MULTIFOCALS: MEET THE CHALLENGE

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DISCLOSURE

- I AM PLANO WITH 20/10 VISION @ DISTANCE
- I AM ALSO PRESBYOPE...
- AND I HATE BEING PRESBYOPE

- SPEAKER’S HONORARUM / RESEARCH GRANTS RECEIVED FROM
  - ALCON/CIBA
  - BAUSCH & LOMB
  - LABORATOIRES BLANCHARD
  - COOPER VISION

PRESBYOPIA

- HOW WOULD YOU DESCRIBE YOUR EXPERIENCE WITH PRESBYOPIC PATIENTS ?
  - Frustrating
  - Never Works
  - Waiting for the Perfect Lens to Fit Patient With
  - Loss of Chair Time
  - Not Profitable
  - Too Much Efforts to See Patients Buying Through Internet

PRESBYOPIA: A WAY TO LOOK AT IT AND TO LIKE IT

- IT IS CHALLENGING !
- COULD BE A PRACTICE BUILDER
  - Patients Are Motivated and Are Coming with a Budget
  - These Are Your Patients Who Are Asking For Your Help ....
  - Don’t Spend That Much To Advertise Elsewhere

64% of wearers are female

Geographic Location of Contact Lens Wearers
Is this your best offer for emergent presbyopes?

What should you tell her about the options to correct her presbyopia??

BE PROACTIVE

• Present all options to your presbyopic patients including contact lenses, surgery, etc.
• 80% of contact lens wearers initiate the fitting by asking for contact lenses
• 75% of patients wearing glasses are likely to try contact lenses
• Done adequately, multifocal contact lens fits reach 80% success rate

WHY?

• Because wearers or potential wearers are educated ...
  - Important to let them know about new technology before anyone else... and Google!
• AND they can afford it
  - Average wearers
    - 56 years old
    - Average household income > 75K$
    - 35% are white collar/professionals
    - Active in life, sports, hobbies

WHY DO PATIENTS DROP OUT AFTER 40?

Main reason patients stopped wearing contact lenses (among previous contact lens wearers)

Before 40: Comfort Issue
After 40: Comfort and Vision Issue

Comfort
Convenience
Better visual field
Similar to glasses
Less expensive
Dr. doesn't recommend

8% 5% 10% 15% 20% 25% 30% 35% 40%

Before 40
After 40

ARE WE DOING WELL?

• Improving...
  - If represent 1% of the Canadian market (2013)
    + 8.9% vs 2012
    BUT ....
    - 26% of population is wearing contact lenses @ 34 Y.O.
      - A gap of 17%

POTENTIAL MARKET

Emergent Presby.
Designs
Multifocals

Canada = 3 M patients

Dr. doesn't recommend
Less expensive
Better vision
Safer/more healthy
Convenience
Comfort

Before 40
After 40

OCCUPATIONAL AGE

12 to 17
18 to 24
25 to 34
35 to 44
45 to 64
over 65

Emergent Preb.
Designs
Daily Dis.
Weekly

POTENTIAL MARKET OPPORTUNITY

Emergent Preb.
Designs
Daily Dis.
Weekly

Canada = 3 M patients
WHERE DO WE START

• IDENTIFY YOUR POTENTIAL PATIENTS
  • CURRENT CONTACT LENS WEARERS – EMERGENT PRESBYOPIES
  • START EARLY
  • ASK ABOUT VISUAL PERFORMANCE AT COMPUTER / READING DISTANCE

• CASE HISTORY: NEW PATIENTS
  • DO YOU WEAR CONTACT LENSES? WOULD YOU BE INTERESTED IN CONTACT LENSES?
  • I SEE THAT YOU ARE GOLFING AND BIKING… HOW ABOUT CONTACTS FOR THESE ACTIVITIES?
  • YOU ARE GOING ON VACATION IN MEXICO… DID YOU EVER THINK ABOUT CONTACT LENSES FOR THE BEACH?

• KEY MESSAGE: LET THE PATIENT KNOW THAT THE DOOR IS OPEN.

WHERE DO WE START

• IN-OFFICE ADVERTISING / PROMOTION
  • STAFF IMPACT
    • EDUCATE STAFF ABOUT NEW TECHNOLOGY
    • LET THEM INTRODUCE THIS TO THE PATIENTS
    • LET THEM TRY NEW LENSES, NEW PRODUCTS

• YOUR IMPACT
  • BE PROACTIVE AND PASSIONATE
  • TRY LENSES, WEAR THEM

BASIC PRINCIPLES FOR A SUCCESSFUL MPH LENS FIT

• CASE HISTORY –
  • PAST HISTORY: SUCCESS AND FAILURES
  • ESTABLISH VISUAL NEEDS
  • ESTABLISH PATIENT’S EXPECTATION
  • EVALUATE BUDGET AVAILABLE

• REFRACTION
  • MAX. CONVEX
  • ASTIGMATISM

  • EVALUATE VISION BINOCULARLY, MAKE CHANGES MONOCULARLY.

  “You want to test both eyes, don’t you?”

BASIC PRINCIPLES (2)

• OCULAR HEALTH
  • EYES GETTING OLDER ARE DIFFERENT, PAY ATTENTION
  • CORNEA AND CONJUNCTIVA
  • BLEPHARITIS
  • DRY EYE QUICK ASSESSMENT

• UNSTABLE TEAR FILM INFLUENCES VISUAL ACUITY AND TOPOGRAPHY
  • PINGUECULA / PTERYGIUM
  • LIDS ABNORMALITIES
  • ROSACEA

BASIC PRINCIPLES (3)

• EVALUATE TOPOGRAPHY OF THE CORNEA
  • LOOK FOR ECTASIA
  • APEX DECENTRATION
  • TOPO WITH LENS ON IF V.A. PROBLEMS

• EVALUATE THE DOMINANCY
  • +2.00
  • FARMER CARD

THE PLAYERS IN TOWN
SELECTION OF THE DESIGN

- There are several designs available in the market.
- Ideally, you would have at least 3 trial sets in office, with lenses ready in hand.
- Patients do not want to wait and to come back (regular RX).

Options:
- Simultaneous vs alternating design
- Simultaneous aspheric or concentric rings

Modality:
- Daily disposable vs frequent replacement vs conventional
- RGP vs soft

AVAILABLE DESIGNS

- Frequent replacement lenses
  - Air Optix
  - Pure Vision MF / Pure Vision 2 MF
  - Acuvue Oasys for Presbyopia
  - Proceed EP
  - Proceed / Mondoity MF
- Daily disposable lenses
  - Focus Dailies
  - Dailies Aqua Comfort Plus Multifocal
  - Proceed 1-Day MF
  - BIOTRUE 1-Day MF

DESIGNS PROS AND CONS

- Air Optix MF
  - Simultaneous Vision
  - Near-centered aspheric lens with 3 add powers
    - Low add not effective (gives almost nothing at near)
    - Med: Provides +1.25 D, High: Provides +1.75 D
    - You’ll have to over plus the sphere on the non-dominant eye to improve near vision
  - Pupil dependent (Performance will vary with lighting)
  - Fitting tips: Follow the fitting guide!

- Pure Vision / Pure Vision 2 MF
  - Near-centered aspheric designs - Pupil dependent
  - Two add powers
    - Low: Provides +1.25 D, High: +1.75 D total
  - Fitting tips
    - Adapt the patient with the same add, over plus the sphere on the non-dominant eye to improve near vision
  - Pupil dependent (Performance will vary with lighting)
  - Fitting tips: Adapt the patient with the same add, over plus the sphere on the non-dominant eye to improve near vision

- Acuvue Oasys for Presbyopia
  - Distance centered design, pupil independent
  - One of the few
  - Three add powers
    - Images provided through high add is difficult for the brain to interpret
  - Fitting tips
    - Starts early, this is a good lens for pre-presbyopes, not used to this design
    - UV protection is a bonus for people with outdoor activities

POWER PROFILES: LOW VS. HIGH

Low ADD

Power gradually becomes more plus (+) towards lens center

High ADD

Power becomes more positive towards lens center, plus a distinct central zone of greater plus (+)

PROS AND CONS

- Acuvue Oasys for Presbyopia
  - Simultaneous vision, with different rings of power
  - Supposed to increase the depth of focus (has a small pupil)
  - Good for accommodation

- One of the few
  - Distance centered design, pupil independent

- Three add powers
  - Images provided through high add is difficult for the brain to interpret

- Fitting tips
  - Starts early, this is a good lens for pre-presbyopes, not used to this design
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PROS AND CONS

• PROCLEAR / BIOFINITY
  • SIMULTANEOUS VISION WITH ALTERNATING ZONES
  • 2 DESIGNS: DOMINANT (D) AND NON-DOMINANT (N)
  • MANY PARAMETERS – PROCLEAR 80 AVAILABLE (ADD UP TO +4.00D)

• FITTING TIPS
  • EXCEPTION TO THE RULE: EVALUATE V.A. MONOCULARLY (20/40 CRITERIA)
  • SELECT LENSES ACCORDING TO DOYON'S CRITERIA (PER AGE)
  • IDEAL DESIGN FOR LARGE PUPILS OR WHEN LENSES DECENTER
  • BIOFINITY OFFERS A BETTER ALTERNATIVE (IMPROVED BLENDING)

BALANCED PROGRESSIVE™

Week follow-up

Step 1
Check for monocular indices and correct the problem

Lentille D: 6/6 @ distance
6/12 or better @ near

Lentille N: 6/6 @ near
6/12 or better @ distance

Step 2
Modify by +/- 0.25 D step, one eye at the time.

FITTING TIPS:
• ALLOW THE PATIENT TO ADAPT TO THIS DESIGN; DO NOT MAKE CHANGES INITIALLY IF VISION IS ACCEPTABLE BUT NOT PERFECT
• MONOCULAR INDICES ARE IMPORTANT; SOMETIMES A PROBLEM OF DISTANCE COMES FROM THE N LENS (VICES VISTA)

Step 1
Step 2
Step 3

Step 1
Maximum convex refraction / determine dominancy

Step 2
Selected lenses

Step 3
Evaluate monocular and binocular vision
If not the power at distance and at near

Step 1
Step 2
Step 3

DOYON'S criteria (Based on Age)
ADD Dominant ADD Non-Dominant

39-42 +1.00 D
43-49 +1.50 D
50-60 +2.00 D
> 60 +2.50 D

Step 1
Step 2
Step 3

PROCLEAR EP

• Central zone is spherical for distance vision
• Peripheral zones are aspheric and provides a small add power.
• Ideal for computer work

• PROCLEAR EP
  • DISTANCE CENTERED DESIGN, PUPIL INDEPENDANT
  • ONE SINGLE ADD POWER (+0.75 EFFECTIVE)
  • PROCLEAR MATERIAL (DRY EYE)

• FITTING TIPS
  • FOR EMERGENT PRESBYOSES
  • IDEAL FOR COMPUTER WORKERS MID 30S
  • Never say you will fit them in multifocal lenses…. This is an « anti-fatigue » lens
  • IDEAL FOR ACCOMMODATIVE SPASMS, BV PROBLEMS

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PROCLEAR MF FOR MYOPIA CONTROL

- DESIGN IS NOT RECOGNIZED AS EFFICIENT AS OK LENSES TO CONTROL MYOPIA EVOLUTION
  - ESPECIALLY FOR LOW MYOPIES (OK IS NOT EFFECTIVE HERE)
  - PUPIL SIZE MATTERS (OK BETTER FOR PUPILS > 6.5 MM)
- STARTS WITH -2.0 LENSES, ADD +2.50 MINIMUM
- IF MYOPIA INCREASES OVER TIME, SELECT HIGHER ADD

ETHICAL QUESTION

NOWADAYS, SHOULD WE DISCUSS ABOUT MYOPIA CONTROL TO EVERY YOUNG PATIENT ENTERING OUR OFFICE?

YES!

DAILY DISPOSABLE LENSES

- EASIEST AND SAFEST WAY TO PRESCRIBE CONTACT LENSES FOR PRESBYOPIA
- EASY TO CARE AND TO HANDLE
- PART-TIME WEAR IS MOST LIKELY THE PREFERRED MODE OF WEAR FOR ACTIVE PRESBYOPIES
- MORE COMFORTABLE THAN PX OPTIONS
- BETTER SUITED TO ADDRESS EYE DRYNESS ISSUES
- NO DEPOSITS, NO PATHOGENS
- COMPATIBLE WITH TOPICAL MEDICATION

SELECT YOUR WORDS

- DO NOT TALK ABOUT DAILY DISPOSABLE LENSES...
  - ... TALK OF SINGLE USAGE LENSES
  - OTHERWISE PATIENTS TEND TO STRETCH IF THEY ARE WEARING THEIR LENSES FOR 1-2 HRS
- PRESENT THE BENEFITS OF THE PRODUCTS, INSIST ON THE SAFETY AND LET THE PATIENT TRY THE LENSES...
  - ... THEN AND ONLY AFTER THE TRIAL, TALK ABOUT MONEY.
  - DAILY DISPOSABLES ARE PROFITABLE WITH A WEAR OF 5 DAYS /WEEK OR LESS.
  - PATIENTS WILL SAY « I NEED THEM »

OPTIONS

- FOCUS DAILIES
  - OUT-OF-DATE TECHNOLOGY
  - NOT SO EFFICIENT AT ALL DISTANCES
  - NOWADAYS, THERE IS NO ROOM FOR THIS LENS
- PROCLEAR 1-DAY MF
  - MODIFIED MONOVISION CONCEPT BUT IT IS KEEPING BINOCULAR VISION
  - 1 ADD POWER, OVERPLUS THE NON-DOMINANT EYE (+0.75 TO +1.75)

PROCLEAR 1-DAY MF

NEAR-CENTERED ASPHERIC DESIGN

- EASY TRANSITION FROM THE CENTER TO THE PERIPHERY
- LENSES LABELLED WITH DISTANCE POWER
  - DOMINANT EYE : SELECT THE REFRACTIVE POWER
  - NON-DOMINANT: OVERPLUS
  - +0.75 FOR +1.25 TO +1.75 ADD POWER
  - +1.00 - +1.25 FOR ADD > +1.75
DAILIES AQUA COMFORT PLUS

- SIMILAR TO AIR OPTIX® AQUA MULTIFOCAL SYSTEM WHICH WAS DESIGNED TO SUCCESSFULLY FIT EMERGING PRESBYOPIES AND TRANSITION THEM SMOOTHLY THROUGH ALL STAGES OF PRESBYOPIA.

- PUPIL DEPENDENT
  - LOW ADD: NEAR CENTER ZONE = 1.5 MM
  - MED/HIGH ADD = 1.8 MM
  - CLINICAL IMPLICATION:
    - PATIENT WITH PUPIL OF 2.2 MM CAN NOT SEE AT DISTANCE
    - PATIENT WITH VERY LARGE PUPILS CAN LOSE VISUAL ACUITY AT NEAR.


dailies aqua comfort plus

- REQUIRED SPECTACLE ADD AND CONTACT LENS ADD

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<th align="center">SPECSPECTACLE ADD</th>
<th align="center">CONTACT LENS ADD</th>
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<tbody>
<tr>
<td align="center">Up to +1.00</td>
<td align="center">LO</td>
</tr>
<tr>
<td align="center">+1.25 &amp;</td>
<td align="center">LO</td>
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<tr>
<td align="center">+1.50</td>
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<tr>
<td align="center">+2.00</td>
<td align="center">MED</td>
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<tr>
<td align="center">+2.50 &amp;</td>
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</tr>
<tr>
<td align="center">+2.50 &amp;</td>
<td align="center">HI</td>
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- CLINICAL IMPLICATION:
  - PATIENT WITH PUPIL OF 2 MM CAN NOT SEE AT DISTANCE
  - PATIENT WITH VERY LARGE PUPILS CAN LOSE VISUAL ACUITY AT NEAR.

- REQUIRED SPECTACLE ADD AND CONTACT LENS ADD

- INFLUENCE OF REQUIRED SPECTACLE ADD ON SUCCESS

<table>
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<th>Spectacle Add</th>
<th>% Success</th>
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<tbody>
<tr>
<td>0.75-1.00</td>
<td>76%</td>
</tr>
<tr>
<td>1.25-1.50</td>
<td>79%</td>
</tr>
<tr>
<td>1.75-2.00</td>
<td>79%</td>
</tr>
<tr>
<td>2.25-2.50</td>
<td>72%</td>
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- DAILIES® AquaComfort Plus® Contact Lenses

- UPCOMING

- BIOTRUE ONE DAY MULTIFOCAL
  - SAME DESIGN AS FOR PURE VISION 2 MF
  - HYPERGEL MATERIAL
  - MORE ROBUSTABLE
  - TARGET EYE DRYNESS
IMPROVING SUCCESS RATE: BACK TO BASIC

- SUCCESS IN MF FITTING IS INFLUENCED BY 3 MAIN FACTORS
  - SPHERICAL ABERRATIONS
  - PUPIL SIZE
  - LEVEL OF RESIDUAL ACCOMMODATION

SPHERICAL ABERRATIONS

- SPHERICAL ABERRATION INDUCES MULTIPLE FOCAL POINTS ON THE FOCAL AXIS OF AN OPTICAL SYSTEM

- THESE POINTS MAY CONTRIBUTE TO THE DEPTH OF FOCUS (DOF)
  - INCREASED DOF REDUCES THE NEED FOR ACCOMMODATION

DIFFERENT DESIGNS, DIFFERENT OUTCOMES

- CENTERED-DISTANCE LENSES: PROVIDES POSITIVE S.A.
- CENTERED-NEAR DESIGNS: NEGATIVE S.A.
- CAN ADD UP OR DECREASE THE LEVEL OF INHERENT OCULAR S.A.
  - NATURAL RELAXED EYES GETS POSITIVE S.A.

- DECENTRATION RAISES THE LEVEL OF S.A. AND IMPACTS NEGATIVELY ON THE QUALITY OF VISION
- BETTER SUCCESS IS ASSOCIATED WITH A FLAT WAVE-FRONT (NEUTRAL) IN THE CENTER OF THE PUPIL

CLINICAL IMPLICATIONS

- IF A PATIENT IS COMPLAINING ABOUT POOR VISUAL ACUITY, HALOES AND GLARE, BLURRED IMAGES AT COMPUTER DISTANCE
  - EVALUATE EYE S.A. (NO LENSES)
  - IF POSITIVE, TRY A CENTER-NEAR DESIGN WITH ABERRATIONS CONTROL (PURE VISION)
  - IF NEGATIVE, TRY A CENTER-DISTANCE DESIGN (ACUVUE OASYS) OR A NON-ASPHERIC LENS (BIOFINITY 2 D LENSES)
  - EVALUATE LENS DECENTRATION
  - TRY ANOTHER BC OR ANOTHER LENS IF TOO MUCH DECENTRED.

PUPIL SIZE

- CLINICALLY SIGNIFICANT IF PUPIL DIAMETER > 4 MM
- HIGHER ADD POWERS ARE ASSOCIATED WITH POORER OPTICAL IMAGES FOR PATIENTS WITH LARGER PUPIL (MORE S.A.)
- SMALLER PUPILS ARE ASSOCIATED WITH HIGHER DEPTH OF FOCUS (RELY LESS ON ACCOMMODATION)

CLINICAL IMPLICATIONS

- FOR PATIENTS WITH LARGE PUPIL
  - PREFERRED DESIGNS: ALTERNATING BIFOCAL LENSES OR SEGMENTED (ZONES) MF LENSES
    - BIOFINITY/PROCLEAR
    - ACUVUE OASYS
  - SWITCH OVER SCLERAL LENSES MULTIFOCAL LENSES (9MM OZ) OR TRANSLATING RGPS
  - USE OF MEDICATION TO LIMIT THE PUPIL SIZE (?)
ACCOMMODATION

- BLUR DRIVES ACCOMMODATIVE DEMAND
- ACCOMMODATION IS LINKED WITH REDUCTION OF INHERENT POSITIVE S.A. (TOWARD MORE NEGATIVE S.A.) AND MODIFICATIONS OF OTHER HOA.
- MATURE PRESBYOPES GET MORE POSITIVE S.A. AS THEIR ACCOMMODATION POWER IS REDUCED

CLINICAL IMPLICATIONS

- DO NOT OVER PLUS THE ADD POWER
- PREFERABLE TO PLAY WITH THE SPHERE (MAX CONVEX REFRACTION)
- EVALUATE THE WORKING DISTANCE (55-60 CM INSTEAD OF 45 CM)
- MODIFIED OHCVISION
- DO NOT MASK ASTIGMATISM
- APPLY DOYON'S CRITERIA FOR BIOFINITY DESIGN (BASED ON AGE)
- SELECT DESIGNS WITH ABBERRATION CONTROL (PURE VISION 2)

SELECTION OF THE PATIENT

- ALMOST EVERYBODY CAN BE FITTED IN MF CONTACT LENSES IF
  - THEY ARE MOTIVATED
  - THEY CARRY REASONABLE EXPECTATIONS
  - THEY SEE THE BENEFITS OF THIS MODE OF CORRECTION VS OTHERS
    - EX: GOLF, SOCIAL ACTIVITIES, LOOKING YOUNGER, ETC.
  - AVOID
    - TYPE A PERSONALITY

THE WORST CANDIDATE

- WHICH OF THE FOLLOWING PATIENT IS THE WORST CANDIDATE TO CONSIDER BEING FITTED IN MULTIFOCAL CONTACT LENSES?
  A. MALE OF 72 Y.O. RECENTLY SURGERED FOR CATARACTS, TO CORRECT RESIDUAL REFRACTIVE ERROR
  B. MALE OF 45, COMPUTER WORKER, RX = -2.00 D OU
  C. FEMALE OF 55, AMBLYOPIC OD SINCE CHILDHOOD (OD +6.00 20/50), OS +2.00 (20/20)
  D. MALE OF 45, WITH CHRONIC ALLERGY, TAKING ORAL MEDICATION YEAR AROUND (ANTHISTAMINES)

SELECTION OF THE WORDING

- DON'T SAY ….
  - YOU'LL HAVE TO COMPROMISE
  - PATIENT UNDERSTANDS HE'LL GET LESS AND WILL PAY MORE
  - YOUR BRAIN WILL ADAPT
    - IF THIS DOESN'T WORK, PATIENT THINKS HAVING A BRAIN PROBLEM
  - IT IS WORKING LIKE A PROGRESSIVE ADD PAIR OF GLASSES
    - NEVER COMPAR GLASSES AND CONTACT LENSES
    - SIMULTANEOUS VISION NEVER OCCURS IN GLASSES
  - IT IS A TRIAL LENS
    - THIS IS A DIAGNOSTIC LENS (YOU DIAGNOSE INSTEAD OF JUST TRYING WITHOUT KNOWING WHERE TO GO)
    - FOR SOME PATIENTS, A TRIAL PERIOD IS AN INDICATION TO START A NEVER-ENDING STORY
BUT SAY...

- YOU'RE TOO YOUNG FOR READING GLASSES!

- PRESENT THE 90-90 RULE
  - 90% OF THE VISUAL NEEDS, 90% OF THE TIME COVERED

- YOU AND I WILL DEFINE AN EQUILIBRIUM BETWEEN FAR AND NEAR.
  - PATIENT FEELS IMPACTED – EXPERIENCE WITH REAL-LIFE SCENARIO
  - TEAM WORK EFFORT

- BASED ON YOUR VISION AND YOUR NEED, THIS IS MY BEST RECOMMENDATION
  - LET THE PATIENT KNOW THAT YOU ARE IN CONTROL AND WHERE YOU ARE HEADING
  - EXPLAIN DESIGNS WITHOUT GOING DEEP IN THE DETAILS

DON'T DO

- MAKE MANY QUICK CHANGES DURING TRIALS
  - DETERMINE THE BEST OPTION
  - MAKE LITTLE CHANGES AT A TIME, LET THE PATIENT ENOUGH TIME TO ADAPT

- DISTANCE VISION OF THE NON DOMINANT EYE MAY TAKE UP TO 1.5 DAYS TO IMPROVE AS NEURO ADAPTATION OCCURS

- MASKING ASTIGMATISM
  - THIS IS A CRUCIAL ELEMENT

- EXPERIENCE WITH REAL-LIFE SCENARIO

TROUBLESHOOTING

- MF PATIENTS ARE COMPLAINING OF
  - COMPROMISED VISUAL ACUITY AT DISTANCE OR AT NEAR OR BOTH
  - REDUCED CONTRAST SENSITIVITY
  - REDUCED STEREOACUITY
  - GHOST IMAGES
  - COLOURED HALOES
  - FLUCTUATION OF VISION WITH CHANGES IN PUPIL SIZE (LIGHT DEPENDENCY)

- THIS IS WHY BCP FINDS MF FITTING A COMPLEX TASK.

HOW TO TROUBLESHOOT THESE ISSUES

- COMPROMISED V.A.
  - CENTER-NEAR VS CENTER-DISTANCE DESIGNS
  - A MIX OF PRODUCTS CAN BE THE OPTION

- REDUCED CONTRAST SENSITIVITY
  - RELATED TO SIMULTANEOUS VISION
  - 2 TYPES OF DESIGN (D AND N) CAN HELP

- REDUCED STEREOACUITY
  - MULTIFOCAL DESIGN VS MONOVISION OR MODIFIED MONOVISION
  - DO NOT OVERPLUS THE PATIENT AT NEAR, THEY ARE LOOKING MAINLY AT COMPUTER DISTANCE

TROUBLESHOOTING

- GHOST IMAGES, HALOES
  - OPTIC ZONE SIZES VS PUPIL SIZE
  - MEDICATION CAN HELP IF THE PROBLEM IS ACCURATE

- VISUAL FLUCTUATION
  - SELECT A DESIGN THAT IS NOT PUPIL DEPENDENT
  - NON-NEAR-CENTERED ASPHERIC SIMULTANEOUS VISION

Designs influence C.S

TROUBLESHOOTING

- GHOST IMAGES, HALOES
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  - SELECT A DESIGN THAT IS NOT PUPIL DEPENDENT
  - NON-NEAR-CENTERED ASPHERIC SIMULTANEOUS VISION
RGP MULTI-FOCAL DESIGNS

ASPHERIC DESIGNS

- FRONT SURFACE
- BACK SURFACE
- FRONT AND BACK SURFACE

Front and back aspheric lenses: Essential CSA

ESSential 9.5 / 7.50
- Series 3
  - Fit flatter than K
  - Must translate

ESSential Xtra 9.5 / 7.50
- Series 3
  - Larger OZ
  - Reduced edge lift
  - Less corneal warpage

Distances, Intermediate Optical Zone Diameters
Parameter Changes To Fine Tune Performance

4.6mm Increased Zone
- 4.3mm Standard Zone
- 4.0mm Reduced Zone

4.3 mm Suitable for the Majority of Your Patients
4.6 mm Larger Pupils – Or Higher Riding Lenses
4.0 mm Small Pupils – Or Interpalpebral Positioned lenses

Front bifocal surface

As the addition increases, the distance optic zone and transition zone narrows allowing the near optic zone to become larger.

Add. +1.00
Add. +1.50
Add. +2.00
Add. +2.50

Distance optic zone
Transition zone
Near optical zone

Back surface aspheric lenses
S-Form & CNC Lathing

S-Form Aspheric
- Corneal Alignment Fitting – Promotes Corneal Stability
- Larger Distance Optic Zone – Less Distance Compromise
- ADD Correction Up To +2.75D
- Full Range Intermediate

Conventional CNC Aspheric
- Typical Fitting Much Steeper than Flat “K”
  - Can Induce Corneal Change – Spectacle Blur
- Smaller Distance Optic Zone – Greater Distance Compromise
- ADD Correction Beyond Limited To +1.00D
- Full Range Intermediate
ASPHERIC DESIGNS CONTINUED

- BOSTON MULTIVISION (POLYMER TECH)

- BACK SURFACE MULTI-ASPHERIC
  - “LOW” ADD OF +1.50 D (DOMINANT EYE)
  - “HIGH” ADD OF +2.00 D (NON-DOMINANT EYE)

- FIT STEEPER THAN K – INTRAPALPEBRAL POSITION

TRANSLATING DESIGNS

- PRISM BALLASTED & OFTEN TRUNCATED
- CRESCENT/EXECUTIVE SEG
- HIGH DK MATERIAL
- NEAR IMAGE MOVES IN FRONT OF PUPIL WITH DOWN GAZE
- TYPICALLY RESTS ON OR NEAR THE LOWER LID

TRANSLATING DESIGNS: CANDIDATES

- CRITICAL VISION DEMANDS
- ANY ADD POWERS (HIGH ADD/LIMITED IM)
- LOWER LID NEAR LIMBUS/GOOD TONICITY
- ASPHERIC DOES NOT CENTER
- INFERIOR APEX

READING POSITION OF TRANSLATING BIFOCAL BASE CURVE SELECTION

- PROPER BASE CURVE SELECTION HELPS THE LENS TO TRANSLATE SMOOTHLY UPWARD TO POSITION THE SEG LINE SLIGHTLY ABOVE THE PUPIL CENTER DURING DOWN GAZE

LID POSITION

Optimal

TANGENT STREAK (FUSED KONTAKTS)

- ONE-PIECE EXECUTIVE WITH MONOCENTRIC OPTICS
- STANDARD LENS = 9.4/9.0 OAD/OZD
- 4.2MM SEG, 2.0PD, +2.00D ADD
- FIT APPROXIMATELY 0.50D FLATTER THAN K
- SEG LINE AT LOWER PUPIL MARGIN
SOLUTIONS (X-CEL)
- One-piece crescent with monocentric optics
- Standard lens = 9.6mm OAD; medium prism, seg line 1mm below geometric center
- +2.00D add, no truncation
- User friendly
- Fit and seg position similar to tangent streak

LLEVATIONS TRIFOCAL (TRU-FORM)

PRESBYLITE LENS DYNAMICS, INC

INTRODUCING....
- One fit multifocal (Blanchard Labs)
  - Correction of myopia, hyperopia, astigmatism and presbyopia
  - Reduced eye dryness
  - Optimal optics

MF DESIGN

THERE IS NO COMPROMISE IN THIS LENS
- Optimal distance vision
- Optimal vision for computer work and near vision
- Easy to fit
- Easy to troubleshoot
- Easy to wear
FITTING PROCESS

- Same as one fit P&A
- One add value
  - Works like a progressive add pair of glasses
  - Brain discrimination will provide optimal vision
- Neuro-adaptation can take up to 5 days to perform at the most
- Determine ocular dominance
- Order

THE FUTURE?

- Future designs
- New polymers
- New technology

CONCLUSION

- Presbyopic patients are ready to be fitted
- Products exist
- ECP should become more proactive to fit them
- At the end, this is a professional challenge but a practice builder
- A unique opportunity to vitalize your practice.