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Running Scared

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With the recent editorial by Professor Nathan Efron in *Clinical and Experimental Ophthalmology* predicting the demise of GP lenses by 2010, which continues a trend that he has exhibited for the past 12 years (he predicted the demise of GP lenses by the year 2000 at the Scottish Contact Lens Society meeting in March 1994) it is a reminder of how important GP lenses are and to be even more determined to promote GP lenses to practitioners and patients. In sampling some international experts, some have been extremely critical of Professor Efron - who actually is so biased in his comments that he is risking the compromising of his professional reputation - while others have recommended taking the high road and simply authoring a response that is more accurate and fair as it pertains to GP lenses. CLMA President, Dan Bell, authored a response that would follow in the latter category. As someone who has both debated Professor Efron while also responding to an editorial he published on this topic in the Sept-Oct 2000 issue of *Clinical and Experimental Optometry*, I agree that it is difficult to be particularly biased and critical in responding to his comments so the decision as to whether to send off a reply (which has already been authored) has yet to be made. It is also important to mention that these journals are relatively unknown to United States practitioners. However, so that I can sleep better at night, let me review some of his comments and the inaccuracies that have (again) been presented with the assistance of John Mountford.

He devotes most of this editorial as an opportunity to criticize overnight orthokeratology. He references the results of one of his short-term studies where the initial presenting refractive error was relatively low (mean 2.22+/- 0.63D) and a preliminary study with a similar refractive error presentation. However, other studies have shown mean refractive changes of 3.33 +/- 0.96D and 3.08 +/- 0.93D where higher refractive errors have been included in the cohort. This is in glaring contrast to the statement that "earlier findings of the limited efficacy orthokeratology are simply being rediscovered today". If he had reviewed the early literature, he would have found that the mean refractive change with the older techniques of all three studies was 1.04D.

Professor Efron is "alarmed at the growing number of reports of severe keratitis in patients undergoing orthokeratology." This is not supported by the literature but represents a perpetuation of anecdotal evidence of isolated cases. With a case being presented on Acanthamoeba keratitis in a young overnight orthokeratology (OOK) patient in the September, 2005 issue *Cornea* - again by an ophthalmology department (Baylor University) - it is evident that the lines of battle have been drawn between eyecare professions as it pertains to OOK versus refractive surgery. However, the risk of infection/permanent vision loss is much less than present via refractive surgery, particularly in the United States. The most comprehensive work to date on ulcerative keratitis has been performed by Swarbrick. Of the 50 cases of ulcerative keratitis (from 17 different sources) reported worldwide from 2001-2005, 80% were reported from East Asia, leaving 10 cases occurring in the rest of the world.

The "why bother" (with orthokeratology) attitude is especially troubling as is the comment that "..orthokeratology practitioners appear to be motivated by commercial profit." The primary reason why orthokeratology has become so popular and why, in fact that 400-600 practitioners have attended the Global Orthokeratology Symposia (2002 & 2004 in Toronto; 2005 in Chicago) primarily pertains to two important factors: 1) A large number of patients desire a non-surgical and reversible means of myopia reduction to avoid the possibility of permanent vision loss with refractive surgery. Orthokeratology has been found to be, in fact, a completely reversible procedure. 2) Advances in orthokeratology lens designs, the introduction of corneal topography instrumentation and overnight lens wear has resulted in an average treatment time of 10 days and the probability that the myopia can be reduced via the use of one one pair of lenses. The unaided vision of an overnight orthokeratology patient compares favorably to a corrected soft lens wearer and, in fact 85% of -2.50D myopes preferred overnight orthokeratology over soft lenses. In addition, nowhere is the quality of life issue more apparent than with children. It is very evident that overnight orthokeratology has a tremendous future as a therapeutic device for the reduction of myopia in young people and, in fact, does not only reduce existing myopia - often resulting in a plano or slight hyperopic refractive error - but also results in a significant reduction in both axial length and vitreous chamber depth.

The focus on the applications of GP lenses should not however, be limited to orthokeratology. In fact, Professor Efron has been consistent in totally excluding presbyopia in his publications and debates. Bifocal and multifocal GP lens use is increasing and represents a modality that provides better vision at all distances than soft lenses which, in fact, are limited by compromises in optical quality and absence of translation with the blink. In addition, the Clinical Diplomates of the Cornea and Contact Lens Section of the American Academy of Optometry were surveyed to provide a comparison of the benefits and applications of GP versus soft lenses. Although this group of individuals is skewed as a result of their expertise, they commented quite positively and frequently on the future impact of GP lenses for presbyopia, high astigmatism, orthokeratology and keratoconus.

In rating both soft and GP lenses on a "1" (negative attribute) to "5" (strong benefit), **GP lenses were rated significantly better in 13 categories** (*i.e.*, quality of vision, eye health, practice profitability, presbyopia, potential for reducing myopia progression, high astigmatism, keratoconus, post-surgical, ease of handling, patient loyalty, professional satisfaction, deposit resistance and durability), parity in four categories (long-term comfort, hyperopia, infact/pediatric, and ease of care) with only initial comfort presenting as a significant benefit to soft lenses.

Whereas we would not debate the importance of initial comfort it is apparent that with advances in manufacturing technology resulting in ultrathin designs with consistent edge profiles, often in aspheric peripheries as well as larger diameters, the initial comfort differential between modalities is decreasing.

In summary, in our opinion the new advances in soft silicone hydrogel technology are both welcome and beneficial to many of our patients. However, in the best interests of our patients who have progressive myopia, astigmatism, presbyopia, irregular corneas or are post-surgical, it is important to

utilize both GP and soft lens modalities. To believe otherwise is both inaccurate and misleading.

CL & Cornea Residents Weekend Symposium

(See picture at right)

Ohio State University, August 26-28, 2005.....

With the full support of the membership of the Contact Lens Manufacturers Association, the GP Lens Institute held their annual CL & Cornea Residents Weekend at Ohio State University. With a weekend of full emphasis on the ease of fitting GP contact lenses, these current year residents experienced actual "hands on" fitting, workshops devoted to toric, keratoconic as well as presbyopia multifocal fitting. With industry experts such as Dr. Tom Quinn, Dr. Keith Ames, Dr. Ed Bennett, Dr. Loretta Szczotka-Flynn and Craig Norman, FCLSA leading workshops and lecturing to these outstanding current academic year Residents, the weekend was a full 2 ½ days of learning, fitting, and fellowship enjoyed by all. With the help of Ohio State faculty members Dr. Jeff

Schafer, Dr. David Berntsen & Dr. Eric Ritchey, this weekend continues to be the premier launching of their continued academic emphasis in the fitting of contact lenses.

Sign welcoming NSU 3rd and 4th year optometry students to the GPLI's academic workshop in Tahlequah, OK. Sept. 1-2, 2005

Future workshops will be held.....

October 22, 2005 - Southern College of Optometry

October 25, 2005 - UAB - College of Optometry

While attending a Marriage Seminar dealing with communication, Tom and his wife Grace listened to the instructor.

"It is essential that husbands and wives know each other's likes and dislikes." He addressed the man,

"Can you name your wife's favorite flower?"

Tom leaned over, touched his wife's arm gently and whispered,

"It's Pillsbury, isn't it?

Message From The CLMA

Daniel Bell, President

Alas, I see it every year – GP fans truly believing that this is the year we go on to greatness. The fact is that we are holding our own and we are finding support from many new practitioners. The growing interest in bifocal, post surgical designs and keratoconus lenses has provided a new range of products and success in more frequency today than ever before. Optimism remains high.

I like optimism as much as the next guy, but the world is full of conflicting influences and GP lenses are not the easiest alternative to explain. We have shown that GP lenses are healthy and safe for many years because we provide great vision and do it economically. Silicone hydrogels are making an impact today for these same reasons. It's kinda like being happy that you won free fries at Wendy's and then realizing everybody wins free fries at Wendy's – it's nice, but not unique and not really a measure of greatness.

Our greatness is reflected in the vision provided by GPs to the millions of people all over the world that would not change their lenses for any other option. When you hear a patient bragging about how well their bifocals work, you can expect that their friend or neighbor will call you for an appointment in a few days. That is not really greatness, that's just great.

For a complete listing of CLMA member companies, please visit www.gpli.info. Their GP product lines are available under the searchable database. Utilize the website www.gpli.info for all your educational resources for GP contact lenses.

Pam's Perks

Convince Me
Convince Yourself

Can I wear bifocal contact lenses?

How can I help you grow your bifocal/multifocal GP contact lens practice?
Reserve Your Copy NOW

Rx for Success.....the Presbyopia Tool Kit
www.gpli.info

This kit will include:

- Correcting Presbyopia laminated card
- Presenting Presbyopia Options - Practitioner, Staff
- Reading Card
- Brochure - Can You Wear Contact Lenses If You Are Over 40?
- CD-rom Rx for Success Including
  - Fee Calculator
  - Tutorial
  - Cases
  - On Eye Videos

Shipment will commence in late October, 2005

Contact your CLMA member laboratory for their GP Presbyopia designs.

The end! Next issue is November, 2005.