Talking Points:

• Introduction of the speaker.
• The purpose of this presentation is to provide information about vision changes that can occur with age and to talk about the importance of eye health and the need for regular eye exams.
• After attending the workshop, participants will be able to do the following:
  o Identify vision changes associated with aging.
  o Identify at least two lifestyle practices that support vision health.
  o List three questions to ask an eye care professional.
Everyone's Vision Can Change With Age

- Some vision changes make it difficult to perform everyday activities.
- These changes can also impact one's feeling of independence.

Talking Points:
- As you age, you may notice changes in your vision.
- Vision changes can make it difficult to perform everyday activities, such as the following:
  - Reading or using a computer.
  - Walking safely (vision changes can make you more likely to trip over objects in your home or increase your risk of falling).
  - Taking medications.
  - Performing self-care and household tasks.
  - Driving a car.
• Having difficulty doing everyday activities can impact the ability to maintain independence and could contribute to anxiety and depression.
• By appropriately addressing your vision changes, you can maintain your everyday activities and independence and reduce associated anxieties or concerns.
• Now let’s look at some of those common vision changes and simple strategies to improve your vision.
Talking Points:

- Some changes in vision are common as we age.* These changes include the following:
  - Losing focus, making it harder to focus vision up close.
  - Noticing declining sensitivity, making it harder to distinguish colors, such as blue from black, or where an object ends and its background begins.
  - Needing more light to see well and more time to adjust to changing levels of light (e.g., going from a room that is dark to one that is brightly lit).
- Some people can age without ever experiencing changes in their vision or vision loss.

*Presenter Tip: Engage the audience by asking them if they’ve noticed any changes in their vision and, if so, what kind.
Talking Points:

- Vision changes do not have to stop you from enjoying an active lifestyle or maintaining your independence.
- Many times, vision changes may be corrected with glasses, contact lenses, or improved lighting.
  - For example, increasing the lighting in your home can help you avoid accidental trips and falls; night lights or automatic lights can be especially helpful when you enter a darkened room or if you get up to go to the bathroom during the night.
Talking Points:
- Vision loss and blindness are not a normal part of aging. However, as you age, you are at an increased risk for age-related eye diseases.
- These age-related eye diseases and conditions include the following:
  - Age-related macular degeneration (AMD)  
    [Pronunciation: MACK-you-luhr Dee-jen-er-RAY-shun]
  - Cataract  
    [Pronunciation: KAT-uh-rakt]
  - Diabetic retinopathy  
    [Pronunciation: Die-uh-BET-ick Ret-n-OP-uh-thee]
  - Glaucoma  
    [Pronunciation: Glaw-KO-muh]

*Presenter Tip: Ask participants if they have heard of any of these diseases and what they know about them.
Talking Points:

• Age-related macular degeneration is commonly referred to as AMD.
• This image shows what vision is like for someone with AMD.
• AMD is a common eye disease among people aged 60 or older.
• It gradually destroys the macula.
• The macula (small, sensitive area located in the center of the retina) is needed for sharp, central vision, and for seeing objects clearly.
• There are two forms: Dry AMD and Wet AMD
  o In Dry AMD, cells in the macula slowly break down and can cause blurry central vision.
  o In Wet AMD, abnormal blood vessels start to grow and can leak, which causes vision loss.
• Symptoms of AMD
  o There is no pain with AMD.
  o Some symptoms include blurry vision or straight lines that appear crooked.
• If you notice any sudden changes in your vision, see your eye care professional immediately.
• The following are some treatment options for AMD:
  o Special vitamin and mineral supplements.
  o Laser surgery.
  o Eye injections.
  o Photodynamic therapy, which involves a special drug that is activated by light.
Talking Points:

- A cataract is a clouding of the lens inside the eye. It cannot spread from one eye to the other.
- This image shows how vision appears when someone has a cataract.
- Over time, the cataract may grow larger and cloud more of the lens, making it harder to see.
- A cataract can occur in one or both eyes.
- Symptoms of cataract include the following:
  - Cloudy or blurred vision.
  - Colors may not appear as bright as they once did.
  - Light from the sun or lamps may appear too bright.
  - At night, light from oncoming headlights causes more glare than before.
• Treatment Options
  o Symptoms of early cataract may be improved with new eyeglasses, better lighting, anti-glare sunglasses, or magnifying lenses.
  o If glasses, lighting, or magnification do not help, cataract surgery is the only other effective treatment.
  o Cataract surgery
    ▪ Cataract surgery is one of the most common surgeries performed in the United States.
    ▪ The surgery involves removing the cloudy lens and replacing the lens with an artificial one.
    ▪ Some people with cataract may never need surgery.
    ▪ Many are able to postpone the surgery for years.
Talking Points:
• Diabetic retinopathy is a leading cause of visual impairment and blindness.
• This image shows what vision looks like for someone with diabetic retinopathy.
• It occurs when diabetes damages the tiny blood vessels inside the retina, the light-sensitive tissue at the back of the eye.
• The longer a person has diabetes, the more likely it is he or she will get diabetic retinopathy.
• If untreated, vision loss or blindness may occur.
• Symptoms
  o There are often no early warning signs or symptoms of diabetic eye disease.
  o Sometimes, however, blurred or blocked vision may occur.
• If you have diabetes, don’t wait for symptoms before having a comprehensive dilated eye exam.
• If disease is detected early, timely treatment and appropriate follow-up care can reduce the risk of vision loss or blindness by up to 90 percent.
• There are treatment options for diabetic eye disease, such as laser surgery, injections into your eye, or conventional surgery.
Talking Points:

- Glaucoma is a group of eye diseases that can damage the optic nerve in the eye.
- This image shows what vision is like for someone who has glaucoma.
- Glaucoma can develop in one or both eyes.
- It affects the peripheral, or side, vision.
- It is associated with elevated pressure in the eye, but the effect of the pressure can vary from person to person.
- Symptoms
  - There are no early warning signs or symptoms.
  - As the disease progresses, a person with glaucoma may notice that it is difficult to see objects to the side, while objects in front may still be seen clearly.
• Left untreated, straight-ahead vision may decrease until no vision remains.

• Treatment Options
  o The most common treatment options are medications, usually eye drops. It is very important to take medications as directed.
  o Laser surgery or conventional surgery is sometimes used.
  o Although glaucoma cannot be cured, it can usually be controlled through early detection and timely treatment.
Talking Points:

- What is low vision?
  - Low vision is defined as a visual impairment that is not corrected by standard eyeglasses, contact lenses, medication, or surgery. Low vision may interfere with the ability to perform everyday activities.
  - People with low vision may find everyday tasks difficult to do, such as the following:
    - Reading
    - Shopping
    - Cooking
    - Watching TV
    - Writing
    - Driving or getting around the neighborhood
• Causes of Low Vision
  o A few people develop low vision after eye injuries or from birth defects.
  o Most people develop low vision because of eye diseases previously discussed.
• While vision that’s lost usually cannot be restored, many people can make the most of their remaining vision. Vision rehabilitation teaches people about services and devices available to help them adapt to vision loss and maintain their independence.
Talking Points:

- These age-related eye diseases often have no warning signs or symptoms in their early stages.
- But if they are detected and treated early, vision loss and blindness can often be prevented.
- A comprehensive dilated eye exam can help detect age-related eye diseases in their early stages.
- Everyone aged 50 or older should have a comprehensive dilated eye exam. Depending on your specific eye health needs, your eye care professional will tell you how often you need to have one.
- An eye care professional is an ophthalmologist or optometrist.
  - An ophthalmologist is a medical doctor who specializes in eye health and eye care. Ophthalmologists are specially trained to provide the full spectrum of eye care, from
prescribing glasses and contact lenses to performing complex and delicate eye surgery.

○ An optometrist is the primary healthcare professional for the eye. Optometrists examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system, the eye, and associated structures. They also identify related systemic conditions affecting the eye.
Comprehensive Dilated Eye Exams

- Not the same eye exam for glasses or contact lenses.
- Detects eye diseases in their early stages.

Talking Points:
- Comprehensive dilated eye exams are not the same eye exams you get for glasses or contact lenses.
- Comprehensive dilated eye exams involve dilating the pupil and are needed to determine if your vision is normal and if your eyes are healthy.
- A comprehensive dilated eye exam can detect eye diseases in their early stages. It can also detect other common vision problems for which you might need glasses or contact lenses.
Talking Points:

- These common problems include the following:*
  - **Presbyopia:**
    [Pronunciation: Prez-bee-OH-pee-uh]
    You lose the ability to focus up close. For example, the letters of the phonebook are too small or you have to hold the newspaper farther away from your eyes to see it clearly. At the same time, your ability to focus on objects that are far away remains normal.
  - **Farsightedness:**
    You have trouble seeing objects far and near (especially near). Farsightedness is also called hyperopia.
- **Nearsightedness:**
  You can clearly see close objects, but distant objects are blurry. Nearsightedness is also called myopia
  [Pronunciation: My-OH-pee-uh].
- **Astigmatism:**
  [Pronunciation: Uh-STIG-muh-tiz-uhm]
  Your eye cannot focus clearly. Astigmatism rarely occurs alone. It usually accompanies farsightedness or
  nearsightedness.

*Presenter Tip: Before defining each of these, see who has heard of these terms and who can define them individually as you go through the list.*
Talking Points:

- Comprehensive dilated eye exams allow your eye care professional to take a good look at the inside of your eyes to detect any possible signs of eye diseases or conditions.
- A comprehensive dilated eye examination involves the following:
  - Drops are placed in the eyes to dilate or widen the pupils (the round opening in the center of the eye).
  - The eye care professional uses a special magnifying lens to examine the retina (the light-sensitive tissue at the back of the eye) and optic nerve (the bundle of fibers that sends signals from the retina to the brain) for signs of disease.
• After the examination, your close-up vision may remain blurred for several hours.
• Be sure to bring your sunglasses or your eye care professional may provide temporary protection to help reduce the glare until your pupils return to their normal opening.
• You may want to have someone drive you home after you’ve had your eyes dilated.

*Presenter Tip: Ask the audience members to raise their hands if they have had a dilated eye exam in the past year.
Talking Points:

- A comprehensive dilated eye exam can only be performed by an ophthalmologist or optometrist.
- This illustration shows how much more of the back of the eye that the eye care professional can see when the eyes are dilated.
- Medicare will pay for a dilated eye exam for people with diabetes. It will also pay for dilated eye exams for detecting glaucoma if you have diabetes, have a family history of glaucoma, are African American and aged 50 or older, or are Hispanic and aged 65 or older.
Talking Points:

- The most important thing you can do to protect your vision is to visit your eye care professional for a comprehensive dilated eye exam, even if you aren’t experiencing any vision problems.
  - Be sure to tell your eye care professional about any medications you are taking. Some may have side effects that can affect your vision.
  - Your eye care professional can tell you how frequently you need to come back for follow-up examinations.
- Your eye health is related to your overall health. A healthy lifestyle can protect your vision.*

*Presenter Tip: Ask the audience for suggestions on how they can protect their vision.
Talking Points:
- There are some additional things you can do to protect your vision:
  - Stop smoking.
  - Eat a diet rich in green leafy vegetables and fish.
  - Discuss taking vitamins and supplements for your eyes with your primary care doctor and/or eye care professional. They can help you determine which formulation and dosages are best for you.
Talking Points:

- Do something physically active every day, such as exercising, gardening, or walking.
- Maintain normal blood pressure.
- Control diabetes (if you have it) to prevent eye complications from diabetes.
Talking Points:
- Wear sunglasses and a brimmed hat anytime you are outside in bright sunshine.
- Wear protective eyewear when working around your house or playing sports.
Questions To Ask Your Eye Care Professional

- Am I at higher risk for eye disease?
- What changes can I expect in my vision?
- Will the changes in my vision get worse?

Talking Points:

- It is important to have good communication with your eye care professional.
- Have a list of all your questions and concerns ready when you visit your eye care professional.
- Here are some examples of questions you should ask.*

*Presenter Tip: Ask the audience what additional questions they might have for their eye care professional.
Can the changes in my vision be corrected? How?
What can I do to protect my vision?
Will diet, exercise, or other lifestyle changes help?

Talking Points:
• These are some additional questions to ask your eye care professional.
Talking Points:

- Let’s recap what we’ve learned today:
  - Make your vision a health priority to maintain your sight and your independence.
  - Remember that some vision changes are normal as you age. But vision loss and blindness are not a normal part of aging.
  - If you are aged 50 or older, having a comprehensive dilated eye exam is the best thing you can do to prevent vision loss and protect your sight.
  - Talk to your eye care professional about your eye health and your risk factors for eye disease.
  - Don’t be afraid to ask your eye care professional questions.
• Does anyone have any questions? Your eye care professional is the best person to ask specific medical questions.
• On behalf of the National Eye Institute (NEI) and (name of your organization), thank you for attending this workshop. Please be sure to visit NEI’s Website or call NEI for more information. You can also contact me or visit our website at ______ for more information.
Talking Points:

• The National Eye Institute, part of the National Institutes of Health, conducts and supports research to help prevent and treat eye diseases and other vision disorders.
• If you use the Internet, here is a website for more information on eye health.
  o NEI’s Website offers scientifically accurate and unbiased information related to eye diseases and disorders and vision research.
  o NEI’s Healthy Eyes Website provides tips and information on keeping your eyes healthy and your vision at its best.
• If you don’t have a computer or surf the Internet, you can call NEI and get information, as well.

Visit the Healthy Eyes Website:
www.nei.nih.gov/healthyeyes

Or call NEI at 301-496-5248