

VIEWPOINTS

DRS. DISTIN & DOYLE

Winter Dryness Brings Challenges

We've had our hard freeze, nothing is blooming, our seasonal eye problems are over, right? Unfortunately, while the seasonal allergies that can play havoc with our comfort are history, now it's time to deal with the dry or itchy eyes that can come to all of us, contact lens wearers or not, courtesy of central heat. Most of us don't want to do without central heating but sometimes it is very dry inside during the heating season. For some patients this makes lens wear uncomfortable. Patients with dry eye may suffer as well. Keeping lenses scrupu-

lously clean, changing them as prescribed, and using comfort drops can help keep you comfortable 'til it's time to shut down the monster in the basement. Dry-eye patients can use the artificial tears the doc-



That monster in the basement is trying to dry us out

tor recommended. There are also soft lens materials that boast of improved moisture. Ask the doctor if he'd recommend any for you.

In the car during this time of year, the eye-drying and lens-drying demon is the defroster. It blows heated air right in your face. Be sure to blink often and take comfort drops along for long trips. Air travel is notoriously "dry" too; so take your drops on that vacation too. According to our latest information, eye drops can now be carried through security at the airport.

OCT Testing Available on Premises

Until this fall, patients for whom the doctors wanted *optical coherence tomography* data were sent to other offices where the technology was available. The patient travelled to the location, testing was done there, results sent here and the patient

came in to talk with the doctor about the findings and plan.

Just weeks ago the doctors invested in an instrument for this testing right in Monmouth. OCT is an instrument for noninvasive analysis of retinal tissue. Tomography can "see" what the

doctors, even with magnification, can't see. They will have yet another tool for more complete information and documentation as they discover and follow retinal deformations, diseases, or conditions.

Heating Season Notes:

- **Dry, heated air can be uncomfortable for those diagnosed with dry eye.**
- **Contact lens wearers suffer in dry air too.**
- **Check with the doctor to be sure you're using the proper drops**

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New Digital Lenses Are Even Better

New digital equipment in use at the optical laboratories we use makes possible one of the most talked about innovations in lenses — digital lenses. The new process results in lenses that are four to six times more true to prescription than previous lenses could be. The resulting vision is crisp, with

marvelous depth and clarity, much like comparing a three megapixel photo to a 10 megapixel photo.

Digital lenses allow patients to enjoy a vision channel up to 20% wider, making reading and computer use more comfortable.

Digital lenses are ideal for all patients who want to

experience the latest in lens technology. Patients with high prescriptions and large amounts of astigmatism will experience the greatest “wow” factor, but our staff members who are wearing the lenses report that even for their average prescriptions, the difference is “amazing.”

Seriously? Vitamins for Eyes?

The National Eye Institute began AREDS, the Age-Related Eye Disease Study, nearly two decades ago. One facet of the study was to test certain vitamins and minerals to find out if they prevent or slow the diseases studied: macular degeneration and cataracts.

Now, Dr. Distin & Dr. Doyle often suggest the

antioxidants and mineral in the AREDS formula to macular degeneration patients. (The study found no benefit for cataract patients.) The doctors also suggest other supplements such as lutein, zeaxanthin, and fish oil.

Now that the study is finished, people of all ages are beginning to hear

about it and to supplement their diets accordingly. The levels of the studied nutrients are almost impossible to get from a normal diet. When you’re in, ask at the front desk for a pamphlet we have called “Diet, Nutrition, and Eye Health” or “Feast Your Eyes.” Each contains helpful details.

Genetic Testing Helps Select Those Vitamins



Dietary supplementation has been found to be of value in preventing the advance from “dry” (moderate) macular degeneration to “wet” (advanced) macular degeneration. Early intervention is key to treatment of both types although there is not a cure and vision already lost cannot be restored.

A recent study has found that not all AMD patients benefit from the same nu-

tritional supplement formulation. In fact, zinc, a star of some AREDS preparations, is not useful for some individuals. The investigators found that almost half the AREDS study population would have benefitted more from a different formulation. The same investigators estimate that genotype-directed eye vitamin formulation would have more than doubled the reduction in the AMD

progression rate.

A cheek swab submitted for genetic testing, along with other information about the patient’s case can indicate which supplements are most helpful for age-related macular degeneration (AMD) patients. The genetic testing to determine the most promising supplementation is available at our office and is covered by most insurance for those with AMD.

Medications and Personal Information, Part of a Complete , Useful Patient and Family Health History

For many years we have been asking patients about medications. So many medications make a difference in intraocular pressure, vision, tears, ability to change focus, and other aspects of the doctors' work. In recent years we've found that more and more people at younger and younger ages are taking multiple medications. Many people carry a frequently-updated list of their medications. Often, because it may be easier, we just ask the patients to bring their bottles of pills and we'll sort it all out.

In addition to asking about medications, we and other health care providers may ask you questions you consider too personal. These questions have possibly

been asked of you before; they are important parts of your **complete** history. If such questions are new to you, I would say they are probably now being asked in order to collect that complete history. As part of the American Recovery and Reinvestment Act, there is legislation called the HI-TECH Act (Health Information Technology for Economic & Clinical Health Act). Under this act, health care entities were rewarded for efforts to make records more complete and accurate (as in legible for pharmacies), more easily shared (as with hospitals or doctors when patients are referred), more protected from those who should not get at them, more helpful to those who

do need the records, and available to the most concerned party, the patient. Most of these goals were addressed through technology; hence the talk you've heard about EHR and EMR (electronic health records and electronic medical records). In the initial years, doctors were paid incentives for adopting technology for the improvements. Beginning next year, entities that have not adopted improvements will be penalized for not having done so. These questions, incentives, and penalties are **not** part of the Affordable Care Act that some call Obamacare; they come from the earlier HI-TECH Act, a part of the legislation done to ameliorate the effects of the recession.



Winter Sun Calls for Protection Too

Vision Ease, maker of Coppertone polarized lenses, advises: This winter, pack away the beach towels and shorts—but not your eye protection.

Because snow and ice are such reflective surfaces, much of the ultra-violet light around will be transmitted back to our eyes. UV rays intensify with reflection. The condition we call “snow blindness” can damage the cornea for up to a week, cause pain, sensitivity to light, and a foreign body sensation.

Glare in winter driving can subject eyes to nearly 12 times more light than is needed. This can cause irritation, discomfort, and dangerous distraction.



Winter conditions make eyes even more susceptible to ultra-violet damage than do summer days.

Humidity is lower; so eyes can be dry. Wind also dehydrates and irritates. The thin clouds and haze of winter absorb UV even less than summer's sometimes heavy clouds.

When you come for your visit, do bring your sunwear for us to tune up with cleaning, adjusting, new nose pads, whatever they might need after a busy summer.

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January Is National Glaucoma Awareness Month

Over three million Americans, and nearly seventy million people worldwide, have glaucoma. Experts estimate half of them don't know they have it. Is it any wonder the Glaucoma Research Foundation declares January National Glaucoma **Awareness** Month?

In its most common form, glaucoma typically has no symp-

toms (until damage is done). It is the leading cause of preventable blindness.

Patients at highest risk for glaucoma are people of African, Asian, and Hispanic descent, people over 40, people with diabetes or hypertension, and siblings of persons with glaucoma.

Dr. Distin and Dr. Doyle diagnose

glaucoma after evaluating a number of factors. They check the pressure inside the eye, evaluate the appearance of the back of the eye, measure the vision field, and may even measure the thickness of the cornea to make adjustments to the pressure readings. Several years ago, the doctors invested in retinal tomography equipment to diag-

nose glaucoma as early as possible and to catch changes in the glaucomatous eye as well.

Typical treatment for the most common form of glaucoma is eye drops. If either of the doctors suspects surgery is necessary, he will refer the patient for evaluation and surgery.