Now See Here!

Some eye disorders are more common among blacks. Here's how to avoid them.

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Eye care shouldn't start when your eyes dry out or your vision blurs, says Hilary Hawthorne, OD, an optometrist at the Community Eye Center Optometry in Los Angeles. Keeping your eyes healthy, especially as you age, should be a lifelong commitment.

As an optometrist, Hawthorne examines patients for eye defects, injury, diseases, abnormalities and problems with general vision. But she cringes when thinking about how many of us take our sight for granted.

"Unfortunately, a great deal of [African-American] patients don't receive their first eye exam until adulthood when they're already sick or have a complaint," Hawthorne says. "That's when the disease is detected and the risk becomes more complex because we're not catching the illnesses earlier.

"While school systems tell us it's mandated to have dental exams before entering kindergarten, there are few states that mandate eye exams," she observes.

Reducing your likelihood of developing eye disease means taking care of yourself and getting your vision checked consistently. "Early detection is the first line of defense to prevent disease from robbing a patient of their sight," she says.

This advice is essential for African Americans because they're at higher risk than whites for the most common eye disorders: diabetic retinopathy, cataracts and glaucoma.

Diabetic retinopathy is caused by damage to blood vessels in the eyes. It is triggered by uncontrolled diabetes and results in retinal swelling and blurred eyesight or a sudden loss of vision. (Long-term effects of diabetic retinopathy depend on how the sugar levels are maintained and the severity of the episodes.)

On the other hand, glaucoma (responsible for more than half of the cases of blindness among African Americans) sneaks up on people quietly. Symptoms are rare and don't involve pain, but people usually complain about reduced vision, particularly when their peripheral vision starts to deteriorate. The culprit is fluid buildup that creates pressure on the eye and damages the optic

nerve.

What's interesting about glaucoma is that many people think it's an old folks' disease. It's not.

Glaucoma can strike any age group. In fact, teenagers are at increased risk because they have the highest number of eye injuries (leading to trauma-related glaucoma), which is a result of playing sports during their adolescent and teen years.

In addition, blacks ages 45 to 65 are 15 times more likely to go blind from glaucoma than whites in the same age group.

What's key to remember is that if glaucoma is detected during an exam, the patients' remaining eyesight can be preserved. (There are exceptions, such as when the person is 68 when first diagnosed and has had the disorder for the past 20 years.)

Cataracts, a clouding of the eye's lens, is equally as devastating for African Americans. It's linked to aging and in extreme cases requires surgery to restore eyesight. The disease starts as a progressive deterioration of vision in one or both eyes and is most common among black men 40 and older.

"It isn't that there is a certain gene that causes people to develop these conditions," Hawthorne explains. "But studies show that both African Americans and Hispanics have a higher rate of incidence of these eye diseases progressing more aggressively."

TVhe biggest problem is that these population groups aren't getting prompt eye examinations, and this is because of a lack of education and access to health care, Hawthorne adds.

Following a healthy lifestyle is also key to eye health.

"There's no vitamin or pill that will reverse or take away your need to use reading glasses or something like that," Hawthorne says. "But you can slow down the progression of aggressive disease with a well-balanced, nutrient-rich diet, including drinking enough water to keep your eyes and body hydrated."

Realistically, if you haven't been eating healthy, you can't play catch up for better eye health. But Hawthorne does recommend reducing or eliminating heavy smoking and alcohol consumption to avoid diminished eyesight and eye disorder progression.

And don't give up on eye care just because you lack insurance. You can locate vision programs and services through venues such as the American Optometric Association's Vision USA program (AOA.org).

The program is open to adults who lack vision insurance, have income below an established level based on household size and have not had an eye exam within a two-year period.

Exactly when you should have an eye exam and how often depends on numerous factors, such as age, health and risk of developing eye problems.

General guidelines suggest children's first comprehensive eye exam should take place between ages 3 and 5. For children younger than that, pediatricians check for the most common eye problems in this age group: lazy eye, crossed eyes and turned out eyes.

All school-aged children should have their eyes checked before the first grade.

If there's no family history of vision problems and children show no sign of a vision problem, have doctors recheck their eyes every two years.

But if vision problems and a family history of vision problems exist, childrens' vision should be rechecked as often as your eye doctor advises.

Generally healthy adults without vision problems should do vision checkups once in their 20s and twice in their 30s. People ages 40 to 65 need a vision check every two to four years, and after age 65, every one to two years.

Adults with a family history of eye problems and chronic diseases such as diabetes should consult their doctor about eye exam frequency. Additionally, kids born prematurely need frequent eye exams throughout their childhood to check for the possibility of certain eye conditions.

If you've never had your vision tested or haven't had your eyes rechecked in a while, here's what to expect: The optometrist will test your vision, usually by showing a series of numbers or letters and denoting whether they are clear or blurry to you.

In addition, the doc will check the health and function of your eyes. This includes a glaucoma test, which measures the pressure in your eyes.

The most common glaucoma test is the "puff-of-air" test, a.k.a. the non-contact tonometer. To do it, the doctor asks you to rest your chin on a machine used for eye tests. Then he lines up your eyes with a light inside the device and puffs a small burst of air at your open eye. Not to worry; it is completely painless and nothing touches your eye. Based on your eye's resistance to the puff of air, the machine calculates your eye pressure.

For another other kind of glaucoma test, the doc places a yellow dye with a numbing agent in your eye. When the agent begins working, your eyes will feel slightly heavy, but it is painless. Then the doctor will ask you to stare straight ahead into an instrument (called an applanation tonometer) while he or she touches a glowy device to the front of each eye. This procedure allows the doctor to manually measure your eye pressure.

Next, check the time. Glaucoma tests don't take long.

What’s a few minutes more or less to ensure your vision is the healthiest it can be?

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http://beta.docker.realhealthmag.com/article/visioncare-AfricanAmericans-eyedisorders-18314-6655