

Paul B. Freeman, O.D.

"Do not go gentle into that good night" —Dylan Thomas

By now, anyone who reads my column knows that aging and the accompanying challenges are favorite topics of mine. As I mentioned in my October 2005 editorial, starting with this month of this year, the first baby boomers will be turning 60. And just as my 7-year-old daughter wants to feel older, the baby boomer generation wants to feel younger. In fact "last year, Americans spent more than \$20 billion on various 'anti-aging' products."¹ Health care practitioners will influence some of these desires through medications and surgical procedures that will help keep this generation "feeling groovy." Integral to the overall health care delivery system (and through such vision options as progressive addition lenses, new and improved bifocal contact lenses, and laser surgery comanagement to minimize the need for prescriptive eyewear), optometry will also contribute to this desire for a "Fountain of Youth." The health care field in particular, however, should remain painfully cognizant of the fact that aging is still aging, and along with growing older comes the downside in that diseases, which can lead to impairments, disabilities, and, ultimately, handicaps, are an inevitable reality that will affect a percentage of those moving forward on the path of life. The good news is that optometry has the capability of intervening in certain situations to help those with visual dysfunctions meet the challenges that could otherwise lead to difficulty with general activities of daily living and ultimately a diminished quality of life. With these millions of individuals, there will be

plenty of opportunity to showcase optometry's expertise.

Although medicine continues to strive to eliminate or minimize the impact of a disease process, there are still those who suffer from diseases for which there is no effective intervention. In eye care, the disease processes that can ultimately impact vision include macular degeneration, diabetes, glaucoma, and cerebrovascular accidents, just a few of the sight-threatening conditions prevalent in the aging population. Optometry, more than any other profession, has the background and knowledge to maximize the remaining central or peripheral vision for these individuals. In such cases (because there are, for the most part, hard clinical signs of a disease), the resulting impairment is relatively evident to both medicine and optometry. There is, however, another patient population that demonstrates what might be considered "asthenopic soft signs" in the presence of "normal vision," that is, having trouble reading, with letters and words running together. Many of these individuals may be experiencing difficulty with the basic visual physiologic processes of tracking and converging. Unfortunately, these are areas that most eye care practitioners do not spend time exploring, and, as a result, some if not most of these symptomatic individuals are not given much hope of relief for their near point difficulties. There is a way to ameliorate some of these symptoms with what most optometrists once thought of as primarily treatment for the pediatric population: vision therapy. This should be explored and applied with all patients



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with symptoms that warrant vision training, regardless of age.

I imagine that some who read this editorial might feel that there is a redundancy in the message. However, there is not a week that goes by that I, or those who provide similar services, do not have a patient who will say "Why did my doctor tell me nothing more can be done?" Optometrists who offer vision rehabilitation services, including low vision intervention and/or vision therapy, are the Harry Trumans of our profession. It is in their practices that the buck stops, a sentiment that often is echoed by the patients' comments that they have no other place to turn, and that this is their last hope. Fortunately, many of these individuals can be, and are, helped. However, without an awareness of these services, there are many who remain disabled

and handicapped by our inability to reach them.

There will be no lack of senior patients in the years ahead. For at least

these rehabilitative needs, it is optometry's responsibility to determine if the profession is going to be part of the problem or part of the solution.

Reference

1. Kirchheimer S. Anti-aging snake oil. *AARP Bulletin* 2005;Nov:36.