes since your last exam.
- Ask when it is best to call the doctor with questions.
- Find out when you should return for your next exam