

CLEAR: Evidence Based Contact Lens Practice Q&A responses by Professor James Wolffsohn

- 1 In high street practice, time is often at a premium, do you have any key communications techniques beyond the standard 'open questions' to get the most information from the best appreciation of the px's suitability to CLs?**

H&S does take time, but the patient could answer some key questions before they enter the consulting room. It has been shown that letting the patient talk for more than 20s uninterrupted at the beginning of the consultation provides limited additional useful information.

- 2 Would anatomical features potentially have different names in different parts of the world?**

It was more that different professions may have different names for the same tissue – see <https://pubmed.ncbi.nlm.nih.gov/33775375/>

- 3 Is it important to make notes of all checks done as part of the fit or check up?**

ABDO response: ABDO A&G States C 5.4.1.1 It is essential that full and complete records are kept and maintained. Further advice on contact lens patient records can be found at <https://www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/contact-lenses/>

- 4 What effect can HRT have?**

HRT may relieve dry eye symptoms in post-menopausal women, may decrease the intraocular pressure and may delay cataract formation in treated women. In the retina, HRT may play a role in decreasing the incidence of Aging Macular Degeneration (AMD) in post-menopausal women.

- 5 Which lenses are the most eco-friendly?**

No scientific research on this – but attention to packaging may help <https://www.opticalexpress.co.uk/magazine/article/97-of-contact-lens-users-are-damaging-the-environment>

- 6 Is there a rough percentage from research/ studies to show the amount of patients who do drop out of lens wear? any advice to how this can be lowered/prevented?**

~25% in 1 year- most drop out over the first 2 months so regular communication and additional support where needed is key

- 7 Why are there different rules for solutions in different countries? Is it that different countries don't have the same bacteria?**

No, some countries are less evidence-based than others

- 8 Is there evidence that children being fitted with contact lenses are safe to wear lenses for as long as they like from day 1?**

The research has been done in adults, but there is no reason to believe a child's eye has less robust physiology than an adults

- 9 Can you do an adequate contact lens selection without NAFL examination?**

No, definitely not

- 10 Would you call Ridged Corneal Lenses so instead of RGPs in front of patients?**

We should start to change the terminology, but initially we will have to mention that they used to be called GRPs, but all lenses are gas permeable nowadays

- 11 If 10mins is best to assess the lens fit, would this be the same for all soft c/l materials?**

This seems to be robust across a number of studies with different lens types examined

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12 Could you expand on the notion of VPA having no impact on lens wear

There is no science to show that VPA affects lens fit or comfort in the short or long term so its benefit in lens selection is questionable

13 Post COVID ... have you any tips for our optom introducing contact lenses during an eye exam with a view to helping to choose specs ... how do we get around the extra time involved?

It doesn't state in the paper how long the fitting took, but it implies there was a quick slit lamp check and the ECP applied the lens which shouldn't take long. Worth a try on a few people to see if you can make it work within your time restraints

14 Is dominance selection just important for monovision?

Dominance changes with working distance (Ho et al., 2018) and sensory dominance is insignificant in most individuals with normal people (Suttle et al., 2009). There are even studies that suggest that eye choice in monovision doesn't affect distance vision (Collins et al., 1993)

15 What resources/material would you recommend for DOs discussing contact lens related pathology with patients?

See

https://bcla.org.uk/Public/Consumer/Consumer_Information/Public/Consumer/Consumer_Information.aspx?hkey=c1e027d3-d774-49ce-a961-6cfb153bde56

16 Are there any negative findings with new cl wearers not building up wear time as opposed to wearing as long as they can?

None in the 3 randomised control trials

17 Placing contact lenses onto the sclera must be safer than potentially scratching the cornea?

One would think so, but there is no scientific evidence for this

18 Why change the name? From RGP to RCL

All lenses are gas permeable, so RGP describes sclerals as much as rigid corneal lenses. In north America they drop the rigid so GP could include soft as well

19 Is ten minutes long enough for a toric lens to settle on the patient's eye?

I can't find any research on this, but this is likely to be driven by the material so probably yes, although rotational recovery differs between designs

https://publications.aston.ac.uk/id/eprint/26070/1/Comparison_of_fitting_stability_of_the_different_soft_toric_contact_lenses.pdf

20 Has there been an increase in cl complications since the allowance of 2-year recalls?

***ABDO Response:** Please note, over the last number of years there has been change in the advice and guidance issued by both the College of Optometrists and ABDO, in relation to contact lens aftercare, as opposed to amendments in the Opticians Act which took place in 2005. Further ABDO A&G on the provision of aftercare (C5.2.5.1 - C5.2.5.3) can be found at: <https://www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/contact-lenses/>*

21 In current situation people are using hand sanitizers a lot instead of traditional hand washing, especially when they come into practice. is there anything came up in relation to that?

No, but it may be too early to hear about any more subtle effects over time

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- 22 Would you say daily disposables are always the safest option backed up by science?**
In general, yes, the science would support this for soft lenses
- 23 With regards to Myopia control lenses, is there an age limit i.e., a maximum age that would then not be a benefit?**
When myopia stops progressing naturally which generally is in the early 20's, but this will vary between individuals, so they should be regularly monitored when you stop treatment
- 24 Would taking the VPA measurement be useful in the monitoring of possible ptosis?**
If you think it might be getting worse and need to monitor this
- 25 Are EW lenses safer than regular RCL?**
No – overnight wear increases the risk for all types of lens wear and RCL wear is generally safer than soft lens wear
- 26 Any evidence that the old wear for 6 days & leave out on Sunday is relevant in modern CL wear**
There is no evidence that supports having a day off wear each week
- 27 How important are communication techniques in gathering suitability info from the Px?**
One imagines very, but there is little research on this topic at least in our field
- 28 Are you legally allowed to supply contact lenses if you are aware the specifications will expire? E.g., if supplying 3 months' worth of lenses but c/lens or sight test due in the next month**
ABDO response: Part 4 Section 25(4) of the Opticians Act states 'A specification becomes invalid after it's expiry date'. Section 27(1a) states 'A person shall not sell: - any contact lens for use by any person who does not have a valid specification provided' ABDO A&G states: C 5.2.2.9. The patient should not be supplied with more than the anticipated number of lenses needed until the expiry of the patient's contact lens specification. It is recommended that the supplier annotates the patient's contact lens specification with the date of supply, and the number of lenses that were supplied to this specification. GOC COVID-19 Statements in relation CL aftercare and CL sale and supply can be found at: https://www.optical.org/en/news_publications/Publications/joint-statement-and-guidance-on-coronavirus-covid19/index.cfm Please note: the COVID-19 statement for sale and supply of CL is only valid during the RED phase of the COVID-19 pandemic as defined by the College of Optometrists red-amber-green classification system
- 29 Is there any evidence to show that prescribed medication for an eye disease/infection can lead to a cease in contact lens wear?**
There is evidence that certain medications and preservatives can disrupt the tear film and that dry eye can lead to drop-out
- 30 I recently had a patient enquire if she could use Milton to clean her case to cut down on waste and plastic. Milton is used for cleaning baby bottles. I advised the patient against using Milton. However, I just want to know if using Milton to clean a c/l case and allowing to air dry might be used in the future. Especially, now more people are wanting to use less plastic.**
Good question, I suspect Milton would be absorbed by soft lens material, resulting in ocular toxicity through slow release
- 31 Which provide better Vision? Dailies or monthlies? Or no difference?**
No difference in general unless there is significant deposition in an individual

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- 32 You say dominance doesn't have any real evidence-based reasoning for multifocal selection. This goes against pretty much all fitting guides and the reps ALWAYS say we must follow the fitting guides. Surely the manufacturers have done extensive studies to check things like dominance are important?**

If they have, these have never been published or scrutinised. Myths in many areas of life are propagated for decades before they are challenged and don't always prove to be right or wrong