Monovision vs Bifocal Contact Lenses

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Shalu Pal’s Disclosures

- Alcon Canada & US
- Allergan Canada & US
- Bausch & Lomb Canada & US
- CooperVision Canada & US
- Crystal Clear Vision
- Johnson & Johnson Vision Care Canada & US
- Menicon
- Novartis Canada
- Staple Program
- TLC Vision Canada
- Truform Optics
- VisionSource Canada

What is Presbyopia?

- The aging process where near focusing ability is decreased gradually over time.
- Between 30 and 65 the process occurs
- 10 Unit of change over a 30 year process
- Theories to explain Presbyopia
  - Lens hardening
  - Ciliary muscle weakness
Prevalence of Presbyopia

- 1 in 4 patients seen in an OD office is presbyopic
- 90 Million Americans are affected by presbyopia

Behaviours of Presbyopes

- Denial
- Resistant to change
- Rather strain & struggle than admit they are aging
- Multiple prescription needs but too young for PALS
- Want to retain their youth & health
- Spend more money on personal care & anti-aging products
- Have more disposable income than others
- Eventually 1/3 will resort to OTCs or other’s glasses

The Truth about our Patients

- 91% of contact lens wearers 35 - 55 years old want to stay in contact lenses as they age
- Only 8% of presbyopes have been told about soft MFs
- 1 in 3 would switch OD’s if not given the option of MFs
- 1 in 3 presbyopes would consider contact lenses.
The Opportunity is Ours

Prevalence of Presbyopia

- Contact lens wearers drop out as presbyopia sets in

- Half of all dropouts would consider contacts again

Presbyopic Contact Lens Options

- Monovision Contact Lenses
- Multifocal Contact Lenses
- Modified Monovision
- Distance Contacts + Reading Glasses
Monovision - The Basics

- The dominant eye is given a distance prescription
- The non-dominant eye is given a reading prescription

Monovision - The Upside

- Easy to Fit
- Limited chair time
- Adaptation initially can be easy
- You will know quickly if someone can adjust or not
Monovision – The Downside

- Night driving safety concerns
- Halos and glare
- Limited intermediate range of vision
- Limited depth perception
- Cheating your patients from binocular vision
- Hard to switch to multifocal lenses

MULTIOFOCAL LENSES

Multifocal Lenses
The Basics

- Each eye sees a multiple range of vision
- Better multitasking ability
- Better Intermediate range of vision
- Similar concept to bifocals, trifocals & progressives
- Multiple Designs
Multifocal Designs Translating MFs

- Available in Gas Permeable lenses
- Concept similar to Bifocal and Trifocal glasses
- Crisp vision in limited ranges

Multifocal Designs Simultaneous MFs

- Available in Soft and GP lenses
- Aspheric, concentric and hybrid designs
- Multiple prescriptions are presented to the visual system
- Multiple images at different ranges are seen at the same time by the visual system
- The visual system chooses which image range to focus on

Patient Benefits from Multifocal Contact Lenses

- Cosmetics benefits
- Freedom from glasses - hands free
- Help forget the aging process
- Provide a feeling of youth
- Functionality
Practice Benefits from Multifocal Contact Lenses

- Reduce self-prescribing of OTC
- Filling a need and a want
- Differentiate your practice & services
- Making patients happy
- Improve Patient Retention and Loyalty
- Increase referrals
- Increase Revenue

Multifocal Fitting of Lenses

<table>
<thead>
<tr>
<th>Year</th>
<th>Sphere</th>
<th>Toric</th>
<th>Sphere GPs</th>
<th>Total Fits</th>
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</thead>
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<tr>
<td>2012</td>
<td>51%</td>
<td>22%</td>
<td>6%</td>
<td>100%</td>
</tr>
<tr>
<td>2013</td>
<td>51%</td>
<td>24%</td>
<td>5%</td>
<td>100%</td>
</tr>
</tbody>
</table>


MODIFIED MONOVISION
Modified Monovision
- A creative solution
- A combination of multifocal and Monovision strategies
- Useful for troubleshooting
- Technique used for
  - Emmetropes
  - Early Presbyopes
  - Astigmatism Correction

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Modified Monovision
- One multifocal lens and one single vision lens
  - One lens is distance and near (multifocal)
  - Second lens has more distance or near depending on need (SV)
    - Astigmatism, more near, more distance
- Two multifocal lenses can be used
  - One lens has more distance bias
  - One lens has more near bias
    - More range needed
- One multifocal lens only
  - Early Presbyope, Emmetropes

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Multifocal Candidates
Communication

- Be enthusiastic
- Be positive
- Believe in multifocals
- Technology is much better than 5 years ago
- Talk about them early
- Reassure MF function, time, process and cost
- Don’t be negative

Ideal Candidates

- Discuss with every presbyope
- Look for multi-taskers and active people
- Those motivated to be rid of glasses
- Those in contact lenses already
- Avoid perfectionists
- Avoid those in a rush or don’t want to pay
- Understand visual demands so you can meet their expectations

Prescription Limitations

Choose wisely:
- Emerging presbyopes
- Hyperopes & myopes great than >3D are easier to fit
- Avoid Emmetropes initially with medium to high adds
- Avoid astigmatism greater than 0.75D
To Avoid Unsuccessful Fits

Explain …

- The process, strengths and limitations
- Time line
- Fitting fees
- Complexity of visual processing
- Small changes make a big difference
- Glasses still may be needed
- Provide realistic expectations

Fitting Multifocals

Start Early!!

- Easier to deal with a low add than high
- Avoid patient frustration
- Easier in the long run
- Being lazy leads to monovision
  - Push a little plus
  - Push a little more
  - Stall, stall and stall
  - Full blown monovision
Step 1: Get an Accurate Refraction

*** Most important Step ***
Never use an old rx or someone else’s

- No More Minus Power than necessary
- No More Add Power than necessary

Step 2: Determine Eye Dominance

- Sight Dominance
  - This is how we are wired
  - Create a triangle
  - Center a single letter
  - Cover one eye at a time
  - The eye that holds position is dominant

- Sensory Dominance
  - Sensitivity to blur
  - Place +1.50 lens over each eye
  - Check how vision changes
  - The eye that causes the most decrease in vision is the dominant eye

Step 3: Determine Lens Modality

Choose 1 day, 2 week or 1 month lens design

- Based on Prescription
- Based on History
- Based on Use
- Based on Compliance
- Based on Cost
Step 4 : Choose Initial Lens

- Use fitting guides
- Spherical component based on Vertex Spherical Equivalent
- Choose add power based on Rx Add
- Eye dominance maybe a factor

Step 5 : Apply Lens

- Let lens settle
- Allow for adaptation
- 10 to 30 minutes
- Use this time wisely
  - Take patient to dispensary to shop
  - Get to know patient better
  - Educate on lenses

Step 6 : Check Vision

- Ask open ended questions “are you doing?”
- Start with 20/40 letters
- Check binocular distance and near VAs
- Have the lights on
- Use real world tasks – phones/magazines/computers
- If there are no complaints – Stop
Step 7: Fix Vision Problems

- Use Fitting Guides to Refine vision
- Check vision Binocularly and Monocularly

Dispensing Tips

- Give expectations for the week
- Vision will change over the week
- Give them homework
- Remind them lighting is important
- Remind them it’s a process
- “The goal is to meet most of your needs most of the time”
- “You may need to give up a little bit of crispness for freedom”

Transitioning Monovision Wearers to Multifocals

Questions to Ask Your Patients:

- Do you have difficulty with **night** driving?
- Do you have problems at **intermediate** distances?
- Do you have problems with **depth** perception?
Transitioning Monovision Wearers to Multifocals

- Most common challenge?
  - Distance vision
- Why?
  - Interference from the add
- Treatment strategy?
  - Glasses for 5 days minimum

Computers and Presbyopia

Impact of Computers

- 15 Year shift in my practice
- Over working the accommodating system
- What do we really do when we refract?
- How do our eyes work at the computer?
- How is it impacting our focusing muscles?
How to Slow Down Presbyopia

- Refract to 20 Feet
- View a computer at less than 2 feet
- Work to see up close (accommodation) no work to see far away
- Overworking our accommodating system
- 15 year shift in my practice
- Presbyopia starting much earlier

How to Slow Down the Impact

- Slowing down the impact of computers will slow down presbyopia
- Computers further away
- Decrease brightness
- Take breaks 20/20 rule
- Computer Rx
  - +0.50 over contacts
  - +0.50 reduction in Rx
  - AR and Tints
- Always be comfortable

Presbyopia and Daily Disposables
Presbyopes & Daily Disposables
- Very Convenient
- Great for part-time wear
- Less dryness because thinner
- No keeping track
- No cleaning or rubbing
- No storing or solution
- Better compliance
- Better for travelling

Presbyopes and Daily Disposables
- Safest modality – fewer adverse reactions
- Decrease risk of infection
- Cleaner and safer
- Allergy management
- Avoid solution sensitivities & reactions
- Thinner lens – greater comfort
- Only option for water activities

Multifocal Daily Disposables
- Dailies Aquacomfort Plus
- Proclear 1 Day Multifocal
- Clariti 1-Day Multifocal
- BioTrue ONEday for Presbyopia
- 1-Day AV Moist for Presbyopia
- NaturalVue Multifocal 1 Day
How all this will help you

- Identify Candidates for Multifocal Lenses
- Communicate the benefits of MF lenses
- Help set expectations and calm issues
- Understand the process & guide patients through it
- Helping patients, will help the practice grow, which will ultimately help you!

Thank You!