By the end of 2004, the last group of Baby Boomers will have turned 40. Just a few short years ago, according to the 2000 U.S. Census, there were more than 119 million Americans ages 40 years and older. And the 65 years and over population—which comprised approximately 12.4% of the nation’s population in 2000—will swell to 20% by 2030, largely attributed to those born between 1946 and 1964, those years when the Baby Boomers entered the world. [In fact, the first Baby Boomer will turn 65 in 2011.] Moreover, this growth in the sheer number of senior citizens is not a temporary aberration, as more seniors are living longer due, in part, to healthier lifestyles and more available medical services. These numbers are vitally important for optometry, as some of our patient care strategies over the coming years may have to be modified with older Americans in mind. Older individuals, while requiring the same basic examination as their younger counterparts, have medical, ocular, and functional issues that are peculiar to their age group. What is key, then, to the proper management of this burgeoning population of patients, will be the understanding of the interaction between aging dynamics, systemic and ocular pathologies, and their functional implications.

While certain specific clinical approaches might be necessary to interact with our older patients more effectively, there are additional practical issues to consider and re-evaluate. Practice management issues ranging from office accessibility and handicapped parking, to chairs in the waiting room, to scheduling an appropriate amount of time for a thorough evaluation, will need to be considered. Certainly, many aging Baby Boomers will want to investigate all their options, whether they relate to refractive and presbyopic correction [glasses vs. contact lenses vs. refractive surgery], or ocular health conditions that warrant further evaluation. This will require not only more “chair time,” but a seamless integration of optometry with other health care professionals. Furthermore, an understanding of third-party payers with their rules and regulations—not the least of which is Medicare and its various permutations—will become mandatory, whether or not a practitioner participates.

Many ocular health issues facing seniors are receiving more attention now than in the past, primarily due to advances in scientific research resulting in both earlier diagnosis and more-complex treatment options. Macular degeneration, as an example, has been the subject of much research, with indications of promising results in the effort to slow down or stop the progression of this, the most-common cause of vision impairment, in the elderly. The other most-common causes of vision impairment in seniors—cataracts, glaucoma, and diabetic eye disease—are also receiving their share of research activity. Optometry, as a profession, is uniquely qualified to satisfy the visual needs of those who are successfully treated, as well as those who have less successful visual outcomes, by providing prescriptions for, and supplying, not only conventional eyeglasses and contact lenses, but also optical corrections (and other treatment options) for reduced visual acuity, decreased contrast sensitivity, diplopia, and visual-field loss.
EDITORIAL

It will not be uncommon, I believe, to see more older adults and senior citizens going back to school, starting a second (or even third) career, and enjoying more leisure-time activities, including maintaining independence by continuing to drive—all of which will require, in no small part, specific visual skills to maximally enjoy those endeavors. For example, how the processing of visual information is impacted by the aging process, will undoubtedly become an area more studied and researched as the aging population continues to take on these more-active tasks. Vision therapy, once considered synonymous with pediatrics, may experience a paradigm shift. So as we leave 2004 and enter 2005, my hopes are that optometry continues to meet the needs and challenges of this growing populace. For, to paraphrase a comment once made by Pogo, a famous comic strip character, "We have met the seniors, and they are us."

I would be remiss if I ended this year without thanking all of those who have supported Optometry this year with their tireless efforts and input. Our elected leaders, the staffs at both the St. Louis office (especially those you will find on the masthead) as well as the Washington office, the many volunteers, both on the Review Board and those called on to help review manuscripts, have my sincere thanks for helping maintain our journal at a level of which we can all be proud. And finally, my wife Kathy, our daughter Julia, and I, would like to wish all of our friends and colleagues a wonderful holiday season and a happy and healthy new year.

References