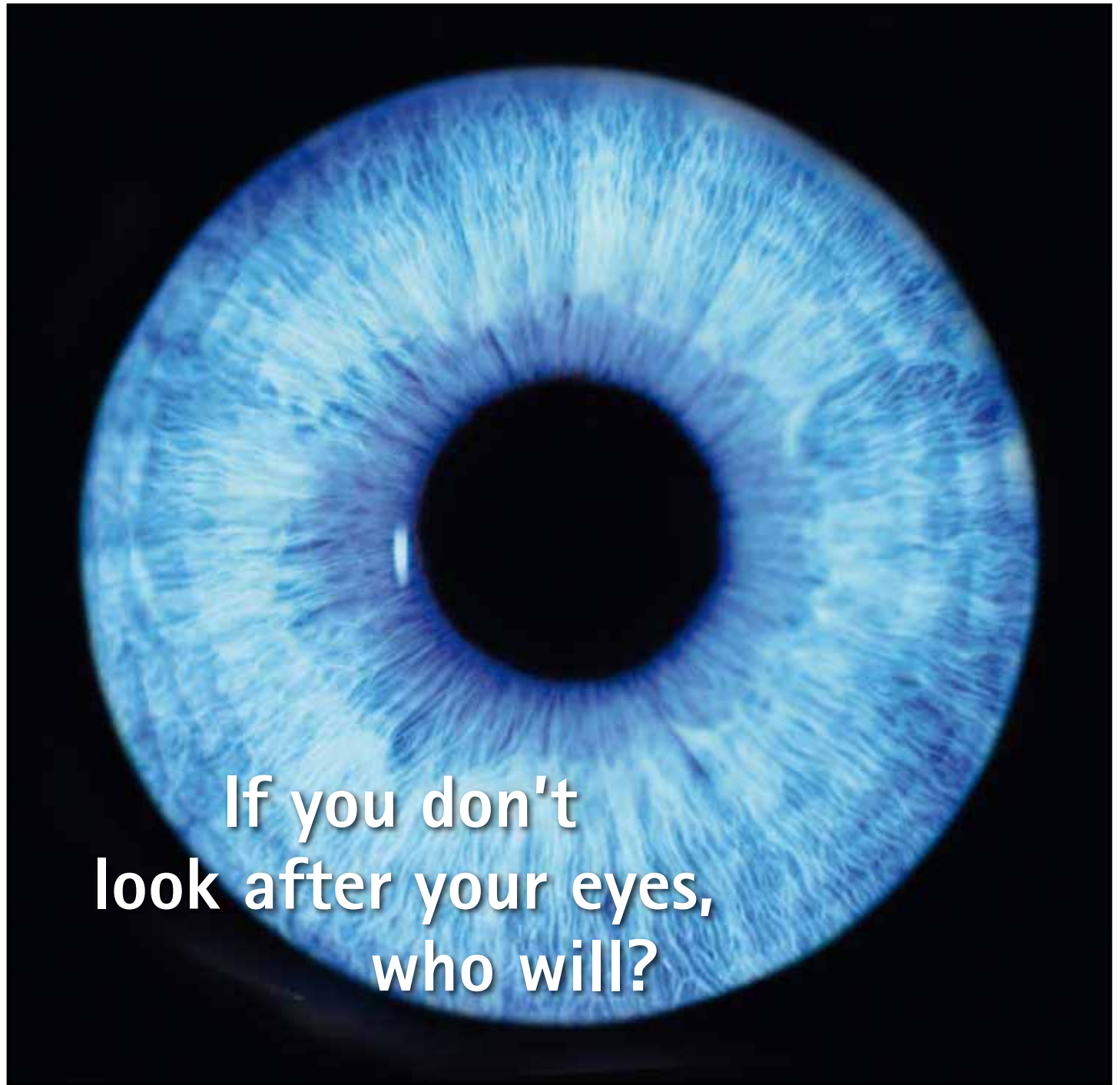


InSight InSight

AN INDEPENDENT PUBLICATION BY PROVISA ABOUT EYE CARE, DISTRIBUTED IN THE DAILY TELEGRAPH

MAY 24, 2008



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A look at the future

• *Professor Alistair Fielder FRCP FRCS FRCOphth, Professor Emeritus of Ophthalmology at City University, London, Senior Medical Adviser and Trustee of Fight for Sight*

Every one of us knows someone with poor sight and we can all imagine the impact of visual impairment – from the irritation of holding the newspaper ever further away to being unable to read, drive or even live independently.

There are about 2 million people with sight problems in the UK. Britain's population is ageing and the numbers seriously affected by sight loss will rise significantly. The cost of this in personal and social terms is enormous. It is appalling that about half of current sight loss is treatable or preventable.

The recently launched UK Vision Strategy, an initiative of Vision 2020 UK, aims to tackle the reasons why people are living with avoidable sight loss. The strategy calls for the raising of public awareness about eye health and the need for regular eye examinations. It emphasises the need to enhance and improve the co-ordination of services and the inclusion in society of people with sight loss.

For people with untreatable sight loss, research into new therapies is vital. Fight for Sight focuses its resources on finding these new therapies as well as supporting research into the early identification and improved treatment of many eye conditions.

In April 2008, the team at the UCL Institute of Ophthalmology and Moorfields Eye Hospital announced the results of the world's first clinical trial of gene therapy for inherited blindness. The team, with support from Fight for Sight, were able to improve vision for a patient with an inherited retinal disease previously considered wholly untreatable. It is hoped that this will pave the way for the development of approaches for a broad range of eye disorders.

Funding bodies, including governmental as well as charities, must recognise the need for such research to enable the development of new ways to prevent and treat such conditions as age-related macular degeneration, diabetic retinopathy and glaucoma.

I hope that this report will increase your understanding of what you can do to enhance your own eye health and what needs to be done to address the causes of sight loss in the UK. ●

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Where to look for more information:

- **Fight for Sight** is the UK's leading charity dedicated to funding world class research into the prevention and treatment of blindness and eye disease. Tel: 020 7929 7755 www.fightforsight.org.uk
- **Vision Aid Overseas** is a charity dedicated to helping people in the developing world whose lives are blighted by poor eyesight, particularly where spectacles can help. Tel: 01293 535016 www.vao.org.uk
- **Royal National Institute of Blind People** – RNIB – supporting blind and partially sighted people. Tel: 020 7388 1266 www.rnib.org.uk
- **The Partially Sighted Society** – helping those with a visual impairment make the best possible use of their remaining sight. Tel: 0844 477 4966
- **The Eyecare Trust** exists to raise awareness of all aspects of ocular health, the importance of regular eye care and good eye wear. Tel: 0845 129 5001 www.eye-care.org.uk

Eye tests are vital to *all-round* health

The eyes have been referred to as 'windows to the soul' by poets over the centuries but, actually, they are windows to much more than that. The eye is the only part of the body which a trained person can peer in to and pick up, not only eye disease, but also symptoms of other illnesses.

To look inside the human body doctors normally need to make an incision or insert a camera but ophthalmologists can get a very similar insight to a person's health just by peering in to the tiny hole the pupil offers. This can tell a trained expert many things about a person's state of health and so can

provide an early warning of general, systemic problems.

As Rob Hogan, President of the College of Optometrists, reveals, this means that is absolutely vital for people to have their eyes checked at least every two years.

"The retina has tiny blood vessels

running through it that can show up signs of systemic problems that could be affecting other parts of the body," he says.

"These tiny blood vessels will bulge and change shape if a person is suffering from, say, hypertension or diabetes, because there's a build up of pressure. It's just like if you stand on the hose in the garden, the pressure builds up and you get a bulge.

"An optometrist spends their life doing this so they know how to spot an abnormality; it leaps out at us when we peer on to the retina. The majority of people coming to us will have no problem but around 4% or so will be referred to their GP or a hospital to seek further treatment.

"You'd be surprised at how many times a person will end up thanking their optometrist for spotting a condition way before they felt the symptoms so they were able to get early treatment."

Checks for all

It is for this reason that people need to realise that regular eye tests are essential even if people feel they do not need to wear glasses, Hogan reemphasises.

"People often don't realise how important it is for them, and their whole family to have their eyes checked every two years," he explains. "The normal response is that if people don't feel they need glasses they don't feel the need to go for eye examinations.

The problem is, that means they often only turn up when their vision is impaired and by then irreversible damage may have been done to their eyes.

"Prevention really is better than cure, so the sooner you have your eyes examined, the sooner any health problems can be treated. You really shouldn't wait until you find your arms aren't long enough to read any more, before you make an appointment."

Hogan points out that is ironic that people rarely think twice about visiting the dentist yet seem to only think about going to an optometrist when they suspect they might need glasses. "Some eye diseases have pain associated with them but most don't, so I think, generally, people don't fear pain in their eyes like they fear pain in their teeth so they end up seeing a dentist regularly but not an optometrist," he points out.

"It's a great shame because there can be damage being done to their health which they can't feel and it can continue without an eye appointment. When people do make an appointment, I really advise they take their children so they get used to seeing parents having their eyes tested so it seems like a normal part of everyday life which they will continue with in to adulthood."

Hogan also insists that diet can play an important role in combating eye damage. By eating a healthy, balanced diet that is low in fat, sugar

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The *importance* of PROTECTION

The sun's Ultra Violet (UV) rays can have a devastating effect on the eye over the years, raising the risk of cataracts as well as 'burning' parts of the retina.



Hence, sunglasses are not just a fashion accessory, they are a vital part in combating eye damage. Whilst an

optician will be able to ensure a spectacle wearer gets a pair of prescription sunglasses, or glasses which 'react' to

sunlight, they are also able to help a person who does not need eye correction get the right sunglasses.

Protecting eyes

Crucially, an optician can also ensure that the lenses in sunglasses are safe because people may not realise that the wrong lenses can actually do more harm than good. "You need lenses which offer UV400 protection to get the best protection from the sun," points out James Conn, of Specsavers. "If you don't have this protection the dark lenses can make your pupil open up but then, as it doesn't have the proper UV protection, it actually ends up letting in more harmful UV rays." Also, recent research from Dolland & Aitchison suggests one in four people do not know that UV400 offers the best protection and one in ten do not know what a UV rating is.

Expert advice

Once a person has realised the importance of seeking professional

advice on sunglasses, an increasing number are opting for 'transition' or 'reaction' lenses, according to James Conn, because they offer the convenience of protection from UV rays without having to change glasses. However, they are not well suited to some driving conditions because UV is already filtered out by modern windscreens so there is often not enough reaching the glasses to prompt them to darken. Hence, Conn advises sunglass buyers to also consider polarising lenses, which are his favourite. "They're great, you only have to try them on to see the difference," he says. "They're great at cutting down on glare when you're skiing or when the road's wet and the sun's shining on it."

Whichever lens a consumer chooses, the enduring advice remains the same. The best way to ensure you are protected from UV rays is with lenses that truly offer UV400 protection and so it is best to always make sure sunglasses are bought from a reputable source, preferably an optician. ●

THE DEFINITION OF DRY EYE

Dry eye, which is one of the most common diseases of the eye, develops when a reduction in the quantity or quality of tears occurs.

Any condition that reduces the production, alters the composition or impedes the distribution of the tear film on the cornea can lead to instability of this protective shield. Instability causes the tear film to break up earlier than normal, leading to the formation of dry spots on the cornea. If not rectified, this can lead to dry eye.

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Gene therapy breakthrough OFFERS HOPE

It is rare for doctors to talk about trial treatments having the potential to be revolutionary but, if successful, that is the term researchers at UCL and Moorfields Eye Hospital in London are using to sum up the impact of a gene therapy treatment they are pioneering.

After its first year of trials, the doctors have proven their main objective, that it is a safe procedure, but have also managed to improve the sight in one of the volunteers.

The gene therapy, which the UCL Institute of Ophthalmology and Moorfields Eye Hospital are co-developing, with funding from Fight for Sight, is hoping to provide a future treatment for Leber's Congenital Amaurosis (LCA). This is one of several untreatable conditions, referred to generically as 'retinal dystrophy', which is the most common cause of blindness in young people in the developed world. It is an inherited disease where people are born without

a gene (known as RPE65) that is essential to the retina developing and functioning properly. Those with LCA suffer from poor night and dim light vision from an early age, and, as the retina further deteriorates, are rendered blind.

Replaced gene

The trial treatment is aimed at giving a patient's retina the necessary gene to allow it to function better. In the trial, so far, this is done through delicate surgery in which the gene is injected in to a third

of the retinal area in the volunteer's worst eye. The whole retina was not treated in the first year of trials because, as Professor Robin Ali at UCL explains, the initial phase has been about safety.

"We had to prove this can be done safely and so we worked only with young adults and with those who were seriously affected by the condition," he says.

"We worked on their worst eye and didn't treat the whole retina just in case the treatment proved unsafe. Basically, we were working with people who didn't have a lot to lose but were happy to help us demonstrate that the treatment can be carried out safely and, at the same time, hopefully experience some improvement in their sight."

This is exactly what happened to 18 year old Steven Howard, one of the three first volunteers to have the gene therapy treatment. He reported a small but noticeable improvement in dim light conditions following on from treatment. "At first I could not see

after a week, then gradually even better until it was back to normal," he reveals.

"Now, my sight, when it's getting dark or it's badly lit, is definitely better. It's a small change - but it makes a big difference to me. Before the operation, I used to rush home from college when it started to get dark because I was worried about getting around. Now I can take my time and stay later at college if I need to, for band rehearsals and things like that."

Trials go on

This has encouraged the team to plan to include younger patients in their second year of trials because it is hoped that patients who have been affected for a shorter period of time should show clearer signs of improvement.

"We weren't expecting major improvements with the adults in their trials because they've been affected by the condition for so long that it's very hard to reverse it," Ali says.

"Children are different. They won't have had LCA for so long so there will be less damage to the eye and so, we hope, more chance of improvement."

Professor Ali is quick to point out that the work at UCL and Moorfields is not a current treatment but it may be in years to come if further trials prove that, beyond being safe, it also improves patients' sight. As such he sums up this Spring's first trial results as "a breakthrough, not yet a treatment". ●

“Before the operation, I used to rush home from college when it started to get dark because I was worried about getting around”

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Diabetes: Silent *thief* of sight

If you were asked to name the leading cause of blindness in the working age population, you would probably expect it to be related to difficult births or teenage motoring accidents but, you may be surprised to hear, it is actually diabetes.

Whilst most people probably realise diabetes is a condition where the body does not produce any (type 1) or enough (type 2) insulin to turn blood glucose in to energy, many may not realise the devastating impact the condition can have on the body.

The main problem is that glucose is a sticky substance and so, if it is not absorbed properly by the body, it can cause blood to become 'sticky' and so adhere to the side of blood vessels, restricting blood flow. This leads to problems in parts of the body where there are small veins, including the eye, and it is for this reason that people living with diabetes are offered free eye tests.

The only treatment for type 1 diabetes, which is normally diagnosed in childhood or teenage years, is insulin injections. These mimic the body's naturally-produced hormone which 'unlocks' the door to glucose so it can be absorbed and turned in to energy, preventing it from remaining in veins where it can potentially restrict blood flow. Type 2 diabetes occurs later on in life and, usually, pills are prescribed to help a person produce more insulin and get the most out of the insulin they are producing.

Either way, getting blood sugar levels constant can be difficult and so, even when someone is diagnosed with diabetes and receiving treatment, it is of paramount importance they have

an annual eye check which includes a full examination of the retina, insists Jemma Edwards, Care Advisor at Diabetes UK, a charity dedicated to supporting people living with diabetes.

“Eat a healthy balanced diet that is low in sugar, fat and salt and exercise for half an hour per day, five days per week”

“A full retinal screening each year is different from a standard eye test,” she says.

“It involves taking an image of the retina to make sure there are no abnormalities and that picture will then be sent to a GP. This should happen for every person diagnosed with diabetes, although in some instances it doesn't and, if people are in doubt, they need to raise the issue with their GP.”

Healthy living

The main dietary advice to improve eye health for people living with diabetes is exactly the same as those not living with the condition. This can sometimes

come as a surprise, Edwards points out.

“People often think that if you have diabetes you have to follow a very different diet or health regime but healthy eating advice is the same for everyone,” she says.

throughout the day to ensure energy levels are constant.

Get tested

Of course the damage done to eyes caused by diabetes happens whether or not a person has been diagnosed and so the advice from Diabetes UK is that people should get checked for diabetes if they feel they are suffering from any of its symptoms. These include being thirsty all the time, urinating more frequently, having wounds that do not heal as easily as normal, general lethargy and genital itching (caused by too much glucose feeding bacteria which can cause thrush).

If in doubt a chilling statistic to bear in mind is that, according to Diabetes UK, one in five adults that are diagnosed as having type 2 diabetes already have some form of 'retinopathy', or damage to the retina. So, for the sake of a simple blood test at a GP's clinic, or even in some pharmacy chains, it is well worth being tested because many people can have type 2 diabetes for a decade or more before they are finally diagnosed. All the time the condition is untreated, damage could be occurring to their retinas and it will carry on happening until they are diagnosed and can start taking greater control over blood glucose levels and get booked in for an annual retinal examination. ●

AMD Early Warning Signs Revealed

AMD is the leading cause of blindness in the over 50s. Opticians are now able to assess the condition of your macular, and suggest dietary changes if considered necessary, thanks to a new five minute, painless, screening test. The Tinsley MPOD™ is set to make macular screening as easy as cholesterol testing.

Visit www.macular-disease.org.uk or call 01634 662300 to find your nearest optician offering screening



Saying goodbye to specs and lenses

Nobody wears glasses or contact lenses out of choice and so it is not surprising that many have sought, or are considering, laser treatment.

To the cynic it can sound too good to be true; a laser can be shone in their eyes and within a couple of days their sight is restored. If you actually ask people who have had the procedure done, though, the response is overwhelmingly positive.

Choosing a reputable laser clinic is of paramount importance, of course. Some operators are renowned for overcharging, urging patients that there is not worth 'compromising' on their eyes, and others have a habit of pushing people in to laser procedures, driven by commission – a push which can often mean ineligible patients turn up for treatment but are sent home because laser correction is either impossible or would lead to minimal improvement.

This is what has prompted Accuvision, with clinics in London, Birmingham and Leeds, to set up a different business model. Its potential and existing clients are seen by the same optometrist before, during and after treatment and the latest equipment is on hand so eyes are properly checked to ensure a person can be told there and then if laser treatment is possible and would be beneficial. Crucially, none of the optometrists are on commission and so are not under pressure to sell laser correction or 'upsell' additional treatments.

First hand stories

The InSight writing team spent an afternoon at Accuvision's clinic in

Parsons Green, south west London to ask clients and potential clients what their experiences with laser care had been so far.

One patient, Jean, had come all the way from Hartlepool because the equipment in the London clinic is sophisticated enough to judge whether borderline cases, like her, have a cornea that is thick enough to allow treatment.

Most laser treatments reshape the cornea but to do so, a tiny, circular slither of eye lining needs to be removed by a surgical scalpel or laser to ensure the eye is not compromised. The circular piece regrows or reattaches itself in a short space of time and, of course, the whole procedure is carried out under a local anaesthetic. Jean's understandable nerves were turned in to elation when the clinic was able to treat her and was amazed by the colours she saw during the procedure. Whilst patients need at least a day or two for their sight to improve she was 'sure', despite eyes watering with drops, that she could read the ticker at the bottom of the BBC News 24 channel on show in reception.

Free to ski

Jackie, who does the administration for her husband's hairdressing salon in Cheam, Surrey, was attending a one year post-op check-up and was full of the benefits of having her eyes 'back'. Like many people approaching 50, or over 50, she was given monovision.

This saw her dominant eye corrected for long vision and her weaker eye corrected for near vision so that, thanks to some filtering in the brain, her sight is restored.

"It's just great not to have to wear glasses under my goggles when I ski and just jump in and out of a pool or



Jackie

the sea on a summer holiday without thinking about it," she enthuses.

"I used to do aqua aerobics in my glasses because I could only wear contacts for three hours before they started to be too sore. So it's been great to get proper sight back and the surgery 'took' instantly. I must have looked like a mad woman walking around the clinic as I left shouting out 'I can see, I can see!'"

An end to blur

Justine, a clerical worker from Sussex was recommended by a friend to visit the Parsons Green clinic because she has had enough of wearing glasses

or, rather, she has had enough of not wearing her glasses.

"I absolutely hate them so I don't wear them and so I walk around in a bit of a blur," she laughs.

I'd been thinking about laser surgery for quite a while and got a quote for £4000 near where I live but a friend told me to come to London and I was really surprised I've just been quoted £2000. I just feared coming to London would make it more expensive."

She claimed to have very few nerves about booking a slot a week later for her corrective surgery because, "the technology's been around for ages now and a couple of friends have had it done and are really happy with the results". Like many booking a treatment she had just lost a pair of glasses and thought the £300 or so it would cost to replace them would be far better put in to a longer-lasting procedure. ●



Justine

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You've been framed



There is no getting away from it, a decade or two ago, nobody would probably have considered eye wear as a fashion statement. For a generation who grew up with a basic choice of NHS tortoiseshell or black plastic frames, wearing glasses was always a necessity that rarely offered a chance to look good at the same time.

This has all changed in the past few years as major designers have realised that spectacles are one of the most important accessories anyone will wear. You can change your watch, bracelet and hairstyle but change your spectacles and people will instantly know something about you has changed.

Look in an optician's window today and it is a little like looking in to a fashion store with branded frames from names you would most normally expect to be dressing the rich and famous on red carpets at premieres around the world.

Tech advances

However, fashion is not everything. Whilst the look and design of spectacle frames have progressed greatly in just the past few years alone, so too has technology. In fact, this is the area that Erin Walsh, Marketing Manager at eyewear manufacturer, Silhouette, believes people should concentrate on, as well as design.

"Of course people want their glasses to look good but we always argue people shouldn't just be slaves to fashion, they really need to think about the technology in frames that can give them extra comfort," she points out.

"We put a lot of research effort in to making glasses as light as possible so they are comfortable and don't push down on the nose, which is something you really notice when the weather gets warmer. Since the early '90s, we have also made many frames which don't have tiny screws that can pop out and send you hunting for an optician to screw them back in. We've always found it really ironic that people who wear spectacles are expected to hunt around for the tiniest screw imaginable when their glasses fall apart." It was this lightweight and no-screws design which led to NASA equipping its astronauts with Silhouette's Titan Minimal Art frames which weight just 1.8g.

Top tips

As for advice in picking the right frames, style can be highly personal but there are some general rules which

people may want to consider when making a choice. The first is to consider the shape of their face with accepted wisdom suggesting frames should not mimic, but rather contrast, face shape.

Hence angular frames can provide a contrast to round faces, whilst square faces with a pronounced jaw and bone structure can be complimented by curved frames. Also the upper line of frames normally looks most flattering when it runs just below and parallel to the eyebrows and spectacles should always rest on the bridge of the nose; too high up and the length of the nose is exaggerated and too low down and the wearer is instantly aged.

Finally, glasses always look most natural when the pupil is in the centre of the frame, so bear this in mind if considering frames with a large lens area that might not keep the centre of the eye in the centre of the frame. ●



Dry, itchy, gritty eyes?

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