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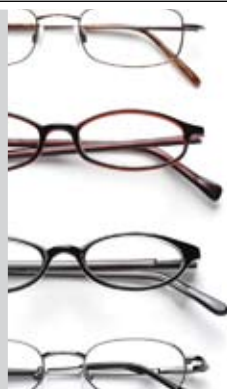
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CONTENTS

- 2 Foreword by AOA
- 3 Providing Sight to Chicago's Neediest
- 3 Help Keep Eyes Healthy
- 4 The Myth of Astigmatism
- 4 The Ins and Outs of Contact Lenses
- 5 Glaucoma: Silent Vision Killer
- 5 Advances in Laser Eye Surgery
- 5 Know The Options in VisionCare
- 6 Panel Of Experts
- 7 UV Protection
- 7 Combating Macular Degeneration
- 7 Advances in Treating Cataracts

MEDIA PLANET

VISION & EYE HEALTH MANAGEMENT

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A Lifetime of Clear Vision

BY: PETER H. KEHOE, O.D., PRESIDENT, AMERICAN OPTOMETRIC ASSOCIATION

Most Americans consider vision the most important of the five senses. Unfortunately, it is sometimes taken for granted by many Americans who do not receive thorough eye and vision examinations on a regular basis. Some problems have no obvious signs or symptoms and because of that, people are often unaware that a problem exists. Early diagnosis and treatment is the key to maintaining good vision and eye health.

Regular eye exams and professional care should start early in life. Good vision is a critical factor in a child's growth, development, and academic progress since so much of what is learned comes through one's vision. Children with vision problems may have a difficult time with their schoolwork. Often, very young children will not complain about their vision problems because they may not realize that everyone does not see the world as they do. The American Optometric Association (AOA) recommends eye exams by a qualified eye doctor at six months of age, at age three, before starting school, and every two years thereafter. For those children considered at risk, your doctor of optometry may recommend more frequent exams.

It is equally important for adults to receive regular eye exams. Exams are

needed in order to keep prescriptions current and to check for eye diseases, and can often offer indications about an individual's overall health. The AOA recommends adults ages 19 – 60 receive an eye exam at every two years. Those 61 and over should receive eye exams annually. If you are at risk for eye problems due to family history, diabetes, or high blood pressure, more frequent exams may be recommended by your optometrist.

In addition to regular comprehensive eye exams, here are some other things you can do to help maintain your vision:

- Eat a healthy, low-fat diet rich in green, leafy vegetables and a variety of foods loaded with key nutrients
- Don't smoke—Smoking exposes your eyes to high levels of harmful chemicals and increases the risk for developing age-related macular degeneration (AMD) and cataracts.
- Wear sunglasses—By wearing sunglasses, you are protecting your eyes from damaging ultraviolet (UV) radiation. Studies have shown that exposure to small amounts of UV radiation over a long period of time increases the chance of developing cataracts.

The American Optometric Association and its members are committed to

improving the quality and availability of eye and vision care. As part of that commitment, Optometry's Charity™—the AOA Foundation, manages InfantSEE®, a public health program designed to ensure that eye and vision care become an integral part of infant wellness care to improve a child's quality of life. Member optometrists provide a no-cost comprehensive infant eye and vision assessment to all infants regardless of ability to pay or access to insurance coverage.

It is our hope that you will find a

wealth of helpful information in the articles that follow to enable you to have a lifetime of healthy vision.

Please visit www.aoa.org, or www.infantsee.org, for more information or to find a doctor of optometry near you.



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Providing Sight To Chicago's Neediest

BY: KIRK VAN HYNING

In 2001, the Illinois College of Optometry's Illinois Eye Institute (IEI) initiated the Vision of Hope Health Alliance (VOHHA), a Chicagoland program to extend eye and physical health services to those with incomes less than 200% of federal poverty guidelines. VOHHA is a model attempt to provide eye exams and primary eye care to low-income, uninsured Chicago residents. In addition to receiving comprehensive eye exams at no out-of-pocket cost, patients may be referred to primary care providers for other medical issues. Led by the IEI, VOHHA

is a consortium among community service agencies, federally qualified health centers (FQHCs), and funding partners. Initially called the Vision of Hope program under medical director Eileen M. Gable, O.D., the program was funded by the state and Washington Square Health Foundation. Initially, it only served patients ages 40 and over. Since then, over 10 individual partners besides Washington Square Health have funded the operation; the Robert Wood Johnson Foundation alone has given \$500,000 over four years and its services have been expanded.

Patients are referred via the partner agencies including the Salvation Army, Teen Challenge Chicago, and Cornell Interventions. Despite the overwhelming demand for coverage, none of the health centers have rescinded their charitable services; 805 patients were in the pilot program, 529 (66%) of whom were referred from a community service agency. Of those, 310 moved on to an FQHC. Since June 2005, over 3,000 uninsured patients have received eye exams without having to pay for those services and glasses.

Vincent Brandys, O.D., the Senior

“...certain eye conditions have no symptoms...”

Director for Governmental Relations and Advancement for IEI, points out that since certain eye conditions have no symptoms or are caused by non-ocular diseases, it is often necessary to screen for other medical issues. He notes that diabetes is the leading cause of vision impairment in the United States, one of several illnesses that can contribute to vision loss (e.g., hypertension and heart disease). He estimates that over 45 percent of all patients who receive

eye care from VOHHA are referred to an FQHC for primary coverage. Janis Ecklund Winters, O.D., VOHHA's medical director sums up: “Our long term goal is to positively affect quality of life through decreasing visual impairment, treating eye disease and recommending care with a primary care provider.” Brandys and Winters are leading the effort at IEI to increase awareness and the much needed funding of VOHHA to continue its impact in the Chicago community.

For more information visit: http://iei.ico.edu/community_out-reach/vision_of_hope.html

Regular Check-ups and Early Detection Help Keep Eyes Healthy

BY: MARLENE PITURRO

Protecting your precious vision begins with regular eye exams. Depending on your age, these

tests evaluate your acuity; diagnose eye diseases; and detect serious undiagnosed health problems including diabetes, hypertension and cardiovascular disease. Neil Crofoot, OD, America's Best Contacts and Eye Glasses area doctor, says: “We have standard tests but vision care is an art and science. Each practitioner customizes the comprehensive eye exam to detect and correct problems.”

Before the exam, the doctor will ask if you're having eye problems; wear glasses or contacts; your health problems including allergies; a family history of diabetes, cataract, glaucoma, hypertension, high cholesterol, heart disease, and any other systemic disease.

THE EYE EXAM

Various tests assess your acuity, the appearance and function of all parts of your eyes. To test your acuity, (how clearly you see from a distance), the doctor has you identify different letters from the Snellen chart 20 feet away. Moving down the chart, the lines of type get smaller. The doctor also checks

the muscles controlling eye movement by looking at your eyes as you move them in six specific directions.

If you wear corrective lenses, a refraction assessment, either computerized or manual, is next. It helps determine your prescription and is followed by your looking through a Phoropter, a device with wheels of different lenses that lets you judge what lens combination gives you the sharpest vision. Your doctor then tests for peripheral side vision loss using an automated sequence of lights that may reveal glaucoma and macular degeneration or disease progression.

The physician then dilates your pupils with eye drops, allowing him to see your retina, optic disk and

“Treated early, that saved her life, and I am so grateful.”

blood vessels that nourish the retina. Tonometry, a puff of air measuring intraocular pressure (IOP) symptomatic of glaucoma, completes the routine exam.

Dr. Crofoot, a strong vision care advocate, experienced personally how important routine eye exams are. “Over 20 years ago my mom, who had glaucoma, had a routine exam that detected a pituitary gland tumor that was cancerous. Treated early, that saved her life, and I am so grateful.”



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The Myth of Astigmatism

BY: EMILY ZYBOROWICZ

A common misconception among individuals with astigmatism is that they are limited to wearing eyeglasses or having refractive surgery to improve their vision. However, patients with astigmatism can also restore visual acuity by wearing toric contact lenses, which are specifically made to treat this condition. According to Visionworks' optometrist, Angelina Popovic, O.D., toric lenses have greatly improved in recent years, correcting even severe cases of astigmatism.

Toric lenses come in both soft and rigid gas-permeable varieties, and multifocal torics are available for those needing to correct for presbyopia, age-related loss of focus on near objects. Patients can choose disposable, frequent replacement, and extended wear forms.

Those with mild astigmatism can undergo corneal reshaping by wearing

specially-designed rigid gas-permeable contact lenses at night. This modifies the cornea and allows patients to see clearly during the day without glasses or contacts.

Astigmatism patients should have their contact lens prescription and overall visual health reevaluated yearly.



The Ins and Outs of Contact Lenses

BY: EMILY ZYBOROWICZ

With over 35 million wearers in the U.S., contact lenses are a popular alternative to wearing eyeglasses or having refractive, or laser, eye surgery. Newly available designs and materials make contact lenses a viable vision correction solution for most people who want them.

Soft lenses are the most common type of contact lens worn. Patients adapt to them quickly, and they offer many convenient wearing options including daily-wear and extended-wear disposables. According to Dr. S. Barry Eiden, O.D., chair-elect of the AOA Contact Lens and Cornea Section, silicone hydrogel lenses are the latest and fastest-growing offering in soft contact lenses. The increased permeability of these lenses permits oxygen to flow comparably to when no lenses are worn. Patients therefore have healthier eyes and in some cases can comfortably wear their lenses for up to 30 days and nights.

Although rigid gas-permeable contact lenses represent a very small percentage of new wearers, they offer benefits over soft lenses. These include a higher level of oxygen permeability, more deposit resistance, greater durability, and crisper vision, especially for those with specialized prescriptions. Rigid gas-permeable lenses also tend to be more cost effective due to their longer replacement schedule. However, patients typically opt out of even trying this type of contact lens due to the extended acclimation period, which can take from several days to more than a week.

A growing demographic in which contact lens use is increasing dramatically is people with presbyopia, a normal age-related change in vision that makes seeing near more difficult. Multifocal and monovision contact lenses can help these individuals see clearly from all distances. Whereas the design in multifocal contact lenses incorpo-

rates both the distance and near prescriptions in each lens, monovision contact lenses require that one eye wears a lens for seeing objects in a distance while the other eye wears a lens for seeing near.

With so many variations available, there are few cases in which contact lenses will be impossible to fit. Dr. Eiden stresses that because contact lenses are a medical device, requiring a prescription, prospective lens wearers should start with a professional evaluation, followed by an expert fitting and annual eye exams thereafter.





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Glaucoma:

The Silent Vision Killer

BY: MARLENE PITURRO

Glaucoma, a silent, insidious but painless eye disease caused primarily by elevated intraocular pressure (IOP), affects 2.2 million Americans diagnosed with the disease and another two million who have glaucoma but don't know it. Glaucoma damages the optic nerve, progressively disrupting the transmission of eye-to-brain signals. Regular eye exams every 1-2 years for people over age 40 and others with risk factors detect glaucoma early. Michael Chaglasian, O.D., FFAO and the Illinois Eye Institute's Chief of Staff says "Unfortunately, by the time someone has symptoms and sees a doctor it may be too late. There may be so much damage to vision that the person's independence is compromised."

Glaucoma occurs when eye fluid elevates the IOP, disrupting the balance between the fluid produced inside the eye and the amount drained. The excess fluid accumulation and increased IOP usually occur because the eye's draining channels, the trabecular meshwork, becomes blocked. Without symptoms to alert the glaucoma sufferer that there's a problem, over time the IOP increases, damaging the optic nerve and potentially leading to blindness.

The disease has several forms:

Open-angle (wide-angle) glaucoma—most common type. Eye structures appear normal but eye fluid doesn't flow properly through the trabecular meshwork

Acute-closure (acute, chronic) glaucoma—sudden IOP increase due to poor drainage because the angle between the iris and cornea is too narrow; or pupil opens too wide narrowing the angle and blocking fluid flow through the channel.

Ocular hypertension—a pre-condition characterized by elevated IOP with no signs of glaucoma; the optic nerve and visual fields appear healthy.

Glaucoma treatments include eye drops to reduce fluid formation or increase outflow; and laser surgery to increase eye fluid outflow in open-angle glaucoma or eliminate fluid blockage in angle-closure glaucoma

Dr. Chaglasian explains that ethnic groups such as African-Americans, Latinos, Chinese and Japanese, have higher risks of developing glaucoma than others. "This is a serious public health concern. We need to screen high risk populations, where perhaps five to ten percent of those screened have glaucoma," he says. Exacerbating the problem is that another at-risk population, the elderly, often ignore telltale glaucoma signs such as seeing halos around lights, peripheral vision loss or eye pain because they think that loss of vision is a normal part of aging. "Glaucoma is preventable but not reversible. Detecting it early is the best way to avoid devastating vision loss" he concludes.



Advances in Laser Eye Surgery

BY: MARLENE PITURRO

With a precise cut 280 times thinner than a human hair laser eye surgery (LES) corrects nearsightedness (myopia), farsightedness (hyperopia) and astigmatism so that, for most patients, eyeglasses and contact lenses are things of the past. Commonly referred to as LASIK (laser in-situ keratomileusis), laser eye surgery corrects vision by reshaping roughly 20 percent of the corneal tissue by cutting a flap so that the cornea can properly focus (refract) light into the eye and onto the retina.

Jonathan Rubenstein, MD, Vice Chairman, Department of Ophthalmology and Director of Refractive Surgery at the Rush University Medical Center, explains that LASIK surgeons create monovision; one eye is corrected to see close, the other for distance. Because, pre-surgery, both eyes receive the same image, it takes awhile after LES for the brain to adapt to processing separate images. "Overall, LES correction is for convenience rather than

total precision. For people who want more precision we correct for distance and then prescribe reading glasses," says Dr. Rubenstein. Results are similar to people in their 40's who never needed glasses to start using reading glasses resulting from presbyopia, the age-related loss of the eye's ability to change focus to see near objects.

Recent advances in LES include use of the excimer laser and the femtosecond laser, also referred to as 'wavelength' LES. Through wave front optimization, ultrashort pulses, and technology that locks onto to the cornea like a guided missile, patients with corneal aberrations who were disqualified before can now benefit from LES. The new technology is safer because the laser is 'locked' on target, so a patient's head movement won't cause damage. Another innovation, LASEK, is similar to LASIK except that there is no cutting or scraping of the eye. Instead, physicians create a corneal flap using an alcohol solution; hence 'bladeless'

LES. Dr. Rubenstein notes that vision results and recuperation time of traditional and bladeless LES are equivalent, but that LASEK is more expensive. He estimates that Chicago area LASIK fees are \$2000 to \$2500 per eye, usually not covered by insurance. While most patients with myopia, hyperopia and astigmatism can benefit from LES; it is contraindicated for those with corneal abnormalities or damage, severe dry eyes, glaucoma, and cataract.

Beyond LASIK, Dr. Rubenstein performs advanced corneal microsurgery that can help restore vision lost to various eye diseases. "With new developments we cut recovery time from a year to three months and reduce the number of stitches required and possibility of rejection. It's very exciting," he concludes.

Know the Options in Professional Vision Care

BY: RICHARD LEONARD

Eye exams are crucial to protecting vision because they can detect problems at their earliest, most treatable stages. Yet many people are not aware that they have vision problems because they have not had their eyes examined regularly and may not understand the options in choosing an eye care professional

"Regular eye exams are very important," says Anna Marzec, O.D, an optometrist with Visionworks in Chicago. "Many people go through their lives not knowing that they have vision problems. A recent patient was a man age 37 who had lived for years without realizing that he had blurred vision."

Paul A. Sieving, M.D, director of the National Eye Institute, adds: "It is essential for adults to have accurate informa-

tion to help them make informed decisions about their eye health needs."

Choosing an eye care professional for regular exams and ongoing needs is a matter of personal preference and your eye health status. The three types of vision care professionals are optometrists, who complete four years of professional education after college; ophthalmologists, who are medical doctors specializing in eye and vision care; and opticians, who fill lens prescriptions

Optometrists provide primary eye care services. They diagnose conditions such as nearsightedness, farsightedness, and astigmatism, and prescribe glasses, contact lenses, low vision rehabilitation and medications. Optometrists also diagnose eye dis-

eases such as glaucoma, cataracts, and retinal diseases, and in some states treat them.

Ophthalmologists are M.D.'s who provide complete eye care, from prescribing glasses and contact lenses to delicate eye surgery. They complete four years of medical school, a year of internship, and a minimum of three years of hospital residency. Ophthalmologists' training covers all aspects of eye care, including prevention, diagnosis and medical and surgical treatment of eye conditions and diseases. Opticians have a 1-2 year accreditation program and work with optometrists and ophthalmologists, filling their prescriptions for vision correction.

Panel of Experts



RICHARD E. WEISBARTH, O.D., F.A.A.O.
VICE PRESIDENT & AMERICAS REGION HEAD
OF PROFESSIONAL DEVELOPMENT & PART-
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Why is it important to follow my contact lens replacement schedule?

Today's economic environment pressures individuals to delay purchases. While consumers are unwilling to give up contact lenses, some are apt to extend their life to save money. In a CIBA VISION sponsored study conducted among U.S. contact wearers, the Centre for Contact Lens Research, University of Waterloo, found 26 percent of participants who stretch their lenses cited saving money as a reason. Non-compliance with replacement schedules may however, impact your comfort, health and vision. Here are some helpful tips:

- **Ask for lenses that "fit" your lifestyle.** Replacing contact lenses on schedule is important. Daily and monthly lens replacement is easy to remember. Ask your doctor which lenses are right for you.
- **Know when to replace.** Many contact lens wearers don't know when to replace their lenses. If you are not sure, consult your eye care practitioner for help.
- **Practice healthy hygiene.** By removing debris and deposits from your contact lenses regularly, you help ensure comfort through your full wearing schedule.
- **Be an advocate of your eye health.** The investment in routine eye exams, lenses and lens care is more cost effective than treating an eye infection.

CIBA VISION is embarking on an educational campaign to address the importance of replacing contact lenses on schedule as recommended by eye care practitioners to help ensure healthy eyes.



DR. MARGUERITE MCDONALD, MD, FACS
CORNEA/REFRACTIVE/ANTERIOR SPECIALIST WITH THE OPHTHALMIC CONSULTANTS OF LONG ISLAND AND A CLINICAL PROFESSOR OF OPHTHALMOLOGY AT NYU SCHOOL OF MEDICINE.

How do you ensure eye health whatever your age?

As you age, your eyes are faced with different challenges. In your 20s and 30s, you may have changes in your prescription. In your 40s, you may need reading glasses or experience dry eye, which disproportionately affects women due to menopausal hormonal changes. And, in your 50s and 60s, you may experience early onset of cataracts. Below are three ways to ensure best eye health whatever your age:

- 1. Visit your eye doctor for regular eye exams:** An easy first step is to schedule an annual exam, which can lead to detecting any of the five major eye diseases, including glaucoma, cataracts, dry eye, diabetic retinopathy and macular degeneration.
- 2. Eat a balanced diet:** Eating berries, leafy greens, oily fish and regular vitamin C-rich foods like oranges can help with sight. Omega 3 fatty acids help to maintain a normal tear film, which is critical for crisp vision that doesn't fluctuate.
- 3. Maintain Healthy Tears:** Tears provide nourishment to the surface of your eyes. Excessive dryness of your eyes can lead to impaired vision and increased risk of infection. If you experience dryness and irritation you may turn to artificial tears such as Optive. But, if you are using artificial tears routinely, visit your eye doctor to determine if you need prescription eye drops, such as Restasis, to reduce a potential inflammation of your tears.



NEIL CROFOOT, OD
AMERICA'S BEST CONTACTS AND EYEGASSES AREA DOCTOR

Does working on the computer harm my eyesight?

With millions of people spending countless hours on computers and handheld devices, near vision fatigue is a growing concern for eyecare practitioners. For "Baby Boomers" who have entered presbyopia, this normal aging of the eyes affects near vision and proper prescriptions are extremely important to decrease eyestrain and improve workplace productivity.

Patients at my practice at America's Best Contacts and Eyeglasses are quizzed on their vision requirements during their workday. How many hours of routine near vision work is demanded? What is their working distance? Is there proper lighting or possibly glare, a big contributor to eyestrain? Are their workstations ergonomically correct? (Lowering a computer screen or raising chair height often creates a more comfortable situation for hours of computer vision, especially with the "no line" progressive eyeglasses.)

With routine eye examinations, a proper near vision prescription is computed and additional help like anti-reflective lens coatings decreases glare. I counsel my patients on taking short breaks from the computer throughout the day, and encourage the use of artificial tears to relieve dry eye problems.

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Enjoy the Outdoors with UV Protection

BY: RICHARD LEONARD

Outdoor activities are part of healthy living, but don't forget to protect your eyes from the sun's ultraviolet (UV) radiation. UV exposure not only causes sunburn on the skin, it can harm the eyes and affect vision as well. According to the American Optometric Association (AOA), even on an overcast day or during the winter months, harmful UV rays can burn the eye's cornea. People with all eye and skin colors are susceptible to UV eye damage. UV protection for children and teenagers, who often spend more time in the sun than adults, is essential.

"Eye protection against UV radiation is extremely important, since we

are all exposed to it outdoors," says Dr. Gina Piper, an optometrist with Spex, a Chicago area eye care provider. Short-term excessive exposure to UV radiation can burn the front surface of the eye, similar to sunburn on the skin. Exposure to even small amounts of UV radiation over many years may increase the risk of developing cataracts, skin cancer around the eyelids and retinal damage.

For UV protection, the AOA recommends that sunglasses block 99 to 100 percent of both UV-A and UV-B radiation and screen out 75 to 90 percent of visible light. Sunglass lenses should be perfectly matched in color and free of distortion. Gray-tinted

lenses provide the most natural color vision. Dr. Piper notes that for those who wear clear glasses, polycarbonate lenses also provide UV protection. These lenses are highly impact resistant and are essential for outdoor activities where there is a risk of eyeglass lens damage.

The greatest UV protection is achieved by combining UV-absorbing sunglasses, a wide-brimmed hat, and for contact lenses wearers, UV-blocking contacts. Not all contacts offer UV protection, and eye care professionals can provide information about specific lenses. Regular eye examinations monitor eye health and keep track of your UV radiation protection needs.

Advances in Treating Cataracts Can Lead to Sharper Vision

BY: RICHARD LEONARD

More than 20 million Americans older than 40 have cataracts; each year over 1.4 million of them have cataract surgery. The good news is that advances have made cataract surgery faster, safer, more comfortable and more effective – actually correcting vision problems in many cases.

A cataract is a gradual clouding of the lens in the eye. Cataracts form slowly and painlessly, but can eventually lead to blindness in severe cases. Symptoms include blurriness, sensitivity to light and the need to read with brighter light. Nearly half of all people will have a cataract by the time they are 65 years old. In addition to aging, other causes of cataracts include a family history of cataracts, eye injuries, medications (such as steroids) and long-term, unprotected exposure to sunlight.

Surgery, in which the cloudy lens is removed from the eye and replaced with a permanent lens implant, is how cataracts are removed. However, if symptoms are not causing problems, surgery may not be needed. Sometimes a simple change in eyeglass prescription may be helpful. Based on symptoms, patients and eye care professional can decide together when surgery is appropriate. More than 95 percent of cataract surgeries usually performed on an outpatient basis, are without complications, notes the

American Academy of Ophthalmology.

"In the past, it was common for patients to wait until they were quite old and nearly blind before having surgery," notes Randy J. Epstein, M.D., Professor of Ophthalmology at Rush University Medical Center and its Eye Laser Center. "Now, many patients decide to have surgery in their 50s because we can also correct vision through advances in the lens that replace the ones clouded by cataracts."

Dr. Epstein reports that about half his patients receive the ReSTOR multifocal lens, designed to improve vision at all distances and the prospect of giving up wearing glasses. Standard implants are designed to provide distance vision only. Reading glasses are then used for reading and intermediate distances.

According to Ed McManus, former Deputy Director of the National Eye Institute, cataract surgery has come far, but its future lies with NASA scientist Dr. Rafat Ansari. Using a laser technique, Dynamic Light Scattering Technology, Dr. Ansari is able to detect proteins in the eye before cataract formation. In November 8, 2008 he released results of a "good sized clinical study on the validation of this technology, which perhaps would lead now to find a medical cure for cataracts."

Combating Macular Degeneration with Vitamins

BY: KIRK VAN HYNING

Macular degeneration, a condition that causes irreparable vision loss, can be stemmed through the use of daily multivitamin regimens, according to a joint seven-year study conducted by Brigham and Women's Hospital and Harvard Medical Group. The macula is responsible for maintaining the functionality of rods and cones, located in the retina, to filter light and provide visual acuity. Over 13 million Americans suffer from the disease; it is the leading cause of vision loss in people over 50. Macular degen-

eration is also the leading cause of blindness in people in developing nations.

The recently concluded study aimed to determine the efficacy of vitamins for preventing macular degeneration in women over 40. Subjects who took 50 milligrams of B6, 1 milligram B12 and 2.5 milligrams of folic acid daily registered a 41 percent lower incidence rate of age-related macular degeneration than those who received placebos. The researchers point out that all the participants had heart-disease risk factors such as diabetes and high blood

pressure but stressed that the results should apply to all adults. If one does not have the disease already, a preventative measure is taking vitamin A and B supplements, folic acid and beta-carotene, which also includes vitamin A. Further study is needed to confirm the efficacy of vitamin intake in a more general population. While a variety of foods such as carrots contain enough vitamin content for most to maintain eye health, daily intake of multivitamin supplements may be needed in those 50 and older.

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Shopping Center
2934 Finley Road
630-916-4770

ELGIN

Premier Center
245 Dundee Ave.
847-214-5282

FOREST PARK

Forest Park Plaza
7610 Roosevelt Road
708-366-9278

HOMEWOOD

Washington Park Plaza
17850 S. Halsted
708-799-3402

JOLIET

North Ridge Plaza
1330 N. Larkin
815-553-0912

MATTESON

Liberty Plaza
4541 W. 211th Street
708-481-1534

NAPERVILLE

Westridge Court
256 S. Route 59
630-696-4360

NILES

Greenwood/Milwaukee Plaza
9643 & 9641 Milwaukee
847-583-1860

NORTHLAKE

Lind North Plaza
75 West North Ave.
708-409-0191

OAK LAWN

Green Oak Shopping Center
9531-33 S. Cicero Ave.
708-423-2020

SCHAUMBURG

Woodfield Plaza
520 E. Golf Road
847-781-1022

TINLEY PARK

Tinley Plaza
16205-B South Harlem Ave.
708-614-9301

WAUKEGAN

Lake Plaza
2690 Belvedere Road
847-406-5542

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