

President's Insights – June 2021

Prevent Blindness America declared June as Cataract Awareness Month to educate people about cataract symptoms, treatment, and prevention. Along with uncorrected refractive error, cataracts are the most common cause of preventable visual impairment and blindness in the world. While both cataract and uncorrected refractive error are relatively straightforward for a well-trained optometrist to diagnose, there is one big difference. Optometrists are highly-trained and equipped to treat uncorrected refractive error with spectacles or contact lenses. When a patient has a cataract, we must rely on collaboration with an ophthalmologist who will perform cataract surgery as the primary treatment. This involves good communication and collaboration with our colleagues as we work together to address preventable blindness.

Symptoms of cataract include blur, glare, and increasingly dim vision that is eventually not correctable with spectacles or contact lenses. The main issue is opacification of the crystalline lens inside the eye. For early cataracts, glare protection in the form of sunglasses and possibly prescription spectacles can help for a time but eventually cataract surgery is needed.

Cortical cataract are relatively common and are associated with increased sun exposure. They tend to have a whitish or milky appearance and that is why they catch bright light to cause glare disability. They can cause a hyperopic shift requiring spectacle correction for distance and/or near vision. Advising our young patients to wear a brimmed hat and sunglasses could help to prevent cortical cataract in later years, especially those who work outdoors or live in sunny places.

Nuclear sclerotic cataracts also cause blur and dim vision but they tend to have a yellowish or amber appearance that is located in the center of the crystalline lens. They are associated with advanced age and can cause a myopic shift. Early on, sun protection and perhaps myopic spectacles can help improve vision. As infrastructure improves such as sanitation, clean water, public health measures, and medical treatment, people will tend to live longer. That, of course, is a good thing! We surely will be dealing with more and more cataract as our population ages. It would be best to enhance and improve the relations with our ophthalmological colleagues now to develop a smooth functional working relationship.

There is a less common type of cataract called posterior subcapsular cataract. This type of cataract is associated with diabetes mellitus and/or systemic or ophthalmic corticosteroid use. This cataract tends to be very small and located on the back of the crystalline lens, making it sometimes difficult for the optometrist or ophthalmologist to detect. It is important to learn and perform retinoscopy because this valuable technique can help the practitioner to detect and diagnose the cataract. Even though small, these cataracts tend to cause a lot of blur and glare. While cortical and nuclear sclerotic cataracts tend to grow slowly, posterior subcapsular cataracts can arise quickly.

It is optimal for optometrists and ophthalmologists to work together to address cataracts. Optometrists are in the position to do general eye exams and larger volume vision screenings to detect cataracts. In some cases, optometrists work with ophthalmologists to complete pre-surgical measures which include a thorough history, refraction, keratometry, slit lamp evaluation, axial length, and fundus examination (when possible). Many optometrists are involved with post-surgical care and infection/inflammation prevention. Then, after a period of healing for some months, the refraction must be completed again to

recommend either over-the-counter readers for near work or prescription spectacles for distance and near vision. It is by working together that optometrists and ophthalmologists can best detect, evaluate, and treat cataracts. It is a fact that in many countries there is a shortage of qualified cataract surgeons so we must take the opportunity to make the process as efficient as possible.

VOSH Chapters can help by completing vision screenings and eye exams to detect and refer patients. We can work with organizations such as SEE International or Seva to hold collaborative cataract surgery clinics and improve surgical experience and training. We should also consider involving local ophthalmologists who are willing to help because contributing to the building of stronger cooperation between our professions, can only contribute to the sustainability of eye health care locally. We can request and secure high quality intraocular lenses and ophthalmic equipment to improve surgical outcomes. In summary, we can work with our patients, ophthalmological colleagues and ophthalmic suppliers to detect, evaluate, and treat visually significant cataracts and in the process change the quality of life of many people.

For more information click on these links:

WHO [World report on vision](#)

[SEE International](#)

[SEVA Foundation](#)

J. Daniel Twelker, OD, PhD

President, VOSH/International