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# Contact Lens and Anterior Eye

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## Editorial

### Our greatest opportunity



*“It is not the strongest species that survive, nor the most intelligent, but the ones most responsive to change.”* Charles Darwin [1]

Since 1971 when the United States FDA first approved HEMA soft contact lenses [2], lens materials and designs have significantly improved. Soft lenses have helped millions of wearers see better and improve their quality of life. Soft contact lenses are also an essential part of virtually every eyecare professional’s (ECP) armamentarium of vision correction devices and a significant source of revenue. Sadly, despite all of the substantial benefits soft contact lenses offer, very few ECPs proactively prescribe lenses to patients who could benefit from them.

The United Nations estimates that the world’s population is 7.6 billion people [3]. Furthermore, Alcon estimates 70% of the people in the world, or 5.3 billion people, require vision correction. Only about 41 million U.S. adults [4] and approximately 175 million worldwide [5] wear contact lenses full or part-time. More than 95% of contact lens patients wear soft lenses. However, in the 46 years soft contact lenses have been available only roughly 3.3% of the world’s vision correction population wears contact lenses full or part-time. Why is contact lens penetration so low?

#### 1. Who’s to blame?

When I speak with eyecare professionals around the world regarding the dynamics of the contact lens market, invariably frustration enters the conversation. ECPs immediately share their product wish list: increased multifocal and toric parameter ranges, high oxygen transmissible silicone hydrogels in specialty designs, and safer extended wear lenses. Moreover “When is a water gradient daily disposable multifocal toric with three base curves, two diameters, and six enhancer colors going to be available?”

After our discussion about unmet product needs, invariably the proliferation of internet contact lens retailers and optical chains is raised as a concern. Two common frustrations expressed are that there is little profit in contact lenses anymore, and wearers are entirely disloyal. Some extremely frustrated ECPs go so far as to blame contact lens manufacturers for changes in the delivery model and shrinkage of independent eyecare practices, implying manufacturers are the evil force behind inevitable market changes driven by patients who have grown up digitally savvy.

#### 2. What inspires you?

What if we changed our attitude and approach to prescribing contact lenses? Would it make a difference? Would it matter? So many of us

forget why we became an optometrist or ophthalmologist. I became an optometrist because I am passionate about helping patients see, look, and feel their best. Nothing is more important to me, and this purpose inspires me every day.

When I graduated from The Illinois College of Optometry, I took The Optometric Oath (which is similar to the Hippocratic Oath taken by newly minted physicians). A fundamental commitment of The Optometric Oath is “I will advise my patients fully and honestly of all which may serve to restore, maintain or enhance their vision and general health [6].” Sadly, many of us forget the purpose, cause or belief that inspired us when we graduated from optometry or medical school.

For the general public, fear of public speaking is a significant phobia - 25.3 percent say they fear speaking in front of a crowd, followed closely by a fear of heights [7]. I believe that for many of us, a concern that we will be perceived as “selling” to a patient tops the list of phobias. A high number of us dislike proactively prescribing contact lenses to patients whose vision, appearance, and quality of life would benefit from contact lenses because for some bizarre reason we feel like we are “selling.” The majority of us wait until a consumer asks the magic question, “Can I wear contact lenses?” Unfortunately, this magic question infrequently happens because most patients don’t realize they are candidates to wear contact lenses successfully. It may be the case that they don’t consider themselves suitable, as their ECP didn’t mention contact lenses as an option.

#### 3. The value of a contact lens wearer

We must change our practice model by offering and prescribing the best possible vision correction options whether that be surgical, eyeglasses or contact lenses. We must prescribe contact lenses to all appropriate patients proactively [8]. Our primary goal is to provide our patients with the best vision, and many patients have better vision with contact lenses than with eyeglasses as well as enjoying a better quality of life. Many patients just have greater confidence while wearing contact lenses.

From a practice management perspective, contact lens wearers are good for business. Contact lens wearers are more loyal than eyeglass-only patients, deliver more revenue to our practice over a period of three to five years, and refer more family and friends [9]. However, these practice management benefits are only realized if eyecare professionals are proactive rather than reactive. Our mantra should always be “AND” ... contact lenses and eyeglasses.

Virtually every well-controlled clinical research study shows over three out of four of soft contact lens wearers suffer from dryness and

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discomfort, i.e., CLIDE [10]. So many of us just ask contact lens wearers who return to the practice for annual check-ups, “How are you doing with your contact lenses?” The wearer, not knowing more advanced materials and designs are available to solve their dryness issues, usually answers, “Fine.” The cycle of discomfort continues because we mechanically replace the wearer’s current soft contact lens brand without upgrading to better technology. The result of this cycle is that wearers ultimately drop out of contact lenses and we all lose: eyecare professionals, patients, and manufacturers lose.

By asking every contact wearer a few questions, it is easy to uncover opportunities to upgrade struggling wearers to more advanced soft contact lenses. For example, “Can you wear your soft contact lenses comfortably as long as you would like?” or “On a scale of 1–10, how do your contact lenses feel five minutes after you put them in? Using the same scale, how do your lenses feel just before you take them out?” Or “How often do you use contact lens rewetting drops?” The answers to these questions will enable you to delight your patients and to reduce risk of dropout.

#### 4. Everyone benefits

Think what would be possible if we prescribed contact lens proactively and upgraded patients who were suffering from dryness and discomfort or less than optimal vision. The global contact lens market would quickly double to more than 350 million wearers.

If the contact lens market doubled, marketers could significantly improve their direct to consumer efforts to educate millions of patients on the benefits of contact lenses, educational organizations such as the International Association of Contact Lens Educators (IACLE) would have access to substantially greater funding to enhance their mission of “educating the educators” and manufacturers could dramatically

increase their R&D efforts and develop more revolutionary products....not just line extensions

Our greatest opportunity in clinical practice today is to prescribe advanced technology contact lenses to all appropriate new and existing patients proactively.

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