



Opticians

Common Eye Conditions Explained

*Please note that the following is **general** information only. If you have a specific question about your eye condition, you must consult an eye care professional. We've tried to ensure that the content of this is guide is accurate, however we will not accept liability for any loss, damage or inconvenience arising as a consequence of any use of or the inability to use any information provided.*

Glaucoma

Glaucoma occurs when a build up of pressure inside the eye causes damage to the optic nerve (which connects the eye to the brain) and the nerve fibres of the retina.

Patients often don't realise their sight is being damaged because the condition usually develops very slowly, and the first part of the eye to be affected is the outer field of vision (peripheral vision) which you're not so conscious of. Vision is lost from the outer rim of the eye, slowly working inwards towards the centre.

Glaucoma often affects both eyes, usually to varying degrees. One eye may develop glaucoma quicker than the other.

There are four main types of glaucoma:

- **Chronic open-angle glaucoma.** This is the most common type of glaucoma and develops very slowly.
- **Primary angle-closure glaucoma.** This is rare and can occur either slowly or very rapidly with a sudden, painful build-up of pressure in the eye causing some people to feel sick or be sick.
- **Secondary glaucoma.** This mainly occurs as a result of an eye injury or another eye condition, such as uveitis (inflammation of the middle layer of the eye).
- **Congenital glaucoma.** This is a rare type of glaucoma which occurs in very young children, caused by an abnormality of the eye.

There are a number of things that can increase your risk of developing glaucoma:

- **Age.** Glaucoma becomes more likely as you get older. In the UK, chronic open-angle glaucoma affects up to 2% of the population over 40 years old and around 5% of people over 80 years old
- **Family history.** If you have a close relative, such as a parent, brother or sister who has glaucoma, you are at increased risk of developing the condition yourself
- **Ethnic origin.** People of African or Afro-Caribbean origin are at increased risk of developing chronic open-angle glaucoma and people of Asian origin are at increased risk of developing acute angle-closure glaucoma
- **Ocular hypertension** (OHT or 'high pressures'). Your optometrist will screen for elevated pressures using the simple 'puff of air test'.
- **Short sightedness** (myopia). People who are short-sighted are more likely to develop chronic open-angle glaucoma.
- **Medical conditions.** People with diabetes may be at increased risk of developing glaucoma.

Glaucoma can be treated with eye drops, laser treatment or surgery. Early diagnosis is important because any damage to the eyes cannot be reversed. Treatment aims to control the condition and prevent future damage.

Cataracts

Cataracts are cloudy patches that develop in the crystalline lens of your eye. Although certain types of cataracts can affect babies and young children, the problem is much more common in older people.

Cataracts can develop over many years and problems may at first be unnoticeable. They often develop in both eyes, although each eye may be affected differently. The exact cause of age-related cataracts is uncertain, but it is believed to be the result of gradual changes in the structure or protein composition of the lens inside your eye.

Cataracts may affect your sight in several ways:

- Blurred, cloudy or misty vision, or small spots or patches where your vision is less clear.
- You may find it more difficult to see in dim or very bright light
- The glare from bright lights may be dazzling or uncomfortable to look at
- Colours may look faded or less clear
- Everything may have a yellow or brown tinge
- You may have double vision
- You may see a halo (a circle of light) around bright lights, such as car headlights or street lights
- If you wear glasses, you may find that they become less effective over time

Several factors may increase your risk of developing cataracts:

- Age
- A history of cataracts in your family
- Smoking
- Regularly drinking excessive amounts of alcohol
- A poor diet lacking in vitamins
- Lifelong exposure of your eyes to sunlight
- Taking corticosteroid medication at a high dose or for a long time
- Previous eye surgery or injury
- Certain health conditions, such as diabetes or long-term uveitis (inflammation of the middle layer of the eye)

If your cataracts are mild, stronger glasses and brighter reading lights may be helpful for some time. However, over time the condition is likely to worsen and you'll eventually need surgery. This will usually be performed when your loss of vision has a significant effect on your daily activities, such as driving or reading.

Cataract surgery involves removing the cloudy lens through a small incision in your eye and replacing it with a clear plastic one. In most cases, this will be carried out under local anaesthetic and you can usually go home the same day. Almost everyone who has cataract surgery experiences an improvement in their vision, although it can sometimes take a few days or weeks for your vision to settle. You can usually return to most of your normal activities within about two weeks.

After the operation, your plastic lens will be set up for a certain level of vision, so you may need to wear glasses in order to see objects that are either far away or close to you. If you wore glasses previously, your prescription will almost certainly change. However, your optometrist will need to wait until your vision has settled (at least four weeks) before they can give you a new prescription.

Age-Related Macular Degeneration (AMD)

Age-related Macular degeneration (AMD) is a condition where the macula (the part of your eye responsible for central vision) deteriorates. In AMD, your central vision becomes increasingly blurred, leading to symptoms such as:

- Difficulty reading
- Colours appearing less vibrant
- Difficulty recognising people's faces

AMD is the leading cause of visual impairment in the UK. For unknown reasons, it tends to be more common in women than men. As would be expected by its name, age is one of the most important risk factors for AMD. The condition is most common in people over 50 and it's estimated that 10% of people over 65 will have some degree of AMD. There is currently no cure for the condition.

AMD usually affects both eyes, but the speed at which it progresses can vary from eye to eye. It does not affect the peripheral vision (outer vision), which means it will not cause complete blindness.

There are two main types of AMD:

Dry AMD develops when the cells of the macula become damaged as a result of a build-up of waste products called drusen. It is the most common and least serious type of AMD, accounting for around 90% of all cases. The loss of vision is gradual, occurring over many years.

With dry AMD, treatment is mostly based on helping a person make the most of their remaining vision, such as using magnifying lenses to help make reading easier.

Wet AMD develops when abnormal blood vessels form underneath the macula and damage its cells. Wet AMD is more serious and without treatment, vision can deteriorate within days. Early diagnosis and treatment of wet AMD is therefore essential in reducing the risk of severe loss of vision. If your vision suddenly gets worse, images are distorted or you notice blind spots in your field of vision, seek medical advice immediately. Either book an emergency appointment with an optometrist or visit your local accident and emergency (A&E) department.

Wet AMD can be treated with a type of medication called anti-VEGF, which aims to stop your vision getting worse by helping prevent further blood vessels developing. In some cases laser surgery can also be used to destroy abnormal blood vessels.

It is not always possible to prevent macular degeneration as it is not clear what actually triggers the condition. Your risk of developing AMD is also closely linked to things such as your age and whether you have a family history of the condition. However, you may be able to reduce your risk of developing AMD, or help prevent it getting worse, by:

- Stopping smoking if you smoke
- Eating a healthy diet high with plenty of fruit and vegetables. There is some evidence to suggest that a diet rich in green leafy vegetables may slow the progression of dry AMD.

- Taking dietary supplement tablets containing lutein, zeaxanthin and Omega-3
- Moderating your consumption of alcohol
- Trying to achieve or maintain a healthy weight
- Wearing UV-absorbing glasses or contact lenses when outside for long periods

Conjunctivitis

Conjunctivitis is a common condition that causes redness and inflammation of the conjunctiva, a thin layer of tissue that covers the front of the eye. There might also be symptoms including itchiness and watering of the eyes, or a sticky coating on the eyelashes.

Conjunctivitis can affect one eye at first, but usually affects both eyes after a few hours. There are three different types:

Infective conjunctivitis

This is caused by bacterial or viral infections. Often symptoms will clear up within a couple of weeks without intervention, but in severe cases antibiotic eye drops can be used to clear the infection.

Allergic conjunctivitis

This is an allergic reaction to a substance such as pollen or dust mites. It can usually be treated with anti-allergy medications such as antihistamines. If possible, you need avoid the substance that triggered the allergy.

Irritant conjunctivitis

This is caused by the eye coming into contact with substances that can irritate the conjunctiva, such as chlorinated water or shampoo, or a loose eyelash rubbing against the eye. It will clear up as soon as whatever is causing it is removed.

If you have conjunctivitis:

In all cases, you shouldn't wear contact lenses until the symptoms have cleared up.

Any sticky or crusty coating on the eyelids or lashes can be cleansed with cotton wool and water.

Washing your hands regularly and avoiding sharing pillows or towels will help prevent infective conjunctivitis spreading.

You do not need to stay away from work or school if you or your child has conjunctivitis, unless you are feeling particularly unwell, but if you have infective conjunctivitis be careful if you're in close contact with others.

You should see your GP if you have: eye pain, sensitivity to light (photophobia), disturbed vision, intense redness in one or both of your eyes or a newborn baby with conjunctivitis.

Blepharitis

Blepharitis is a condition where the edges of the eyelids become inflamed, appearing red and swollen.

Signs of blepharitis can include:

- Itchy and sore eyelids
- Eyelashes that become crusty or greasy
- Eyelids that stick together and are difficult to open, particularly when you wake up

It is usually caused by a bacterial infection or a skin condition, and is not contagious.

Most people with blepharitis experience repeated episodes, separated by long periods with no symptoms. In most cases both eyes are affected, and the symptoms tend to be worse in the morning.

Blepharitis is not usually serious, although it can lead to a further problems such as dry eye.

Symptoms can generally be controlled by a daily eyelid-cleaning routine that involves applying a warm compress to gently massage your eyelids and wipe away any crusts. However, more severe cases may require antibiotics that are either applied to the eye or eyelid directly, or taken as tablets. You should visit your GP if you have persistent symptoms of blepharitis that are not being controlled by simple eyelid hygiene measures.

Dry Eye

Dry eye is a common problem which affects around 20% of adults. It happens when the tears your eyes produce are of insufficient quality or quantity, or more typically, they evaporate too quickly.

Tear fluid is necessary to lubricate and protect the delicate surface of the eye, as well as ensuring crisp vision between blinks.

Symptoms of dry eyes may include:

- Grittiness
- Itchy eyes
- Burning, stinging
- Intermittent blurred/smeary vision
- Tired eyes
- Mild sensitivity to light (photophobia)
- Sensitivity to pollution and air conditioning

Dry eye is particularly common amongst women and in older people. It can be caused by the following:

- Regular computer/phone/tablet use (this is because you blink less)
- Contact lens wear
- Laser eye surgery
- Eye drops for other conditions such as glaucoma
- Dehydration
- Pollution or dry environments
- Blepharitis (inflammation of the eyelids)
- Hormonal changes
- Certain medications

The condition is normally treated with eye drops, which can be used to lubricate and hydrate the surface of the eye. This helps restore and maintain the natural balance of tear composition. We recommend products such as **Hycosan** and **Theoloz Duo**. Gels are also available for overnight use such as **VitaPos** or **Xailin**.

In dealing with the problem, you should also consider your environment. Avoid air conditioning and take regular breaks from computer/smartphone use, especially later in the evening when tired.

Also make sure your diet is rich in Omega 3 essential fatty acids. You can do this by eating plenty of oily fish or, for vegetarians, flax seeds, hemp seeds, seaweed & berries. Alternatively, you can take an oral supplement such as **Hyabak Caps**.

Diabetes and eyesight

If you have diabetes, you are around twenty times more likely to develop vision problems than the rest of the population.

If your diabetes is poorly controlled, you might experience **temporary fluctuations in vision**. The changes in blood sugar levels resulting from diabetes can affect the refracting surfaces of your eye, resulting in blurring of vision which comes and goes throughout the day.

Diabetics can also develop **cataracts** at an earlier age, and have an increased risk of **glaucoma**.

Diabetic retinopathy is a common complication, and occurs when high blood sugar levels damage the cells at the back of the eye (known as the retina). To work effectively, the retina needs a constant supply of blood, which it receives through a network of tiny blood vessels. Over time, however, a continuously high blood sugar level can cause the blood vessels to become blocked or to leak. This damages the retina and stops it from working, leading to a permanent vision loss.

Diabetic retinopathy does not usually cause any noticeable symptoms until it has reached an advanced stage. It's therefore vital for people with diabetes to control their blood sugar levels, and to have their eyes examined once a year for signs of damage.

Other steps that you can take to help prevent retinopathy include:

- Taking your medication as prescribed
- Losing weight (if you're overweight) and eating a healthy, balanced diet
- Exercising regularly
- Giving up smoking
- Controlling your blood pressure and cholesterol levels

Symptoms of advanced retinopathy can include: shapes floating in your field of vision (floaters), blurred vision and sudden vision loss. Treatment for retinopathy will depend on the stage the condition has reached. If retinopathy is identified in its early stages, it can be treated by controlling your diabetes more effectively. However if you have more advanced retinopathy, you may need to have laser surgery or injection therapy to prevent further damage to your eyes.

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