



# OPTOKAYAK

## NEWSLETTER

INSPIRATION FOR THE GLOBAL EYE CARE PROFESSIONALS WHO  
LOVE TO BE UPDATED AND UPGRADED...



منتدى إقدام البصريين العرب

UNITED OPTOMETRIST FORUM



WORLD COUNCIL  
OF OPTOMETRY  
Affiliate Member 2025

EDITION

5



# OPTOKAYAK 5.0

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# JUNE 2025

## SAILING KNOWLEDGE & PROWESS

### EDITION FIVE



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# WELCOME MESSAGE

*Embarking on Our Fifth Voyage: Welcome to Optokayak Edition 5*



Dear Esteemed Colleagues, Members, and Valued Partners,

It is with great enthusiasm that I welcome you to the fifth edition of Optokayak, our quarterly newsletter born from the dedication of UOF's core committee in December 2022.

This milestone edition stands as a vibrant testament to our shared commitment to advancing optometry. Our passionate editorial team and expert board—adept at navigating top-tier ophthalmic publications—have meticulously curated insights and knowledge designed to propel our profession forward. Optokayak remains a vital conduit for the exchange of groundbreaking research, innovative techniques, and clinical excellence.

The spirit of our journey together – "sailing in this kayak of knowledge " – resonates deeply. Each edition allows us to collectively navigate the vast ocean of eye care, pausing to gather valuable insights ("pebbles") and, more importantly, to dive deeper in pursuit of those transformative "knowledge pearls" that elevate patient care. This shared exploration is fundamental to our mission.

Since 2019, the United Optometrist Forum (UOF) has served as the essential platform uniting optometrists across the UAE. Through seminars, workshops, and networking, we foster collaboration, drive professional development, and champion the highest standards of practice. Our recent affiliation with the \*\*World Council of Optometry (WCO) in 2024\*\* further anchors us within the global optometric community, amplifying our voice and impact on eye health worldwide.

As you delve into this fifth voyage of Optokayak, I encourage you to engage deeply with its content. Let it inspire your practice, spark dialogue, and fuel our collective drive to reach new heights in optometric care across the UAE and beyond. Thank you to our editorial team, contributors, and every member for making this journey possible.

Let's continue sailing together, diving deeper, and shaping the future of eye care

Warm regards,

Swarna Kamal Naiya  
President  
United Optometrist Forum (UOF)  
Affiliate Member of World Council of Optometry (WCO)



منتدى البصريات  
UNITED OPTOMETRIST FORUM



WORLD COUNCIL  
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# WELCOME MESSAGE

FROM STEERING COMMITTEE



مجلس البصريات  
الأمم المتحدة  
UNITED OPTOMETRIST FORUM

WORLD COUNCIL  
OF OPTOMETRY  
Affiliate Member 2025

Dear Valued UOF Members and Colleagues,

On behalf of the Steering Committee, Vice President, and Secretary of the United Optometrist Forum (UOF), we warmly welcome you to the 5th Edition of Optokayak. Thank you for joining our knowledge journey.

In this edition, we'll navigate cutting-edge vision science, clinical innovations, and industry updates—curated to empower your practice. Whether you're a practitioner, student, or vision advocate, expect actionable insights to elevate patient care.

Mark your calendars! We're hosting an exclusive onsite gathering for networking, learning, and collaboration. Details coming soon—watch this space!

As a proud World Council of Optometry affiliate, UOF remains your anchor for advancing UAE optometry. Together, we'll sail our kayak deeper into knowledge, gathering pearls of innovation.

Stay connected, stay inspired.

Let's chart the future of eye care—one edition at a time.

With gratitude,  
The UOF Steering Committee, Vice President & Secretary  
United Optometrist Forum (UOF)



Palaniappan Laxmanan  
Vice -President  
UOF



Devakani Suresh  
Secretary  
UOF

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# UNITED OPTOMETRIST FORUM NEWSLETTER OPTOKAYAK

## ABOUT

A Quarterly news letter - started by team of core committee members of UOF in Dec 2022. We have a dedicated editorial team members who is passionate about Publication of optometry journals. Our editorial board is also well versed in conducting studies and publishing it in top most journal in the field of Ophthalmology and Optometry.



## LET'S SAIL TOGETHER

Let's join hands in hand to enhance our profession in another level . Let's sail together in this kayak to pick up and enjoy those pebbles in this vast ocean of knowledge. Let's encourage this driving force to dive deeper in search of knowledge pearls with glittering prowess of eyecare.



# UNITED OPTOMETRIST FORUM

## United Optometrist Forum (UOF) – UAE

Established in 2019, the United Optometrist Forum (UOF) serves as a pivotal platform for optometrists across the United Arab Emirates to converge, collaborate, and drive the advancement of optometry. Dedicated to promoting excellence in eye care, UOF functions as a central hub for knowledge exchange, professional development, and advocacy in the field.

Through a variety of initiatives—including seminars, workshops, and networking events—UOF nurtures a vibrant community of optometrists committed to staying at the forefront of industry advancements, including cutting-edge technologies, evolving clinical techniques, and international best practices.

By bringing together professionals from diverse backgrounds and areas of expertise, UOF strives to elevate the standard of optometric care and contribute to the broader enhancement of eye health across the UAE and beyond.

In recognition of its growing influence and commitment to the profession, UOF became an affiliate member of the World Council of Optometry (WCO) in 2024—marking a significant milestone in its journey toward global collaboration and excellence in vision care.



منتدى إتحاد اختصاصيي البصريات

**UNITED OPTOMETRIST FORUM**



**WORLD COUNCIL  
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## INSPIRING OPTOMETRISTS GLOBALLY

Our mission is to enhance the optometry profession by creating a common platform for all optometrists to collaborate and share their knowledge and skills by educating , updating each other and by enhancing their research studies for a quality vision care .

Our Vision is to encourage optometrists and eyecare professionals to participate in more research activities and bring that study into lime light of Optometry world .

We aim to provide an experience of extraordinary and attentive care to all our patients to provide ultimate patient centric care for the community by sharing and offer latest updates in the eyecare industries.

# PRESCRIBING PRISMS TO ALLEVIATE DIPLOPIA



Prisms have been used for alleviating diplopia caused by eye misalignment due to eye muscle problems, neurological (brain related) issues such as head injuries, stroke or tumor, nerve related problems like multiple sclerosis or diabetes mellitus. Prisms are prescribed to neutralize deviations and thereby relieve diplopia in primary position in case of paralytic strabismus.

Prism is a transparent solid triangular refracting medium with a base and apex, the thicker portion being the base and tapering portion being the apex. The rule for neutralizing a deviation is to place the prism with its apex oriented towards the direction of deviation. An esotropia is neutralized with base out prisms (BO) and exotropia with base in (BI) prisms, hypertropia with base down (BD) prisms and hypotropia with base up (BU) prisms.

Clinical examination begins by performing a proper refraction, ocular motility tests, cover test for both distance and near fixation to assess the type of deviation and whether comitant or non comitant. Prism alternate cover test is done for both distance and near fixation to determine the amount of prisms needed to neutralize the deviation. It is done by placing a prism bar or loose prisms over one eye oriented appropriately to neutralize the deviation. The horizontal and vertical components of strabismus have to be measured. After obtaining the measurement of deviation, the prism power is estimated. One of the ways to arrive at a starting power is to take the higher power prism measurement and add one half of the lower power measurement. For example a patient with 20 prism dioptre of esotropia and 10 prism dioptre of left hypertropia, the higher power measurement ( 20 ) is added to half the lower power measurement (  $10/2 = 5$  ) Therefore 25PD hand held prism is

selected and placed before the non dominant eye with base out and slightly down to connect the combined esotropia and left hypertropia. The prism is rotated slowly clockwise or counter clockwise until the patient notes that the 2 images are fused. If the patient is unable to fuse, another prism is selected ( start with a prism one increment higher/ lower) and the process is repeated until fusion occurs. The prisms should be placed along with the appropriate refractive correction in trial frame and patients are asked to read the Snellen chart as well as WFDT and prismatic power was increased / decreased till the patient reported freedom from diplopia. After a preliminary prescription of fusion prism is determined, it is recommended to place the appropriate prism correction along with the spectacle prescription and allow the patient to move around to see if they experience any diplopia while viewing objects in the room. Prisms upto 10PD are well tolerated when ground into lenses. If prisms exceeded 6PD, then they are split in front of both eyes. The most successful prism cases are often patients who have intermittent strabismus and good potential for normal fusion or patients with strabismus who have not developed any sensory anomalies.

Ground prisms are more suitable than Fresnel prisms (a thin press on vinyl sticker). Although Fresnel prisms can be easily fitted over the front or back of the spectacle lenses, they aren't ideal for long term use as there is increased optical aberrations, loss of contrast and light scatter in larger Fresnel prisms. They are also cosmetically visible due to the grooves in Fresnel prism.



## A REFERENCE GUIDE FOR PRESCRIBING PRISM

TYPE OF DEVIATION	PRISM DIRECTION	PRISM SPLITTING	
<b>EXO</b> Eye turns <u>out</u>	<b>BASE IN (BI)</b>	<b>R</b>	<b>L</b>
		<b>IN</b>	<b>IN</b>
<b>ESO</b> Eye turns <u>in</u>	<b>BASE OUT (BO)</b>	<b>R</b>	<b>L</b>
		<b>OUT</b>	<b>OUT</b>
<b>RIGHT HYPER</b> Right eye turns <u>up</u>	<b>BASE DOWN (BD)</b> Right eye	<b>R</b>	<b>L</b>
		<b>DOWN</b>	<b>UP</b>
<b>LEFT HYPER</b> Left eye turns <u>up</u>	<b>BASE DOWN (BD)</b> Left eye	<b>R</b>	<b>L</b>
		<b>UP</b>	<b>DOWN</b>
<b>RIGHT HYPO</b> Right eye turns <u>down</u>	<b>BASE UP (BU)</b> Right eye	<b>R</b>	<b>L</b>
		<b>UP</b>	<b>DOWN</b>
<b>LEFT HYPO</b> Left eye turns <u>down</u>	<b>BASE UP (BU)</b> Left eye	<b>R</b>	<b>L</b>
		<b>DOWN</b>	<b>UP</b>

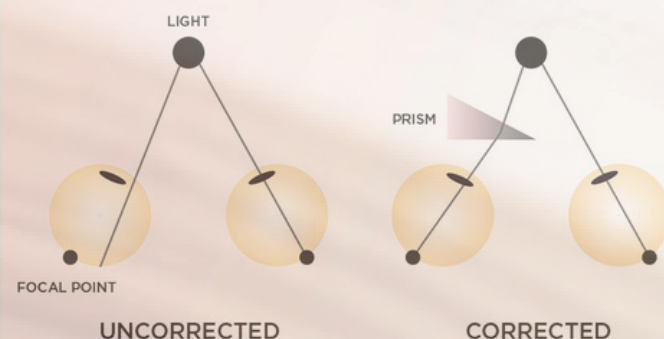
2


An 18yr old boy presented to the clinic with complaints of diplopia since 4yrs. There was no history of trauma or systemic illness. His subjective refraction was R.E -3.50DS/-0.75DC x 180 (6/6), L.E -3.75DS/-0.50DC x 165 (6/6). Cover test revealed alternating esotropia and mild left hyperphoria, prism cover test revealed 20 prism dioptre for both distance and near fixation. He reported diplopia at all gaze. Diplopia charting showed left superior oblique palsy. He reported good fusion of images with 10 prism base out aligned at 170 degrees in both eyes. Trial prism along with his spectacle correction was placed in trial frame and patient reported absence of diplopia for distance and near. Ground in prisms were advised for the patients. High index lenses with anti-reflective coating, plastic frame and frames that are smaller in size help improve the weight and cosmesis of the lenses. Diplopia can be a debilitating condition and prism is a powerful tool that can be used to successfully treat a variety of binocular vision conditions. Prism prescription often improves the quality of life of patients by reducing asthenopia and diplopia.

1

A 55yr old man presented to the clinic with complaints of diplopia since long time. He gave history of wearing prism correction in his glasses but still had diplopia while using it. His present spectacle prescription was R.E +5.00DS (6/6), L.E +5.00DS (6/6) ADD +1.75DS with 8 prism dioptre BO in both eyes (bifocals). Examination revealed alternating esotropia for both distance and near, prism cover test revealed 25 prism dioptre for both distance and near fixation. Trial prisms were placed in trial frame along with his subjective correction of R.E +5.00DS (6/6), L.E +4.75DS (6/6), ADD +2.00DS B.E. He reported good fusion with 10 prism base out in both eyes. Patient was given adequate time to wear the correction and adaptation to prisms were assessed by allowing the patient to move around with the trial frame. He reported no diplopia with WFDT also.


## Prism Correction






# Facts About Your Eyes

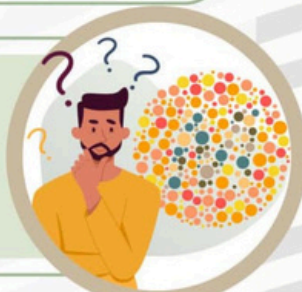
Your retina makes it possible to see 500 shades of gray.




Depth perception is aided by having two eyes.




Men are more likely to be color blind than women.



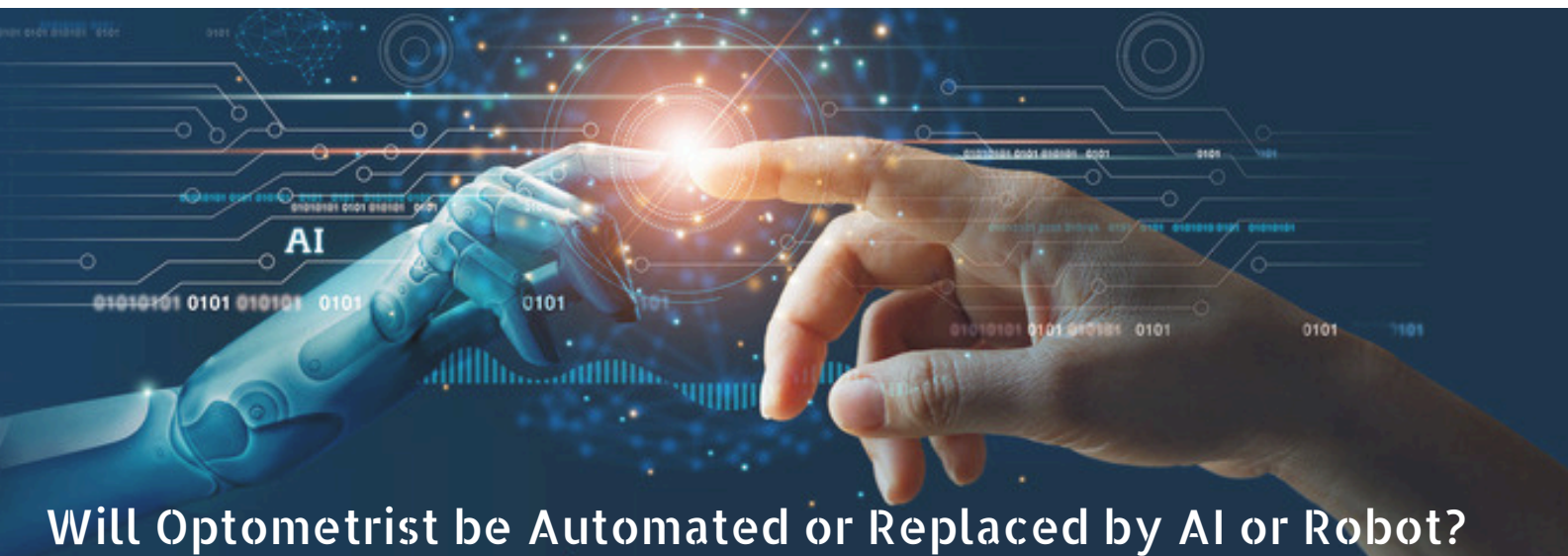
Infants can't produce tears for about 6 weeks.



Underlying health problems may first be caught by your ophthalmologist.







# Will Optometrist be Automated or Replaced by AI or Robot?

## Myths and Facts

Will Optometry Profession become obsolete? Will Optometrists be replaced due to AI and technology in the future? Will the new generation of budding optometry professionals become redundant due to reduced demand due to advancements driven by information technology? As I had been browsing through a career website a few days ago, I read a compilation of 15 professions which will become obsolete in the year 2030. My first instinct, as an

Optometrist, "Optometry" appears in the list!! Thankfully, it did not... You may be wondering – isn't it a farfetched idea? Why such a pessimistic thought? Why is it even being considered? We the optometrists - are we not one of the most sought after professionals in any eye care institution? These and some other thoughts may be crossing your mind. Consider extensively used in hospitals for medical assistance, surgical assistance, cleaning & disinfection tasks, storage and distribution of medicines, administrative and logical tasks,

teleassistance extracting blood from the veins has already a task that can be performed accurately by Robots. More and more such automation is being developed and introduced in hospitals to reduce cost of human resources and improve operational efficiency. Non Contact tonometry to measure Intra ocular pressure, Refractometers to assess refractive errors, Keratometers to measure corneal curvature, Automated Visual field testing using Humphrey Visual field Analyzer, OCT to measure the RNFL thickness, Measurement of IOL power using IOL master are some examples of the tests that may be outsourced in future to non-technical or semi-qualified hospital personnel in future due to shortage of qualified optometrists.

So what do we do as institutionally qualified optometrists having a four year degree from prestigious schools of Optometry in order to become indispensable to a practice :

1. Learn to take a thorough history of the patient's chief complaints, past ocular history, medical history, family history, birth history (in case of infants and children)

2. Learn to check the patient's previous glass manual Practice hand neutralization so even when you have to work in a primitive set up where there are limited facilities, for example when you are in a community outreach program, one must be able to neutralize the power and estimate the PGP and help in decision making about whether the patient needs to have a change of spectacles or not. 3. Master your skills to do a proper objective refraction with the help of a retinoscope so you are able to make an accurate assessment of the refractive condition of the patient, even if the patient (or client) is minimally cooperative or has

media opacities where doing Auto refractometry is not possible.

4. Develop your skills in subjective refraction by appropriately using the skills

in verification balancing, using Jackson's cross cylinder and binocular balancing methods to refine and fine tune your refraction end points 5. Work on doing a good orthoptic evaluation which should include – testing the extra ocular muscles, doing a perfect Broad H test, cover-uncover and alternate cover tests to extrapolate the phorias and tropias, ability to use a prism bar cover test (PBCT), Hirschberg's corneal reflex test in case the patient has poor vision with Snellen charts 6. Doing a good problem oriented slit lamp assessment that should include making a thorough assessment of the anterior segment of the eye. 7. Performing the Goldmann Applanation Tonometry (GAT) for making an accurate measure of the Intra Ocular Pressure (IOP) or using any other methods of IOP assessment 8. Acquiring the ability to perform various ancillary tests including colour vision

assessment, Worth Four Dot Test (WFDT), Amsler grid charting,

Pachymetry, use of Potential acuity meter (PAM), Exophthalmometry, IPD assessment using a ruler and pupillometer

9. Have a thorough knowledge of the pharmacological actions of various drugs used in mydriasis and cycloplegic refractions, including their effects on the systemic circulation

10. Be familiar with various methods

of assessing the health of the posterior segment including the use of Direct Ophthalmoscopy, Indirect Ophthalmoscopy, Non

mydriatic fundus cameras, using a +90D lens as an accessory to the slit lamp to make an assessment of the optic cup / Optic Disc / posterior pole. The list given above is not an exhaustive one and you can add many more to it. The point that I am trying to make it, we as an Optometrist have to deliver the best quality patient care using the best

practices incorporating evidence.

When we ask for rights and recognition, we also have responsibility to deliver as the an important stake holder in the eye care delivery system. Good practitioners and clinicians are a rare species and will always be in demand no matter how many inventions and

technology advancements come up in the future. The dazzling smile you give, the way you welcome the customer, make them feel at ease, doing an eye

examination with care and compassion is something that can never be replaced by any machine. If you make this part of your practice and behavior, believe me, you will always be in demand!!

Anuja R Singh B.Optom, M.A., M.Phil, PhD,  
PGDEMA Professor and Principal The Sankara  
Nethralaya Academy, Chennai

# ZEISS MYOCARE:

## A MYOPIA MANAGEMENT SOLUTION WITH PROVEN EFFICACY ACROSS MULTIPLE SITES, LARGE COHORTS, AND VARIOUS ETHNIC GROUPS



It is estimated that by 2050, approximately half of the world's population will be myopic. Myopia commonly onsets in children and continues to progress until late teenage years with some progressing into early adulthood. Importantly it is a life-long condition imposing significant burden to the individuals, their family and society. There exist significant geographical differences in the prevalence of myopia (with a much higher prevalence for children and adolescents in China, for example, as compared to the prevalence in Europe).

Myopia increases the risk of sight-threatening complications in later life such as myopic maculopathies, open angle glaucoma, posterior subcapsular cataracts or retinal detachment with evidence indicating that the risk increases with increasing axial length of the eye or each diopter increase in myopia. Thus, slowing eye growth in progressively myopic children to reduce the burden of myopia is the main purpose of myopia management interventions.

### ZEISS MYOCARE FOR SLOWING MYOPIA

Of the various interventions to slow myopia (optical, pharmaceutical, and behavioral), optical strategies involving spectacle based strategies, provide a convenient and risk free solution especially for younger children with myopia.

In this regard, a recent strategy from ZEISS includes a spectacle lens intervention that incorporates cylindrical annular elements (microstructures) to impose simultaneous myopic defocus at the retina to slow eye growth.

### CUSTOMER SERVICE: WE'RE HERE TO HELP

MyoCare and MyoCare S are two design variants of the microstructure spectacle lens intervention. Both designs have a clear zone in the center for clear vision and a functional/treatment zone in the periphery that include the C.A.R.E.® technology (C.A.R.E.: Cylindrical Annular Refractive Elements). These CARE elements alternate with clear areas to induce simultaneous peripheral myopic defocus. The surface area of the treatment zone that is devoted to the CARE elements in the functional zone is 50% (also referred to as fill factor of 0.5). The diameter of the clear zone varies between the two designs and details are illustrated in Figure 1.

In addition to the C.A.R.E. elements, both MyoCare designs are optimized for performance on the back surface with the inclusion of the ZEISS ClearFocus design. ZEISS ClearFocus reduces the peripheral hyperopic defocus that occurs with myopic spherical single vision lenses. The simultaneous peripheral myopic defocus induced by the microstructures on the front surface is thus maintained for every viewing direction.

ZEISS MyoCare (hard design)		ZEISS MyoCare S (soft design)	
Central zone diameter	7mm	Central zone diameter	9mm
Mean additional surface power	+4.6D	Mean additional surface power	+3.8D
Fill factor	0.5	Fill factor	0.5

Figure 1: Comparison of the design variants ZEISS MyoCare and ZEISS MyoCare S with regard to diameter of the clear central zone, addition effect of the C.A.R.E.® elements (C.A.R.E.: Cylindrical Annular Refractive Elements) for the induction of a simultaneous peripheral myopic defocus in the functional zone and fill factor.

### CLINICAL EVIDENCE

The efficacy of the ZEISS MyoCare lenses is under investigation with clinical trials involving diverse ethnic groups, large samples, and multiple locations. Specifically, in on-going multicenter clinical trials across China and Europe, ZEISS MyoCare lenses are being assessed to ensure a comprehensive and robust evaluation of their effectiveness in slowing myopia. These trials address efficacy in both Asian and Caucasian children with myopia.



In May at the annual meeting of the Association for Research in Vision and Ophthalmology (ARVO 2024), and in September at IMC 2024, the International Myopia Conference, ZEISS Vision Care presented data from two on-going, 2-year prospective, double-masked, multi-center clinical trials reporting on the efficacy of ZEISS MyoCare lenses in slowing the progression of myopia as compared to single vision spectacle lenses

#### MYOPIA PROGRESSION WITH ZEISS MYOCARE AND ZEISS MYOCARE S IN ASIAN CHILDREN

In an ongoing trial (NCT05288335), 240 Chinese children aged 6 to 13 years, spherical equivalent refractive error (SE) -0.75 D to -5.00 D, were enrolled and randomly assigned to single vision lenses (SV, N = 80), ZEISS MyoCare with CARE mean surface power of +4.6 D and a central clear zone of 7 mm (N = 80), or ZEISS MyoCare S with CARE mean surface power of +3.8 D and 9 mm central clear zone (N = 80).

After 12 months of lens wear, both ZEISS MyoCare and ZEISS MyoCare S lenses significantly slowed the progression of myopia as compared to single vision lenses. Average reduction in progression of SE and axial length (AL) with ZEISS MyoCare and ZEISS MyoCare S, compared to single vision lenses are provided in Figure 2.[6]



Figure 2: In Asian children (12 month results), ZEISS MyoCare and ZEISS MyoCare S significantly slowed the progression of myopia. The shown average reductions were observed compared to ZEISS single vision lenses.

Additionally, the risk of fast progression was found to be significantly reduced, with only 17% and 14% of ZEISS MyoCare and ZEISS MyoCare S wearers experiencing fast progression ( $\leq -0.75\text{D}/\text{year}$ ) compared to 51% of children wearing single vision lenses [7] (see Fig. 3). Wear time and subjective assessment of vision were comparable to single vision lenses, indicating high acceptance [8].

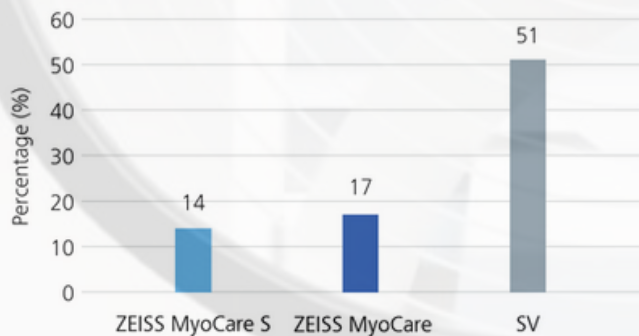


Figure 3: In Asian children (12 month results), the risk of fast progression was significantly reduced for ZEISS MyoCare (17%) and ZEISS MyoCare S (14%) wearers experiencing fast progression ( $\leq -0.75\text{D}/\text{year}$ ) compared to 51% of children wearing ZEISS single vision lenses.



Interestingly, unlike single vision lenses that demonstrated greater progression in children with parental myopia, MyoCare lenses slowed myopia progression across all groups irrespective of the presence or absence of parental myopia [9].

#### MYOPIA PROGRESSION WITH ZEISS MYOCARE IN CAUCASIAN CHILDREN

Similar to the trial in Asian children, in an ongoing trial involving Caucasian children of the same age range with myopia (NCT05919654), after 12 months of lens wear, there was significant slowing of myopia with use of ZEISS MyoCare lenses. As compared to single vision lenses, use of ZEISS MyoCare lenses resulted in a reduction of myopia progression by an average of 0.18 D and 0.11 mm [10].

Vision with ZEISS MyoCare was subjectively rated as good or very good by over 90% of all participants for far distances, near distances, and for dynamic vision [11].

In summary, ZEISS MyoCare lenses offer the practitioner an effective means to slow the progression of myopia. Spectacle lenses offer a simple, convenient option of addressing myopia progression in children and it is seen that ZEISS MyoCare lenses address and slow progression of myopia in a robust manner. The validation of results across both Asian and Caucasian population enables the practitioner to treat children from varying ethnic groups with the confidence that the lenses slow myopia.





# Ommetaphobia

**Ommetaphobia** is the extreme fear of eyes.

Everyday situations such as making eye contact, being looked at, seeing images of eyes or even thinking of eyes can activate a fear response.

It is a specific phobia — an overwhelming or irrational fear of a being or situation that poses little actual threat.

Specific phobias like ommetaphobia can be connected to anxiety disorders. Some people with ommetaphobia may go out of their way to avoid places or situations in which eyes are involved. This may prevent anxiety in the short term, but it could also worsen the phobia in the long run.

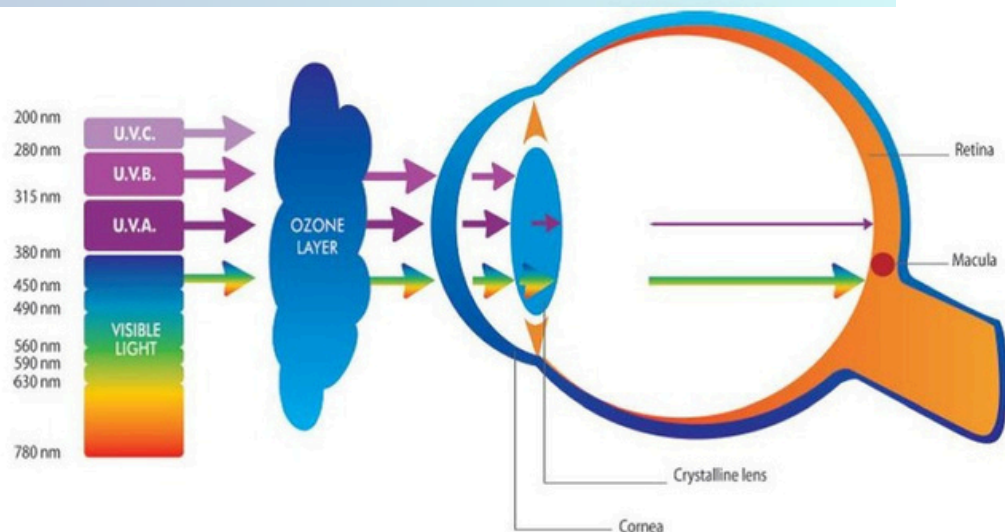


# Ultraviolet Radiation – An underrated cause of ocular hazards

Ultraviolet (UV) radiation are the electromagnetic radiations of wavelength 100-400nm. In the electromagnetic spectrum it falls beneath visible light (wavelength 400-780 nm ) and above X rays (wavelength). Depending upon the wavelength and it's effects, UV rays are of three types: ·UV A: Its wavelength is 315-400 nm. It's wavelength is more than the other types of UV rays and thus has least energy making it less harmful than other types of UV. It usually causes skin tanning, premature aging with prolonged exposure ·UV B : It's wavelength is 280-315 nm. It is responsible for causing sun burn, skin damage and skin cancer. Ozone layer of the earth's atmosphere stops most of the UV B from reaching earth's surface and about 15% is transmitted ·UV C : It's wavelength is 100-280 nm. It's wavelength is the least and thus has high energy making it most harmful. It is completely absorbed by the earth's atmosphere and thus causing no harm . Germicidal lamps does emit UV C because of its efficiency to kill bacteria and hence intense precautions are needed from it when in use. It can be understood from the earlier mentioned information that UV rays have a great impact on human body and is responsible for causing various complications including cancer to biological tissues

D. ifferent studies and surveys shows that there is an increase in awareness among population about the UV hazards to human body. The matter of concern lies in the fact that people are still unaware or have less knowledge about the impact of UV on Ocular tissues and how it should be avoided to the maximum.

Ocular diseases caused by UV  
Depending upon the duration of UV exposure, type of UV exposure and other factors , there are



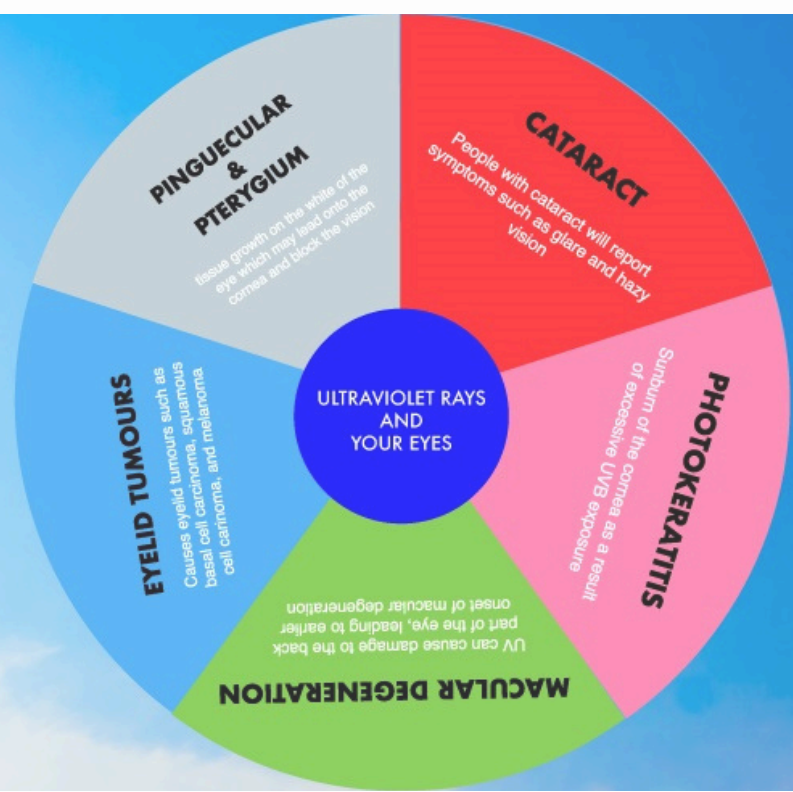
numerous diseases which are caused by UV radiation. Some of which is described below along with its clinical features and management.

1.Photokeratitis: It is also known as snow blindness. It is caused by acute exposure to UV rays. It lacrimation, blepharospasm and photophobia. It is a reversible condition

2.Pinguecula : It presents as an abnormal growth of a grey-yellow mass on the bulbar conjunctiva caused by chronic exposure to UV . Underlying pathology is elastotic degeneration of the sub conjunctival tissue.

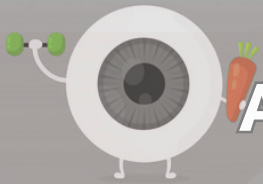
3.Pterigium (Surfer's eye) : It is a wing shaped Ocular surface lesion which originates at the limbal conjunctiva and involves the cornea. It is caused by chronic exposure to UV rays. Studies have shown high prevalence of such Ocular conditions among countries situated closer to equator , or at higher altitudes.

4.Salzmann's nodular degeneration : 5.Climatic droplet keratopathy: It is also known as spheroidal degeneration and is caused by chronic exposure to UV rays. It is characterized by droplet shaped lesions in the superficial corneal stroma. 6.Cataract : It is characterized by opacification of the intraocular lens due to irreversible changes of the lens protein. Among the different causes of cataract such as smoking , aging, heredity , steroid medications , UV exposure is one of them. As per WHO among the 12 to 15 million people who become blind from cataracts annually , upto 20% is caused by enhanced sun exposure. 7.Early development of age related macular degeneration: The correlation between the development of age related macular degeneration and UV exposure is still controversial , but recent studies have shown early development of age related macular degeneration due to chronic UV exposure. 8.Few more Ocular diseases caused by UV exposure are squamous cell carcinoma of conjunctiva, eyelid cancers including basal and squamous cell carcinoma,



Protection from UV rays ·Sunglasses that provide 100% UV protection or UV 400 protection. It can also be said as sunglasses that blocks UV A and UV B are the best for your eyes ·Moreover, pairing a broad brim hat with your UV protection sunglasses provides additional protection from UV . ·Intensity of UV rays increases at regions of higher altitudes and near the equator. Also it has higher intensity when reflected of water , ice or snow ·Avoiding or reduction of outdoor activities during midday to early afternoon does decrease UV exposure ·Winters or cloudy weather also possess the threat of UV exposure and hence precautions should not be taken for granted ·Apart from the natural source of UV rays there are numerous artificial sources of UV as well . These include tanning booths, black lights, curing lamps, germicidal lamps, mercury vapor lamps, halogen lights, high-intensity discharge lamps, fluorescent and incandescent sources, and some types of lasers (excimer lasers, nitrogen lasers, and third harmonic Nd:YAG lasers).





## Are Carrots Actually Good For Your Eyes?

Many of us have been brought up being told that carrots are the best food for eyesight, even that eating carrots will help us see in the dark. While the beta-carotene rich vegetable is a healthy addition to your diet, it does not have specific benefits for the eyes aside from vitamin A, which is converted from beta-carotene in the body, but there are much better sources of vitamin A.

For eye health it is best to eat oily fish and green vegetables that contain lutein, zeaxanthin and meso-zeaxanthin, which support the eye's protective mechanisms. Lutein and zeaxanthin occur naturally in foods like spinach, kale and other leafy greens, while meso-zeaxanthin can be found in certain fish.





# EFFECTIVENESS OF MYOPIA CONTROL INTERVENTIONS

## A Clinical and Preventive Approach

Anindita Barua, M.Optom

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Agartala, Tripura, India

Myopia (nearsightedness) is increasingly prevalent among children globally, with growing concern due to its association with long-term visual complications. Multiple strategies—ranging from behavioral interventions to advanced optical and pharmacological treatments—have been developed to slow progression.

This paper critically reviews the effectiveness of key interventions, including peripheral defocus contact lenses and orthokeratology, while emphasizing the essential role of lifestyle adjustments such as increased outdoor time and reduced screen use.

The global myopia epidemic poses a significant challenge for pediatric eye care. Forecasts predict that by 2050, nearly 50% of the world population will be myopic.

The progression of myopia in childhood is particularly worrisome, as it increases the lifetime risk of complications such as retinal detachment and macular degeneration. This paper explores the effectiveness of evidence-based interventions while highlighting actionable strategies parents can implement early in life.

### Behavioral and Environmental Interventions

**Increase Outdoor Time:** Spending at least 2 hours outdoors daily is one of the most evidence-backed preventive measures. Natural light exposure and focusing on distant objects are thought to help regulate eye growth. Studies from East Asia and Australia have shown significant decreases in the onset and progression of myopia in children encouraged to play outside.

**Limit Screen Time and Near Work:** Extended screen exposure and prolonged near tasks (e.g., reading or device use) contribute to myopia development. Following the 20-20-20 rule—taking a 20-second break every 20 minutes to look at something 20 feet away—is a simple, effective strategy.

**Parent Involvement and Education:** Parents play a central role in building eye-healthy habits. Encouraging outdoor play, limiting screen time, and supervising proper lighting and posture during homework can contribute to slowing myopia progression.



### Pharmacological Interventions

**Low-Dose Atropine:** Atropine eye drops in concentrations between 0.01% and 0.05% are widely studied for myopia control. These drops are thought to slow axial elongation with minimal side effects such as pupil dilation and glare. Studies (e.g. LAMP and ATOM2) show a 50–60% reduction in myopic progression





## AIM

This paper critically reviews effective interventions—particularly peripheral defocus contact lenses and orthokeratology—and highlights the importance of lifestyle changes like increased outdoor activity and reduced screen time as early preventative strategies.

## OPTICAL INTERVENTIONS

### Peripheral Defocus (Multifocal) Contact Lenses:

Peripheral defocus contact lenses are soft, specially designed multifocal lenses worn by children aged 6 to 12.

They resemble a dartboard pattern:

- The central zone corrects distance vision
- The outer zones intentionally blur peripheral vision

This blurring reduces peripheral hyperopic defocus, which is believed to slow eye elongation and myopia progression. These lenses may be especially helpful for children with rapidly progressing myopia or a strong family history of nearsightedness.

### Orthokeratology (Ortho-K):

Ortho-K lenses reshape the cornea overnight, offering clear daytime vision without glasses. This effect is temporary—once lens use stops, the cornea reverts to its natural shape and myopia returns. However, Ortho-K has shown promise in permanently slowing axial elongation when worn consistently.

## MY APPROACH

### APPROACH - A

Myopia-Control Spectacle Lenses: Innovative spectacle designs like DIMS (Defocus Incorporated Multiple Segments) or HALT (Highly Aspherical Lenslets) lenses offer 40–50% reductions in progression. They are ideal for younger children uncomfortable with contact lenses.

### APPROACH - B

Combination Therapy and Personalized Management: Combining treatments—such as atropine + Ortho-K or spectacle lenses + outdoor interventions—may lead to better outcomes than any single therapy. A personalized approach that accounts for the child's age, lifestyle, family history, and tolerance for lenses or drops is essential.

**30-45%**  
Success Rate

Atropine 0.01%+ Normal Glasses

**50-60%**  
Success Rate

Multifocal/Defocus -incorporated Spectacles+ Atropine

**60-65%**  
Success Rate

Orthokeratology +Atropine

### Best Outcome seen in :

Early intervention (starting therapy before rapid progression )

Younger children (6-10 years)

High compliance regular follow up

## PRACTICAL STEPS TO SLOW MYOPIA PROGRESSION:

- Parents and children can take the following actions at home
- Spend more time outdoors – Aim for at least 2 hours daily
- Balance screen use with breaks and distance focusing
- Limit recreational screen time, especially before bed
- Use proper lighting during homework and reading
- Follow lens hygiene if using contacts
- Attend regular eye exams to monitor progression

**Conclusion:** Myopia control is most effective when clinical interventions are paired with behavioral changes. While treatments like atropine, peripheral defocus lenses, and Ortho-K provide meaningful reductions in progression, simple daily habits—like spending time outdoors and reducing screen exposure—are equally impactful. Empowering parents and educating children is vital to mitigating long-term vision risks.

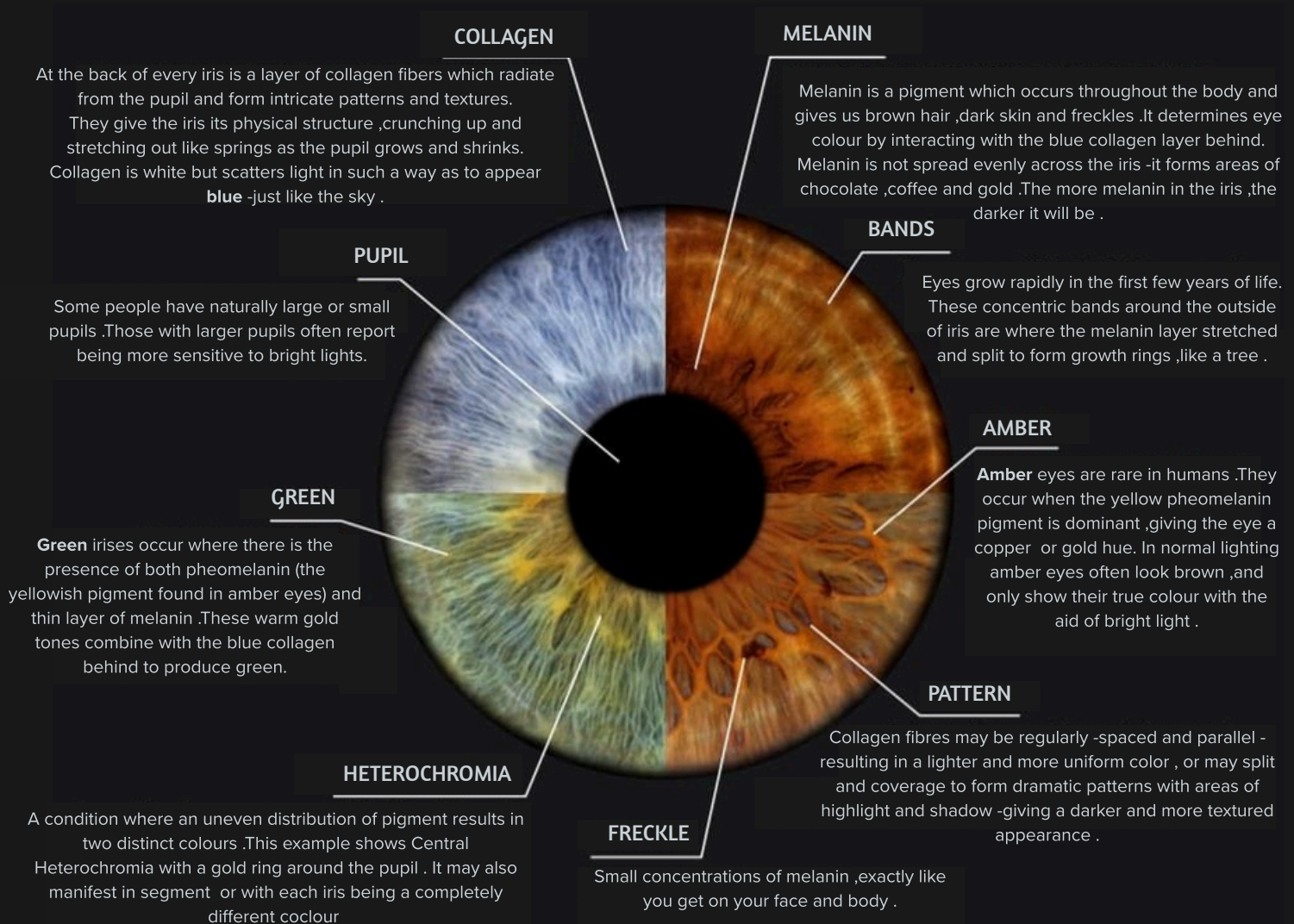


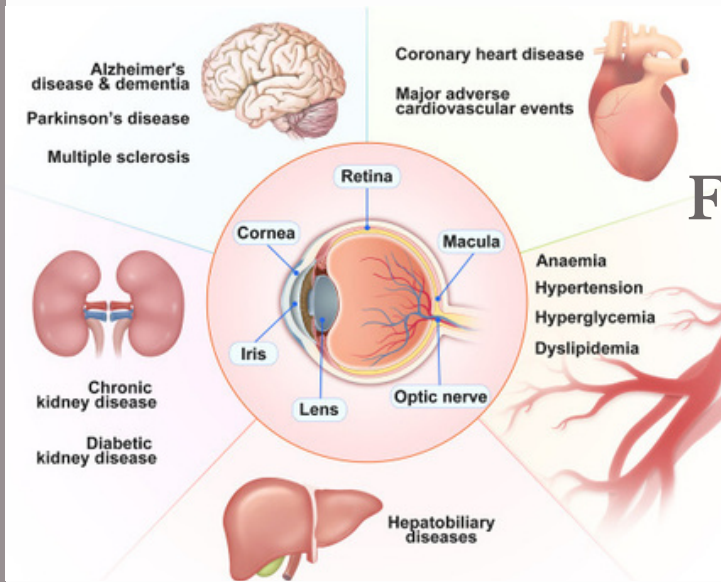


# What makes the iris unique?

*Iris . Eyes are the window to your soul and your identity. DNA determine the colors and structure of the iris, but it's random pits ,furrows, swirls ,and rifts occur during fetal developments ,which makes every iris unique (even your two irises don't match each other )*

*The reason iris based biometry technology solutions are so highly regarded is because it's considered a more accurate form than fingerprints .Each person's iris patterns are incredibly intricate and unique*





## FROM BODY TO EYES:

## HOW SYSTEMIC ILLNESSES REFLECT IN OCULAR HEALTH

This review aims to highlight the link between systemic diseases and ocular health, illustrating how various systemic conditions manifest in the eyes. By exploring these connections, this article underscores the critical role of optometrists and ophthalmologists in the early detection and management of systemic diseases. Understanding these ocular clues can not only preserve vision but can also save lives by facilitating timely diagnosis and treatment.

The eyes are often referred to as the "windows to the soul," but they also serve as a crucial window to the body's overall health. The intricate and sensitive structures of the eye can reveal early signs of systemic illnesses, often before other symptoms manifest. Many diseases that affect the entire body—ranging from diabetes, hypertension, autoimmune disorders and thyroid can lead to significant changes in ocular health. Many diseases are known to cause ocular or visual changes due to their systemic effects. Systemic diseases may cause alterations in the retina, optic nerve, blood vessels, and other ocular tissues, making a comprehensive eye examination an essential part of systemic disease detection and management. These ocular manifestations are not merely side effects, they can be critical indicators for early diagnosis and intervention.

### The Ocular Signs of Diabetes

Diabetes mellitus (DM) is one of the most well-known systemic conditions that affect ocular health. It is known as a silent vision thief. Diabetic retinopathy (DR) is a complication resulting from damage to the blood vessels in the retina, which can lead to severe vision loss if left untreated. Patients with diabetes may also experience diabetic macular edema, a condition characterized by fluid accumulation in the macula, leading to blurred central vision. Regular eye examinations can help detect these changes early, underscoring the importance of monitoring ocular health in diabetic patients.

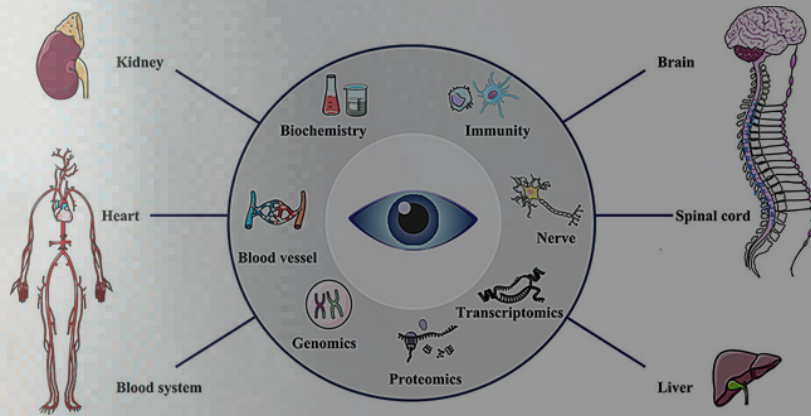
### Hypertension and Ocular Health

Hypertension, or systemic hypertension, is a hidden threat to vision or high blood pressure that can lead to significant ocular consequences. Persistent hypertension can lead to changes in the blood vessels of the retina, a condition known as hypertensive retinopathy (HR). This may manifest as narrowing of the retinal arteries, retinal haemorrhages, or cotton wool spots. These changes in the eyes can serve as an indicator of the severity of hypertension. Regular eye exams are important for the early diagnosis and management of hypertension since this condition can lead to strokes. Lowering blood pressure can help protect vital organs, such as the optic nerve and brain, from damage.



## Autoimmune Disorders and Ocular Manifestations

Autoimmune disorders, such as rheumatoid arthritis (RA), lupus, and multiple sclerosis, can also have profound effects on ocular health, as the body may attack the eyes. Conditions like Sjögren's syndrome, which can arise from autoimmune processes, lead to dryness of the eyes and mouth as the body's immune response attacks the glands. Additionally, uveitis, an inflammation of the middle layer of the eye, can occur in patients with various autoimmune conditions. Multiple sclerosis can lead to optic neuritis, which results in pain and temporary vision loss. Early detection and management by a rheumatologist are essential to prevent lasting damage.

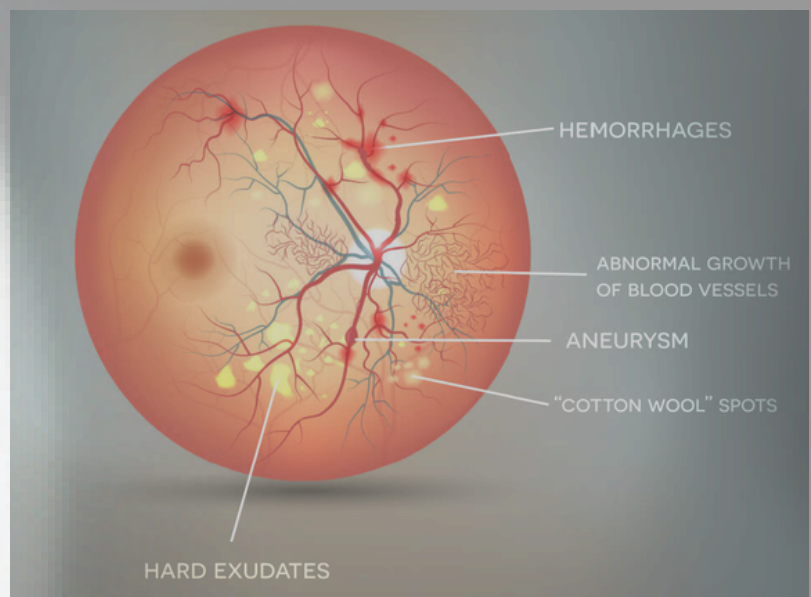


## Cardiovascular Disease and Eye Health

The Eye-Heart Connection refers to the significant link between cardiovascular disease and ocular health.<sup>[17]</sup> Conditions such as atherosclerosis and coronary artery disease can manifest through changes in the ocular vasculature.<sup>[17,18]</sup> Retinal artery or vein occlusions are often linked to cardiovascular health, as they can indicate underlying vascular problems.<sup>[18]</sup> Atherosclerosis can manifest in the retina, indicating a higher risk of heart disease or stroke.<sup>[17]</sup> Additionally, retinal artery occlusion, which may cause sudden vision loss, can also signify an increased risk of stroke.<sup>[17,19]</sup> Moreover, signs of systemic inflammation often visible in the eye can herald greater cardiovascular risks.<sup>[17]</sup>

## Thyroid Dysfunction A Threat to Eye Health

Thyroid disease is another condition that can significantly impact ocular health. In some cases, an overactive or underactive thyroid gland can cause swelling and inflammation in the eyes, leading to conditions such as thyroid eye disease (TED). This can result in double vision, bulging eyes, and vision loss. Untreated thyroid disease can also increase the risk of developing other eye problems, such as cataracts and age-related macular degeneration.



## Conclusion

The eyes are more than just the windows to the soul, they also mirror the health of the entire body. Systemic illnesses can leave traceable signs in ocular health, serving as crucial indicators for medical practitioners. Recognising the link between systemic illnesses and ocular health emphasises the need for comprehensive medical care. Eye care professionals often serve as the first line of defence, identifying potential health issues that may require further investigation. Regular eye exams assess vision and can lead to early detection of systemic diseases, promoting timely interventions and improving overall health outcomes. Therefore, maintaining regular check-ups with an eye care professional is essential not only for preserving sight but also for monitoring and maintaining overall health. Acknowledging the intricate relationship between systemic conditions and eye health can empower individuals to take charge of their health proactively, ultimately leading to a better quality of life.

# LAST EVENT REPORT BY UOF

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# OPTOVERSE – 6

## VISION SCIENCE CONFERENCE & OPTIFAIR

### DUBAI

The United Optometrist Forum (UOF) is proud to invite you to the 6th Edition of the Optoverse Vision Science Conference & OptiFair Exhibition 2025, a pioneering event scheduled for **24–25 October 2025** in Dubai, UAE. This Onsite event promises to transform global engagement in eye care innovation, combining live interactions with cutting-edge virtual experiences. Sponsors are offered a unique opportunity to connect with audiences through **physical booths at the Dubai venue and immersive 3D Metaverse virtual booths**, ensuring a global reach that extends beyond the event itself.

Following the remarkable success of the 2024 conference, which attracted over 641 delegates and featured 94 scientific presentations, Optoverse-6 aims to push boundaries further. In collaboration with the World Council of Optometry and in support of World Sight Day 2025, this event unites key stakeholders in vision science to tackle pressing challenges and promote eye health equity worldwide.

Why Partner with Optoverse-6 & OptiFair 2025

- **Innovative Hybrid Experience:** Engage with 900+ on-site delegates in Dubai and extend your influence to 3,000+ global professionals through a 3D Metaverse booth available for **7 days post-event**.
- **Comprehensive Programming:** Benefit from insights shared by over 70 global experts through keynotes, symposia, and interactive sessions.
- **Social Impact:** By aligning with Optoverse-6, you support initiatives to eradicate preventable blindness, enhancing your brand's association with global health causes.

#### Diverse Audience

Optoverse-6 attracts a broad spectrum of attendees, including clinicians, industry innovators, academic leaders, and policymakers, all focused on advancing vision science.

#### Maximize Your Impact

Optoverse-6 provides unmatched visibility and engagement opportunities. Showcase your products to the lucrative \$5.3 billion eye care market in the UAE/GCC region and leverage analytics in the Metaverse for global reach. Choose from tiered sponsorship packages designed to optimize your return on investment through enhanced branding and interactive experiences.

Join us in shaping the future of eye care. Whether on-site in Dubai or in the expansive Metaverse, your participation will contribute to a significant cause and position your brand at the forefront of innovation. Secure your spot today—spaces are limited.

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- OPTOVERSE-1
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- OPTOVERSE-4
- OPTOVERSE-5
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## Series of Webinar

- Eyeqon -1
- Eyeqon-2
- EyeQon -3 : Coming soon..

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## Series of Monthly PODCAST

- VoV -1 : January, 2025
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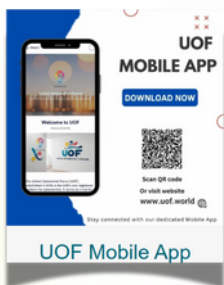
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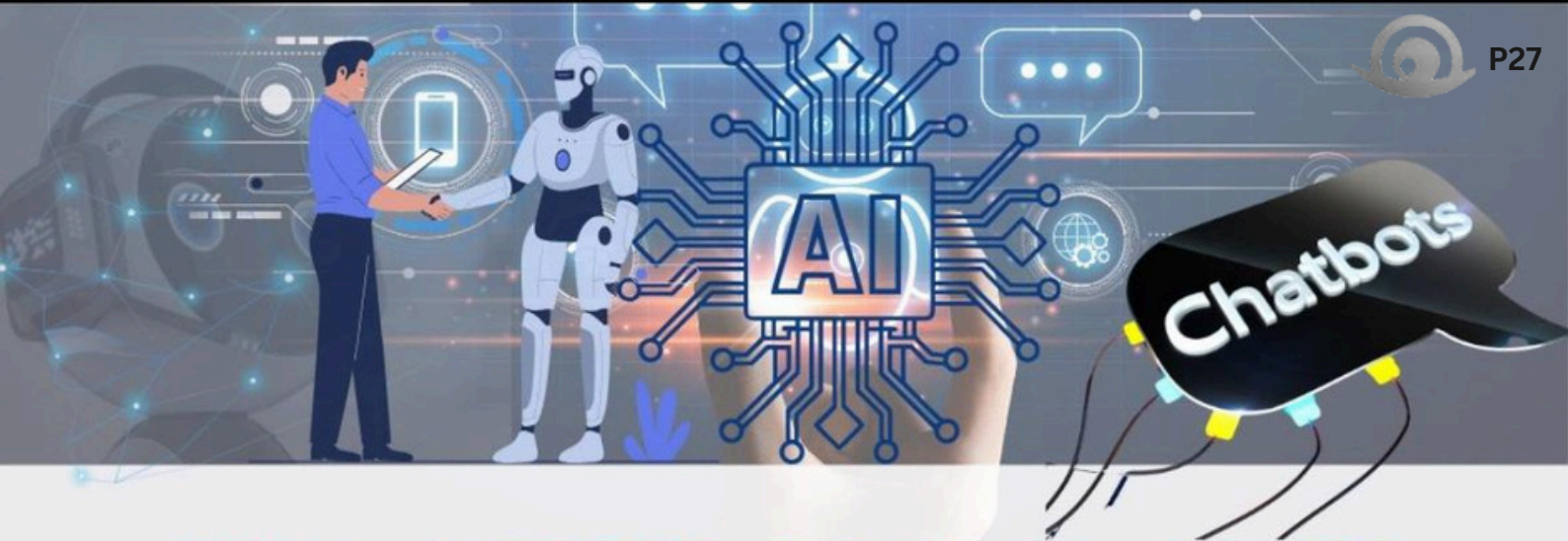
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March 23, 2025



**Mr. DINESH SINGH**  
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Every Action Counts—You're Today's  
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*Congratulations*



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