

# AGED TO PERFECTION!

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Advanced, ripe, established, experienced, vintage, seasoned, there are numerous synonyms for aging individuals...just don't say...*old!*

Age is nothing to be ashamed or apologetic for. It is frequently called the "third act," and most healthy seniors would agree. They find there is less stress, and most have a sense of well being during this time of their lives.

As children, the seniors of today were *not aware* of the potential dangers UV could be to both their eye health and their physical health. Many spent hours daily in the sun, repeatedly getting sunburned, to the extent of blistering, peeling and sometimes scarring. The sunglasses they occasionally wore generally helped block some UV, but were worn for fashion, or to avoid bright sunlight.

It was normal for these children of the 1940's – 1960's to be routinely exposed to secondhand smoke, as smoking was not prohibited in most establishments, like, medical centers, hospitals, restaurants, buses, trains, just about everywhere!

As early as 1953 most tobacco companies were made aware of the potential harm their products posed, but the public was not alerted until 1964. So in many cases the damage had potentially been done!

Vintage patients (age 70+), in good physical health may continue to have routine comprehensive eye examinations without complications.

When we initially see a geriatric patient for a routine comprehensive eye examination, it is not unusual to discover age has deteriorated vision, and/or eye health; we find often-additional time is needed for diagnostic tests. Dilation is almost always done, and is important to inform our patient when the appointment is made. It is important, also that the patient is informed, to allow for the additional time, making the visit enjoyable, free from any animosity over time constraints.

It is important to get a detailed medical history. We pay close attention to the medication our patients are taking. Some individuals are not aware of medical conditions they have been diagnosed with. As often, they do not ask their primary care physicians about their diagnosis. Some take medication completely trusting their doctors without question. Some even think they are cured from the disease as long as they take the medication. Often, we find ourselves doing some detective work, should a medication not be recognized. It is important we find the diagnosis, or the reason the medication was prescribed.

When a patient is non-verbal it is important to have a family member or representative help with medical information; keep in mind the patient must always

give permission first. Together, we will be able to understand if any physical changes, such as, mobility changes, difficulty eating, or decreased reading or writing, as well as visual changes, flashes, floaters, or just noticing their eyes “just don’t feel right,” are alerting us to possible visual changes or potential eye disease. Understanding our patient’s medical history will help us to provide the best diagnostic tests to provide the best medical and vision outcome.

Handicap accessibility is crucial, should physical challenges be noted. Without the appropriate equipment, we are not able to provide an accurate vision refraction to get the best visual and ultimately the most medical outcome.

When a patient arrives for frame selection it is important to note the lenses currently worn. It is not unusual for patients’ to feel comfortable with a particular lens type; it is always best to inform and educate our patients (no matter what the age), of the latest advances in lens styles. Once made aware and maintaining their desire to not change lens style, make appropriate measurements, like base curve, and check material to ensure the lens ordered is as close to the current lenses that are worn. It will make transitioning to a new prescription comfortable, and easy. Take notice of any physical changes in appearance. If a patients physique has transformed, for example, osteoporosis may prevent standing or sitting upright, which may change the way they use their glasses. Additional measurements may be required to increase visual comfort.

Frame styling with any age should be fun! We must never assume there are age or gender requirements to certain frame styles. Judging a “book by its cover” will only limit our frame choices. We should always remember if we are relaxed and enjoy ourselves, our patients no matter their ages will find frame selection fun and hassle-free.

#### Acknowledgements

[www.drugabuse.com](http://www.drugabuse.com)

medicalnewstoday.com

agingcare.com

npr.org