

New Paper Examines Top 10 Myths About Fitting Soft Contact Lenses

Clinical and Experimental Optometry Paper Offers Evidence to Dispel Misconceptions Held by Eye Care Practitioners

WATERLOO, ONTARIO, January 25, 2022— A new peer-review paper from the <u>Centre for Ocular Research & Education (CORE)</u> seeks to shift persistent views about contact lenses that are no longer accurate based on current evidence. *Addressing common myths and misconceptions in soft contact lens practice* (Walsh K, Jones L, Moody K) has been published by *Clinical and Experimental Optometry*, the official journal of Optometry Australia, the New Zealand Association of Optometrists, and the Hong Kong Society of Professional Optometrists.

The work offers contemporary evidence that challenges ten legacy perspectives held by eye care practitioners, which can prevent optimal patient care and business success. Members of the eye care community can download the complete publication at no cost via Open Access.

"In 1992, Nathan Efron explored a variety of common myths and mistruths around the fitting and wearing of contact lenses. Remarkably, three decades later, more than half of the current misconceptions we've identified were also acknowledged in those original papers. While there has been extraordinary technological and clinical progress over that same time, it has proven more difficult to shake off some long-held incorrect views and established clinical practices," said Lyndon Jones, CORE's director.

The authors grouped the top ten present-day myths into three broad categories—contact lenses and care systems, patient-related concerns, and business focused barriers—then reviewed each with clear evidence-based data and practical guidance. The misconceptions include:

- 1. Increasing oxygen transmissibility improves lens comfort,
- 2. Hydrogels should no longer be fitted,
- 3. Patients will be more successful wearing contact lens materials that demonstrate low levels of deposition,
- 4. When a patient reports discomfort, the first—and most appropriate—option is to change the lens,
- 5. Young children are less successful with contact lenses,
- 6. Multifocal fitting is not successful,
- 7. Wearer non-compliance can make contact lens wear just too risky,
- 8. Patients with low astigmatism do fine with spherical lenses,
- 9. Focusing on growing my contact lens business is too time-consuming,

10. And my contact lens business will not grow because as many patients as I fit end up dropping out.

Evidence was available to debunk nine of the ten beliefs. This opens the door for eye care practitioners to recommend and successfully fit contact lenses to a wide range of patients, from children through to seniors, using all soft lens material types and replacement frequency options. The literature review also demonstrates the business benefits of contact lens practice through proactive recommendation and paying attention to factors that drive successful wear and reduce drop out.

And while the remaining belief that non-compliance leads to an increased risk of complications holds true, the evidence-base highlights many factors that are modifiable and within the scope of the eye care practitioner to help mitigate such risk. These include appropriate lens recommendations (e.g., daily disposables) and educating wearers to encourage good wear and care practice adherence.

In closing, the authors write that "practitioners have an ever-increasing range of contact lens designs and materials across different replacement frequencies to offer patients interested in becoming contact lens wearers and to then maintain them successfully in contact lenses over many years. Ensuring clinical practice follows the evidence base, which will change over time, is the most appropriate way to help many more patients access the benefits of contact lenses."

The paper was supported through an educational grant from Johnson & Johnson Vision.



Clinical and Experimental Optometry Paper Offers Evidence to Dispel Misconceptions



MYTH: HYDROGELS SHOULD NO LONGER BE FITTED





MYTH: PATIENTS WILL BE MORE SUCCESSFUL WEARING CONTACT LENS MATERIALS THAT DEMONSTRATE LOW LEVELS OF DEPOSITION

MYTH: WHEN A PATIENT REPORTS DISCOMFORT, THE FIRST—AND MOST APPROPRIATE—OPTION IS TO CHANGE THE LENS





MYTH: YOUNG CHILDREN ARE LESS SUCCESSFUL WITH CONTACT LENSES

MYTH: MULTIFOCAL FITTING IS NOT SUCCESSFUL





MYTH: WEARER NON-COMPLIANCE CAN MAKE CONTACT LENS WEAR JUST TOO RISKY

MYTH: PATIENTS WITH LOW ASTIGMATISM
DO FINE WITH SPHERICAL LENSES





MYTH: FOCUSING ON GROWING MY CONTACT LENS BUSINESS IS TOO TIME-CONSUMING

MYTH: MY CONTACT LENS BUSINESS WILL NOT GROW BECAUSE AS MANY PATIENTS AS I FIT END UP DROPPING OUT



Walsh K, Jones L, Moody K. Addressing common myths and misconceptions in soft contact lens practice,





Table	2 Summary	f whather	In common	haliafe ralated to	contemporary	contact long	fitting are suppo	rted by avidence
Table	Z. Summary C	n whether	i o common	Dellers related to	Contemporary	contact lens	illullu are subbo	ned by evidence.

Group	Belief	Addressed in the 1992 reviews of Efron and colleagues ^{3,4}	Does current evidence enable the belief to be labelled as a 'myth' for contemporary CL practice?	
Related to the contact lens and care	Increasing oxygen transmissibility improves lens comfort	Comfort/'dry eye' was addressed but not directly in relation to oxygen.	Myth.	
system	Hydrogels should no longer be fitted	No.	Myth.	
	Patients will be more successful wearing contact lens materials that demonstrate low levels of deposition	No.	Myth.	
	When a patient reports discomfort, the first – and most appropriate – option is to change the lens	No.	Myth.	
Patient-related concerns	Young children are less successful with contact lenses	No.	Myth.	
	Multifocal fitting is not successful	Yes.	Myth.	
	Concerns about contact lens-related complications, especially in non-compliant patients	Yes.	No. It is true that non-compliant behaviours increase the risk of CL-related complications; however, those risks are modifiable and there are many options related to the type of lens fit and patient education that the practitioner can employ to mitigate those risks.	
	Patients with low astigmatism do fine with spherical lenses	Yes. Discussed as vision being better with glasses than CLs.	Myth.	
Business-focused barriers	Focusing on growing my contact lens business is too time- consuming	Yes. Discussed the concern that CL practice is not profitable.	Myth.	
	My contact lens business will not grow because as many patients as I fit end up dropping out	■bicardeschibbilities (in)	Myth.	

About the Centre for Ocular Research & Education (CORE)

The <u>Centre for Ocular Research & Education (CORE)</u> was established in 1988 at the University of Waterloo's <u>School of Optometry & Vision Science</u>. Over the next three decades, the organization evolved from a three-person operation into a thriving hub of basic and applied research, collaborating with sponsors, agencies and academia on advanced biosciences, clinical research and education. Its uncompromising independence and results of the highest quality have been at the heart of many of the most prominent advances in eye health. Today, its approximately <u>50-person team</u> serves a range of ophthalmic sectors, including medical devices, ocular pharmaceuticals, digital technology and others, with a focus on the anterior segment. For more information, please visit <u>core.uwaterloo.ca</u>.

MEDIA CONTACTS:

Aimee J. Lewis or Mike McDougall, APR, Fellow PRSA, McDougall Communications for CORE aimee@mcdougallpr.com +1.585.414.9838 | mike@mcdougallpr.com +1.585.545.1815