Sight for Sore Eyes

Have you been taking your eyesight for granted? Now see here: A few simple changes to your daily routine—and medical care—can keep your and your children's eyes on the prize of healthy, long-lasting vision.

February 29, 2008 By Carla Murphy

Floyd Brown is sitting in a padded chair, waiting to see his ophthalmologist at Harlem Hospital's Eye Clinic, while I interview him about his and his family's history of challenging eye health. The 70-year-old Brown, a Georgia-born sweet talker, jerks forward. He whips out a cell phone and calls his twin sister, shoving the phone to my face. "She'll tell you," he says to me. "She'll tell you."

About 20 years ago, as his sister, Francis Cruz, was driving, her daughter suddenly grabbed the sides of her passenger seat. "Mom," she asked, "Didn't you see that car?" That's when Cruz realized that she hadn't seen the 3,000-pound moving vehicle in the left lane—which was about to crash into them.

Later, Cruz learned that her eye pressure, which measures eye fluid, was more than two times higher than normal. (The fluid inflates the eye, much like a balloon.) At 50 years old, like her grandfather before her and brother Floyd after, Cruz was diagnosed with glaucoma, the leading cause of blindness in African Americans. Her driving days were over. Brown, diagnosed only five years ago, has come to Harlem Hospital hoping to salvage his.

Edwin Marshall, a professor of optometry at Indiana University and a spokesperson for the American Optometric Association, says, "As long as young middle-agers can see well—as long as they can read signs, read a book—they think everything's OK." As Cruz—and even I—found out, it ain't. African Americans may be genetically predisposed to glaucoma, but diabetes, often the result of poor eating and job-to-couch living, can often lead to diabetic eye disease and early cataracts. All three conditions are manageable, and public and some private insurance covers prevention and treatment. But experts complain that when it comes to eye health, a double-lard dollop of complacency keeps African Americans in the higher risk category.

The Big Ones to Watch For

At the Harlem Hospital Eye Clinic, Brown's medical chart, with its history of vision woes, tells the story of a man who's been scared into action. Since prescription drops first relieved constant tearing and spots in Brown's vision, he's been obsessive about tracking his glaucoma—which he pronounces "the 'coma."

More than 3 million Americans, most over the age of 40, live with some stage of the disease, but open-angle glaucoma, the most prevalent form, affects blacks at rates up to six times higher than whites. Whether the ship dropped off your peoples in the Caribbean, the Carolinas or Brazil, people of African descent are genetically predisposed to developing glaucoma.

Researchers still do not know why it strikes earlier—about 10 years before whites, according to one study—and progresses faster, says Ellen Liberman, PhD, head of glaucoma research at the National Eye Institute. Yet, according to the Glaucoma Research Foundation, nearly half of those with the disease don't even know that they have it. Because she was diagnosed late, for example, Cruz lost all vision in her left eye.

Glaucoma is caused by a build-up of fluid pressure that, over decades, damages cells at the center of the optic nerve, the cable at the back of the eye that connects and transmits what you see—your college sweetheart's smile when you crack a tired joke, your husband's tighty-whities on the bedroom floor—to the brain. Side vision goes first, but because we rely on straight-ahead vision to gauge our eye health, Marshall says, the disease isn't readily noticeable.

"Would you believe she wants me to give her a hickey?" Brown says, leaning in close to tell me the latest request from his 59-year-old fiancée. He can afford to be jovial. His eye pressure is 12, four points lower than his last visit.

"Folks should become as familiar with those numbers as they are with their blood pressure," R. Linsy Farris, MD, founding director of the 35-year-old clinic, says. "Someone tells you that your blood pressure is 200/100, you already know that's high. Someone tells you that your eye pressure's 30, you should know that's high too." The newest research suggests that what is considered a normal level of eye pressure may need to be recalibrated slightly for blacks, but the current normal range to look for, Dr. Farris says, is typically no higher than 20 in either eye.

Prescription eyedrops—up to four kinds daily—keep glaucoma at bay by relieving fluid pressure. Even high-risk patients who have not yet developed the disease have been shown in research funded by the National Eye Institute to benefit from eyedrop treatment. But early diagnosis is key.

Which is why scientists designed the first multisite glaucoma study in 2003 to examine glaucoma progression in 812 African Americans. Lead investigator Pamela Sample, PhD, a professor of opthalmology at the University of California San Diego and director of clinical research at the Hamilton Glaucoma Center, says results from the African Descent and Glaucoma Evaluation Study (ADAGES), which will be published within the next year, should help speed earlier glaucoma detection and diagnosis in African Americans. Dr. Sample is currently seeking funding to add a genetics component to her research. Like the rest of us, she wants to know why glaucoma disproportionately targets people of African descent.

Back in Harlem USA, Dr. Farris tells me that "as many as 20 percent or more of the clinic's patients are diabetics." Low or no vision is just one of the many potentially disabling health threats facing the approximately 3 million African-American diabetics over the age of 20 and 25 percent of

African-American women over 55.

Simeon Carter, a 53-year-old cargo crew chief diagnosed with diabetes six years ago, calls his girlfriend daily to check whether his main dinner meal, salad, is in the fridge. If it isn't, he'll make a pit stop at the supermarket. Since he prefers to take as little medication as possible, he says, "I must have my salad, no matter what."

If Carter keeps his blood sugar level as normal as possible, he'll delay onset and slow progression of diabetic retinopathy, the weakening of blood vessels in the eye that affects almost half of diabetic Americans. Often there are no symptoms until the latter stages, when blood vessels rupture and bleed. "You'll go blind almost immediately," Farris says. Some sight can be recovered by laser surgery, depending on where the aneurysm occurred.

Diabetics are also more prone to developing cataracts earlier, but since more than half of all Americans by age 80 have had one, "cataracts are not so much an African-American problem as they are an aging problem," Marshall says. Still, some studies show that blindness from cataract, a gradual clouding of the lens in the front of your eye, is four times more common in elderly blacks than whites.

But cataracts can be treated. "What matters is how well you can see to do what you want to do," Farris says. If stronger eyeglasses—meaning, the thick, Steve Urkel kind—aren't helping or if diabetes speeds progression in younger patients, cataract surgery to replace the lens restores or improves vision in 95 percent of cases.

Other Risk Factors

Brown's talk of his twin sister's struggles with glaucoma got me thinking. My granddad was blind before he died but I never knew why. A quick call to my aunt verified that he had glaucoma, but, like in so many other families, no one ever told me. Worse, I'd never thought to ask.

"Of course people don't want to lose their vision, but when it comes to preventing that, there's a disconnect," Marshall says. Ask questions about your family's medical history, schedule eye exams around the same time as your annual physical and most important, be realistic about your risk factors and the inconvenience they will pose to your way of life.

"You're going to have your eyes examined and the pressure measured in your eye on a fairly regular basis," Dr. Farris says to me after I tell him about Granddad. "No worries," I say. "I'm on it."

5 Eye-Saving Behaviors

1. Stop smoking. All kinds. Right now.
2. Wear sunglasses and brimmed hats to block UV light.
3. Eat leafy green vegetables and high-antioxidant foods like beans, berries or dried prunes.
4. Use only waterproof makeup and remove all traces on lower lids with a dry Q-Tip.
5. Install a humidifier in your home.

Recommended Eye Exams

Those with normal eye health
61 & older: comprehensive dilated eye exam annually
18–60: comprehensive dilated eye exam at least every two years

Diabetics or those with/at risk for eye trouble
Diabetes (any age): comprehensive dilated eye exam at least once a year
At-risk glaucoma: comprehensive dilated eye exam at least once a year
Glaucoma: every 3–4 months depending on the progression of the disease

Tips for Computer Starers
Computer Vision Syndrome, according to the American Optometry Association, includes the eyestrain, headaches and blurred vision that affect most computer users. Permanent eye damage is not a risk. Frequent rest breaks and blinking—studies show we blink three times less frequently in front of a screen—help refresh and rewet dry eyes.

Kids' Eye Health on a Budget
Visual problems often lead to children being diagnosed with learning and behavioral problems like ADD/ADHD, say husband-and-wife MDs Brock and Fernette Eide in their book *The Mislabeled Child*. Typically, children won't alert their parents; they'll assume everyone has similar vision. And according to the Illinois-based College of Optometrists in Vision Development, basic eye screenings may miss her eye problem. Biannual comprehensive exams, especially before the age of 5, can avoid misdiagnoses that lower your child's self-esteem.

Only about one third of today's preschool children, however, have ever had their eyes screened, according to a National Institutes of Health study and a Department of Health and Human Services report. And nearly 25 percent of parents whose children failed the screening did not follow up with a comprehensive vision exam because of cost. The financial squeeze hits families who don't qualify for Medicaid (which covers vision care for children under 21) and can't afford out-of-pocket medical bills.

Parents should investigate their state's version of the federal State Children's Health Insurance Program (SCHIP), designed exclusively for them. Although underfunded, SCHIP may offer some relief.

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