

PAC 2020

Online Professional Advancement Conference

Highlights On Demand

Recorded lecture:

**Living well and
seeing well - why
is it so relevant?**

Workbook

CET information

Author Meena Puar

Accreditation 1 non-interactive CET point

Duration 1 hour

Reference C-76976

Modality



Audience



Competencies



Summary

This discussion-based session is designed particularly to help the registered practitioner make sense of the published evidence about the benefits of good diet and wellbeing on ocular health and apply this to the individually tailored advice they give to patients. It will highlight the role nutrition plays in free radical production and antioxidant defence, and the role oxidative stress may play in age-related eye disease.

Author

Meena Puar BSc(Hons) MCOptom FBCLA

Meena Puar is a qualified optometrist and dispensing optician. In June 2017 she also gained her fellowship for the British Contact Lens association.

She currently works as a Professional Affairs Consultant for Thea Pharmaceuticals Limited and locums at an independent practice. She has also worked as a Professional Services Manager for Leightons Opticians and Hearing Care. This role involved refining and improving all touch points in the customer experience and customer journey, leading and motivating ECPs in elevating clinical service offering by improving their knowledge and confidence, to monitor and improve each ECP's performance using coaching and motivational support.

Meena has also been involved in glaucoma and diabetic screening programmes which has meant working closely with local Hospital Eye Services.

Learning objectives

1.1.1 The CLO will have an enhanced understanding how different patients may need differing advice about their diet and eye health, dependent on age, lifestyle factors, risk factors and existing ocular health concerns.

2.6.1 CLOs will have an enhanced awareness that dietary advice for contact lens wearers must only be given from an evidence-based approach and that your sources of knowledge be reflected upon to make sure you are giving sound advice to patients.

1.1.3 Optometrists will understand how different patient groups may need differing advice about their diet and eye health, dependent on age, lifestyle factors, risk factors and existing disease.

1.1.1 DOs will understand how different patient groups may need differing advice about their diet and eye health, dependent on age, lifestyle factors, risk factors and existing disease.

2.6.1 Optometrists will have an enhanced awareness that dietary advice must only be given from an evidence-based approach and that your sources of knowledge be reflected upon to make sure you are giving sound advice to patients.

2.6.1 DOs will have an enhanced awareness that dietary advice must only be given from an evidence-based approach and that your sources of knowledge be reflected upon to make sure you are giving sound advice to patients.

6.1.1 Optometrists will understand the role nutrition and smoking play in antioxidant defences and free radical production, respectively, such that 'at risk' patients can be identified

2.10.1 DOs will understand the role nutrition and smoking play in antioxidant defences and free radical production, respectively, such that - working in a support role within their scope of practice - they can identify 'at risk' patients and take appropriate action in consultation with the supervising optometrist.

References and guidance

Andreatta W, El-Sherbiny S. Evidence-Based Nutritional Advice for Patients Affected by Age-Related Macular Degeneration. *Ophthalmologica* 2014;231:185–190.

Szostek et al. An introduction to nutrition for the optometrist. *Optometry in Practice* 2016;17(3):139-148.

Chapman NA, Jacobs RJ, Braakhuis AJ. Role of diet and food intake in age-related macular degeneration: a systematic review. *Clin Exp Ophthalmol*. 2018 June 21

Kauppinen A, Paterno JJ, Blasiak J et al. Inflammation and its role in age-related macular degeneration. *Cell Mol Life Sci* 2016;Feb 6 [Epub ahead of print]

Chew EY, Clemons TE, Agron E et al. Long-term effects of vitamins C and E, beta-carotene and zinc on age-related macular degeneration. AREDS Report no. 35. *Ophthalmology* 2013;120:1604-1611.

Yong JJ, Scott IU, Greenberg PB. Ocular nutritional supplements: are their ingredients and manufacturers' claims evidence-based? *Ophthalmology*. 2015 Mar;122(3):595-9.

Case 1

Mrs G, aged 48 years, attends for a routine eye examination complaining of reduced near vision in low light.

GH – good, no meds; heavy smoker (you can smell it and she admits to smoking 20+ per day)

POH – nil

FOH – several family members with poor vision in old age, reason not known

VA and eyes normal, healthy – no action other than first reading Rx prescribed

You explain presbyopia and the need for reading Rx.

She asks you directly “What can I do to keep my eyes healthy?”

Questions

1. What is your typical response to patients who ask this question?

2. What relevance is there with smoking and diet and lifestyle?

Should we be speaking to our patients about smoking cessation?

3. Would you suggest anything *without* being asked?

Case 2

Miss P, age 32, office worker attends for a routine contact lens check – annual review in this case.

She is a soft lens wearer – Dailies (Alcon)

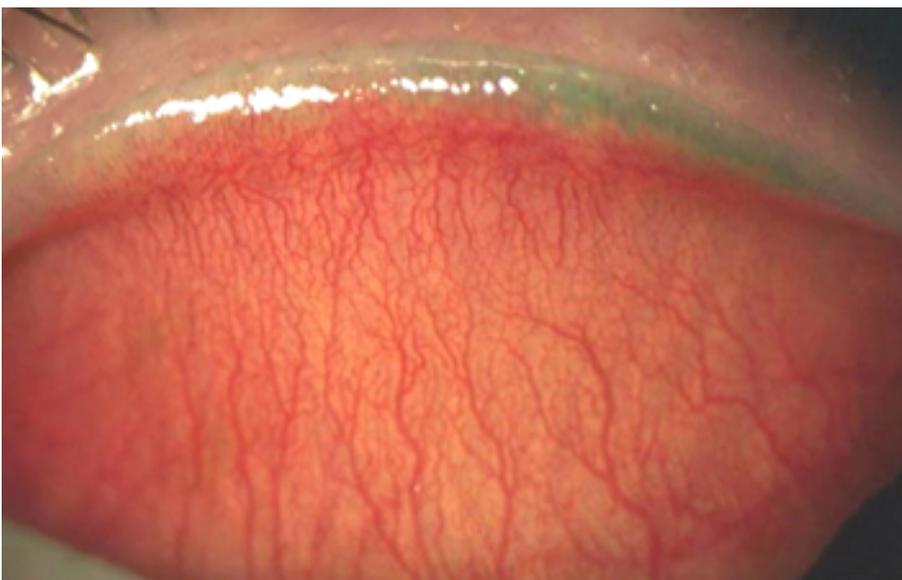
AWT 12 hrs, WT with comfort 6hrs

VA and lens fit optimal; no corneal staining

She confirms in response to a question that comfort deteriorates during the day due to dryness sensations, and she is relieved to remove her lenses at the end of the day in the office; slightly easier during leisure time.

She has used dry eye drops but finds them inconvenient due to eye make up

Clinical findings:



Questions

1. Do you notice any clinical signs in the images that fit with the complaint?

2. Do you have any favourite lens types to switch to in cases like this?

3. What else might you recommend?

4. Do you talk about hydration or fish in diet?

Case 3

Mr G, aged 69, retired lorry driver – attends with the complaint that his vision seems not so good in his right eye compared with his left. It doesn't change, and seems to have come on gradually. 'Glasses don't help.'

Unaided vision RE 6/9, LE 6/5+

With readers RE N6- LE N5

No Rx for distance, simple reading Rx no change from last visit.

GH – managed hypertension, non-smoker

No FOH or POH

Nil of note, except noted obesity and Volk exam reveals 3-4 drusen in right eye only

Questions

1. How do you describe DRUSEN to patients who do not require referral?

2. What advice would you give this patient?

3. Is this the time for a nutritional supplement or not?

Notes

Reflection questions:

Your answers to these questions and the above learning objectives must be uploaded within one month of this event to the website MyGOC at www.optical.org when you claim your points.

List the main things you learned from this session

Note this should not be the learning objectives, this should be the key points you have taken from the discussion which may help you enhance the way you deal with similar cases in practice.

1.

2.

3.

Describe how you will apply this learning in your practice

1.

2.

3.

Has this session identified any areas where further personal learning is needed? If so, briefly describe these

Time spent in reflection

It will take up to two weeks for the CET points to appear on your CET record at MyGOC.

Please give us feedback on this session. Contact us at ptd.ilearn@specsavers.com