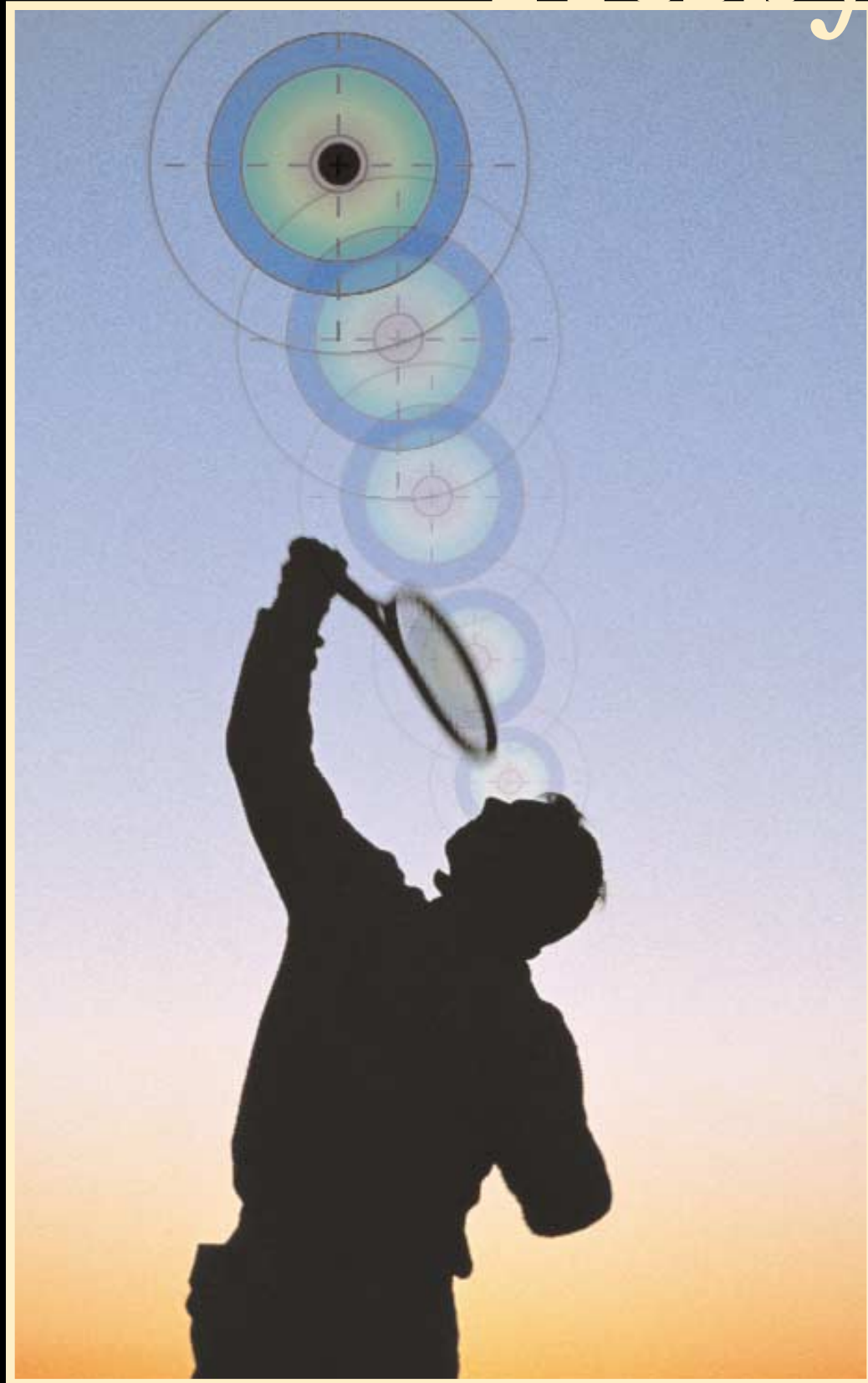


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Targeting the Needs of Your Presbyopic Patient

These tips will help you
satisfy this vital demographic.

● By Michael DePaolis, O.D., F.A.A.O., Rochester, N.Y.

Presbyopic patients often long to regain the vision of their youth. Although we can't offer them that magical gift, we can pinpoint their individual needs and select the vision-correction option that best suits them.

Here are some guidelines for satisfying your presbyopic patients.

Gather clues

As you know, it's not difficult to identify presbyopic patients. But to target the best vision-correction solution, you need more than just a diagnosis.

For instance, when a patient says it's difficult to read, ask him for specific examples of problem areas. Maybe he's having trouble seeing numbers in the phone book or reading the package insert for his medication, or perhaps at work he's straining to read text on a computer screen.

The answers to these questions provide critical information that will help identify the vision-correction modality that will best address the needs of a specific patient.

Lay the groundwork

Contact lenses are a popular option for presbyopic patients. However, I'm sure you've found that proper patient selection is vital. Journal and magazine articles often emphasize that you must select a motivated candidate for contact lens wear, but I believe you must take that one step further. Help your presbyopic patients understand what their options are, recognize exactly what each option can and can't do for them, and guide them in making good choices. A motivated patient with unrealistic expectations is destined to fail.

Here are four steps you can take to build patient satisfaction:

1. Explain the condition. Although your patient

knows he's struggling to see close up, he may not understand the physiologic changes that cause this normal condition of aging. Explain how presbyopia develops and the reasons for his symptoms.

2. Review options in detail. Once your patient understands why he has these symptoms, describe available options for treating presbyopia — spectacle lenses, contact lenses and even refractive surgery. Then explain the strengths and weaknesses of each modality. As you describe these options, emphasize that one modality won't do it all and each involves some degree of compromise. The key is to balance your patient's needs with the choice that's best for him.

3. Listen to your patient. We sometimes don't give our patients enough credit. As you review the advantages and disadvantages of each option, your patient probably is going through a mental process of elimination. Very often, if you listen to him, he'll help direct you to the modality he believes will work for him.

4. Assess your patient's needs. If your patient has difficulty in limited situations, reading glasses are probably his best bet. However, if he wears his reading glasses most of the day and complains that they're uncomfortable, he may be better served by contact lenses. At this point, he'll be motivated to try a new option and is telling you that glasses no longer offer a good balance for him.

Lifestyle is also an important consideration. For instance, an attorney who spends 60 hours a week poring over contracts may be most satisfied with multifocal spectacles. Conversely, someone who works on a computer and spends his leisure time outdoors in sports or other active pursuits may fare better with a multifocal contact lens, which offers flexibility and freedom from glasses.

When your patient expresses an interest in contact

lenses, you need to discuss the benefits and drawbacks of each option, including single-vision contact lenses with reading glasses, monovision contact lenses and multifocal contact lenses. Although single-vision contact lenses paired with reading glasses usually work, this option isn't very convenient. Most patients prefer monovision or bifocal contact lenses.

Manage expectations

To ensure your patient's satisfaction, it's important to manage his expectations. In addition to describing the compromises associated with each option, I explain how each modality works so the patient knows what to expect.

For example, when prescribing multifocal contact lenses, I explain that all prescriptions share the pupil area simultaneously. Therefore, it takes a few blinks and a little effort to find the prescription for the task at hand. If you don't explain these details, patients expect crystal-clear vision and may be very discouraged when they can't see immediately.

It's especially important to manage the expectations of emmetropic presbyopes. Although these patients can read with multifocal contact lenses, they're often disappointed to find that their distance vision isn't as clear as usual because a portion of their pupil aperture is occupied by the multifocal. For these patients, I often prescribe a multifocal contact lens for one eye and no correction for the fellow eye, and frequently they do very well.

It's also important to detect signs of potential problems. For example, if a 2.00D myopic patient inquires about multifocal contact lenses, ask him what he currently uses to read. If he's abandoned his bifocal glass-

Frequency 55 Multifocal Parameters

Base Curve	8.7 mm
Diameter	14.4 mm
Sphere Power	+4.00D to -6.00D (in 0.25D steps)
Add Power	+1.50D, +2.00D, +2.50D
Lens Design:	D & N
Material	Methafilcon A
Water Content	55%



es to read without glasses, that's a red alert. In reality, the patient very often is telling you that the best reading option for him is no prescription. It may be impossible to find a contact lens for reading that's as comfortable as when he takes his glasses off. On the other hand, patients with higher degrees of myopia (above 3.00D) are often good candidates for multifocal contact lenses.

Hyperopic presbyopes are wonderful to work with for almost all modalities. Nothing is clear when these folks get up in the morning. They can't look in the mirror and shave or put on eyeliner. They're usually ecstatic because their vision is so much better after putting on their contact lenses.

Check progress

If a patient chooses contact lenses, we try to send him home with a pair of lenses immediately after the fitting. If we don't happen to have exactly what he needs in inventory, we order it and ask the patient to return for a dispensing visit with our technical staff.

We schedule a follow-up visit a week later to check on the patient's progress. It's important to manage your schedule efficiently so that you have small increments of time for follow-up visits and your patients won't need to wait a month to return.

After the initial fitting, I see patients again in 1 year. Depending on their progress at that point, I'll see them every 1 or 2 years thereafter. More frequent visits are often unnecessary because today's contact lenses are much safer than those of the past. Furthermore, you don't want to change a patient's prescription unless it's absolutely necessary.

Satisfy the presbyopic patient

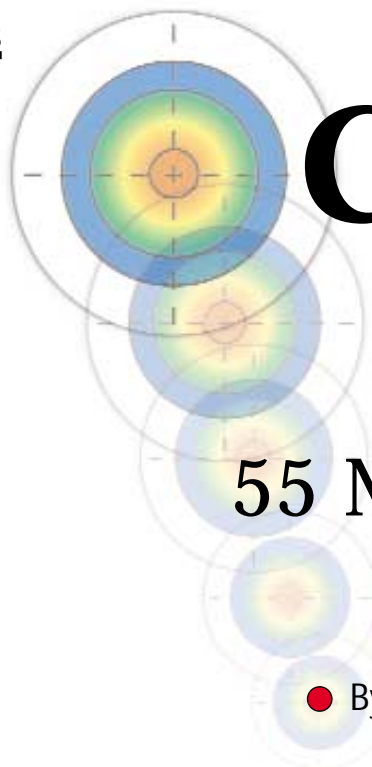
Targeting your presbyopic patients' specific needs and explaining what they can expect is a worthy investment of your time. You'll be more likely to satisfy your patients now and for years to come.

Dr. DePaolis is in private group practice in Rochester, N.Y. He's a clinical associate at the University of Rochester Medical Center Department of Ophthalmology.

Better Vision, Less Compromise

Before the advent of the CooperVision Frequency 55 Multifocal, I often prescribed a single-vision distance contact lens for the dominant eye, which offered the patient uninhibited distance vision. In the nondominant eye, I often prescribed a multifocal contact lens that gave the patient reading vision and intermediate vision, providing a better range than monovision alone.

The CooperVision Frequency 55 Multifocal lens marries the best of both worlds. The beauty of this lens is that you can prescribe a Frequency 55 Multifocal D lens for the dominant eye that provides very good distance and intermediate vision. In the fellow eye, I prescribe a Frequency 55 Multifocal N lens that's very good for close and intermediate vision. This technique offers a wider range of vision than monovision, and unlike straight-up bilateral multifocal contact lenses, it's less likely to compromise the patient's distance vision. This approach also lets you assess the patient's overall response to the D and N lens profiles. Occasionally, a patient will realize enhanced overall vision with bilateral D or N lenses.



Creativity Rules

Here's how the Frequency 55 Multifocal enhances the "art" of contact lens fitting.

● By Walter Choate, O.D., F.A.A.O., Nashville, Tenn.

From a design standpoint, the Frequency 55 Multifocal contact lens provides outstanding creative opportunities. This unique lens system maximizes binocularity by using one design for the dominant eye and a complementary design for the nondominant eye.

Practitioners who aren't familiar with this design might think it's monovision. Here's the difference. Monovision can provide 20/20 vision for distance in the dominant eye, but up to 20/200 in the nondominant eye with no chance for binocularity. The Frequency 55 Multifocal lets you maximize the potential of the dominant eye for distance and the nondominant eye for near, while maintaining binocularity.

The Frequency 55 Multifocal is available in multiple adds, and it's the only lens that doesn't drop off significantly in function in the higher add powers. You can use it to fit a broad range of presbyopes, from early to advanced.

But talk is cheap. In this article, I'll share some examples of success stories from my practice and some fitting tips and pearls.

Various paths to success

Paul is a presbyopic orthopedic surgeon who wanted to be able to operate all day without eyeglasses. I used the Frequency 55 Multifocal system to maximize Paul's near vision and give him satisfactory, but not optimum (20/40), distance vision. With these lenses, he can make rounds, read charts and perform surgery all day. He wears his glasses for everything else. With the Frequency 55 Multifocal, I was able to give him exact-

Take a careful history so you know exactly how your patient wants to use his eyes, then tailor the fit to his lifestyle.

ly what he wanted.

Frank is an over-the-road truck driver who reads infrequently. I prescribed a spherical lens for his dominant eye for distance and the Frequency 55 Multifocal N lens for his nondominant eye. This mix-and-match approach worked well for him.

Melanie is a data entry clerk who spends 6 hours a day working on a computer. I prescribed a D lens for her dominant right eye and an N lens for her nondominant left eye. Two weeks later, she returned to my

After the initial fit, you'll likely spend some additional chair time tweaking powers after lifestyle issues are better defined.

Patients Who Thrive With the Frequency 55 Multifocal

I'm reluctant to categorize the best candidates for Frequency 55 Multifocal contact lenses because I believe most presbyopic patients who want to wear contact lenses will do well in these lenses. In my experience, however, excellent candidates are patients who have:

- **A definable distance Rx and a definable reading Rx.** The more challenging patients are those who don't have much distance Rx because the whole system is based on simultaneous vision.
- **A strong aversion to wearing eyeglasses.**
- **Realistic expectations.** Patients should understand that they should be able to wear their contact lenses up to 85% of the day, but occasionally they'll need to wear eyeglasses.

Customize Your Fees

With multifocal contact lenses or any other specialty lenses, your fee structure shouldn't be too simplified. Otherwise, you'll be providing a lot of follow-up care for free.

In our practice, we use a medical model with five levels of complexity to structure fees. Which level we use is intuitive, based on various factors, such as:

- Level of astigmatism
- Dry eye
- Solution or material problem
- Demanding personality
- Dexterity issues
- Previous compliance issues.

We O.D.s are very astute at understanding how to code and charge for treating ocular disease or comanaging refractive surgery patients. I suggest that you use the same criteria to structure your contact lens fees.

Keep an open mind and be creative. You'll find numerous paths to success.

office because she felt she wasn't seeing as well as she should. I learned that Melanie's computer monitor is to her right, so I reversed the lenses and placed the N lens on her right eye and the D lens on her left. That remedied the situation.

As patients begin to wear their lenses and explore their world, you may need to tweak the fit. For example, you may learn that a patient's computer is 30 inches away instead of the usual 24. Or your patient may change jobs 2 months into the fit and suddenly have a different set of demands.

Get the edge

Why do so many practitioners fail with soft multifocals? They try to make the fitting too simple. They want to apply the same lens the same way for every patient.

Given the flexibility of the Frequency 55 Multifocal, it's time to start thinking outside the box.



Key Features of the Frequency 55 Multifocal

- Frequency 55 Multifocal contact lenses are very comfortable for most patients. They require little adaptation.
- The 8.7-mm diameter fits a wide variety of K readings.
- Overrefractions are believable and predictable, which fortifies my confidence in the lenses.
- The Frequency 55 Multifocal gives me the opportunity to charge reasonable professional fees. As you know, simple fits just aren't profitable any more. However, multifocals are profitable. What's more, when you satisfy the presbyopes in your practice, they stay with you and they refer others.

7 Important Fitting Tips

1. Rule out underlying pathology.

2. Know what's important to your patient. To minimize chair time, take a careful history to assess job demands and expectations. With emerging presbyopes, do everything in your power to preserve distance vision. More advanced presbyopes will appreciate your efforts to preserve their reading vision.

3. Always trial-fit the lenses. This gives you the flexibility to try different configurations. Usually, you'll place the Frequency 55 Multifocal D lens on the dominant eye and the N lens on the nondominant eye. Remember, however, that emerging presbyopes often do well with two D lenses, and near-oriented people sometimes do best with two N lenses.

4. Allow sufficient time for the lenses to equilibrate. In our office, we put the lenses on, then have the patient go into the waiting room, see our optician or walk outside the building for about 20 minutes.

5. Use loose lenses to overrefract. This will help you determine how to adjust the powers for distance and reading when trial fitting.

6. Always get binocular visual acuities.

7. Keep a good inventory of lenses. One reason I'm really charged up about the Frequency 55 Multifocal is that CooperVision has designed one of the best fitting sets. You have what you need to dispense.

The Frequency 55 Multifocal has let me redefine how aggressive I am with hydrogel multifocals. They can give you an edge, too.

Dr. Choate owns a group private practice in Nashville, Tenn., which specializes in ocular disease, refractive surgery and specialty contact lenses.

Win-Win with Monthly Replacement Multifocal Contact Lenses

Frequency 55 Multifocals provide improved vision and ocular health for your patients and increased profitability for your practice.

● By S. Barry Eiden, O.D., F.A.A.O., Deerfield, Ill.

More and more presbyopic patients want to wear contact lenses. And if you're like me, you want all your contact lens patients to reap the well-documented rewards of a frequent replacement schedule.

Until recently, however, monovision — with its incumbent limitations — was our only option for managing presbyopia with frequent replacement contact lenses. And many practitioners would rather maintain binocular function than subject their patients to the alternating suppression associated with monovision as long as visual acuity isn't compromised.

In essence, the ideal contact lens design for presbyopia would provide excellent visual acuity and binocular performance.

CooperVision's novel multifocal design for frequent replacement, the Frequency 55 Multifocal, has shown a significant improvement in visual performance over other designs in this category. This lens is now my first choice when fitting presbyopes in multifocal soft contact lenses. Here's why.

Unique design system

The Frequency 55 Multifocal uses a complementary inverse geometry concept to correct spherical ametropia and presbyopia, using two lens designs.

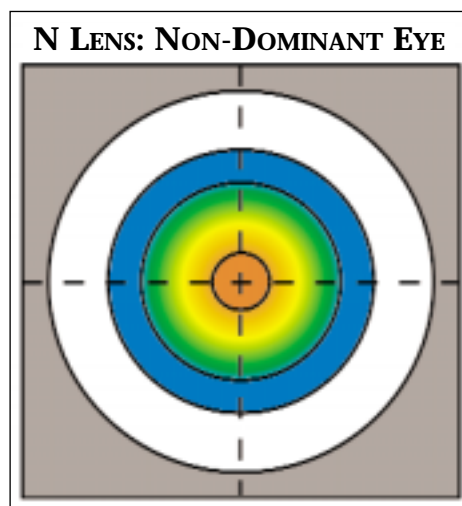
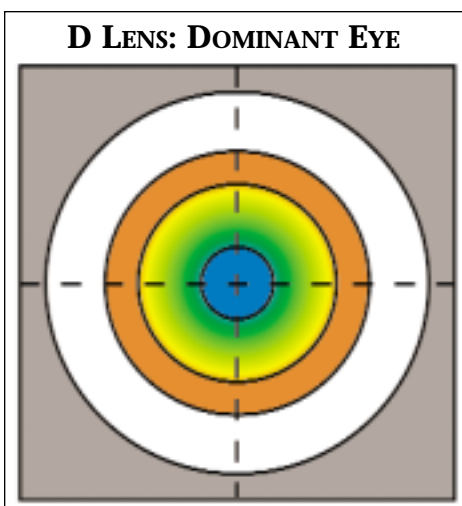
The D lens has a central 2.3-mm spherical zone, which corresponds to the distance spherical refractive correction. An aspheric annulus surrounds the central zone out to 5 mm and increases progressively in relative near power. A peripheral spherical annulus out to 8.5 mm corresponds to the near spherical power.

The N lens has a 1.7-mm central spherical zone, which corresponds to the near spherical refractive correction. It's surrounded by an aspheric annulus out to 5 mm with progressive distance power. Peripheral to the aspheric zone is an annulus out to 8.5 mm with spherical power corresponding to the distance refractive power.

Fitting ease

Typically, you'll use the Frequency 55 Multifocal D lens on your patient's dominant eye and the N lens on

the nondominant eye. This provides excellent distance and intermediate vision (20/20) and fair near vision (20/30 to 20/40) in the dominant eye. The nondominant eye typically achieves excellent near and intermediate vision (20/20) and fair distance vision (20/30 to 20/40). Binocular function using this system is excellent. What's more, the advantage of intermediate distance correction compared to monovision becomes progressively more important as the degree of presbyopia increases.



For fitting pearls for the Frequency 55 Multifocal contact lens system, see the article "Creativity Rules," which starts on page 4S. For more detailed fitting information, talk to your CooperVision account representative, or contact the company at www.coopervision.com.

Improved compliance

Having a frequent replacement multifocal like the Frequency 55 Multifocal allows us to offer our presbyopic patients the advantages of a comprehensive contact lens care program. The program we developed for our practice has really helped improve patient compliance with lens wear and replacement, which has resulted in improved ocular health response to contact lens wear. It includes:

- Annual contact lens-oriented comprehensive eye health examination
- A year's supply of multifocal contact lenses for monthly replacement
- Free replacement of lost, torn or damaged lenses for a year, as well as lens exchange due to changes in Rx or fit during the year
- Annual after-care, including any scheduled or unscheduled visits during the year
- A 15% discount on all prescription eyewear, a 20% discount on non-prescription sunglasses and a discount on all contact lens solutions purchased from our office.

Once we're satisfied that our patients are stable in their contact lenses, we generally schedule ongoing visits at 6-month intervals (which consists of an annual comprehensive contact lens examination and a 6-month contact lens after-care follow-up visit).

By offering this comprehensive program, we believe we've significantly improved the quality of care to our presbyopic contact lens wearers.

Practice profitability

The advantages of improved lens performance, ocular health response and convenience with multifocal frequent replacement contact lenses are quite apparent. We're also very pleased with the increased practice profitability associated with the Frequency 55 Multifocal used as part of a comprehensive contact lens care program, especially when compared to 2-week disposable commodity contact lenses fit for monovision.

Currently, patients view 2-week disposable lenses as non-differentiated commodities that they should buy at the lowest available price. Using these lenses for monovision does little to change this perception. Fitting multifocal lenses, however, does require a higher level of expertise from eyecare professionals and, because of the ever-changing aspects of presbyopia, demands ongoing professional follow-up care.

As the chart to the right illustrates, our practice shows a gross profit of 62% with our 1-month multifocal contact lens program as compared to 56% with our 2-week disposable monovision contact lens program.

This becomes even more significant when you consider that very few of our patients who wear 2-week disposable lenses participate in our contact lens programs, and many have their prescriptions filled by alternative sources.

Outstanding option for presbyopia

Frequency 55 Multifocal contact lenses for frequent replacement have given us a wonderful option for the contact lens management of presbyopia compared to monovision and other multifocal lens designs. I encourage you to incorporate this new technology and the concepts of comprehensive annual contact lens care programs into your practices.

Dr. Eiden is president of North Suburban Vision Consultants, Ltd., a private group practice specializing in primary eye care, contact lenses and refractive surgery. He is also an assistant clinical professor at the University of Illinois at Chicago Medical Center in the Department of Ophthalmology, Cornea and Contact Lens Service.

Comparison of Patient Costs, Practice Costs and Practice Profitability

These fees are for example and comparison only and are not intended to suggest pricing or specific practice costs of goods.

Market research indicates that the average patient who's been prescribed 2-week disposable lenses tends to replace his lenses once every 24 days, which means he uses about 5 boxes of lenses per year (vs. the 8 boxes that would reflect true compliance to a 2-week replacement regimen). In our practice, we've observed that our 1-month replacement patients tend to be far more compliant to their prescribed replacement schedule. In addition, we generally order a full year's supply of 1-month replacement lenses at the time of the comprehensive eye and contact lens evaluation (vs. ordering 2 boxes per eye for 2-week disposable patients). The chart below compares material profit of 2-week spherical lenses used for monovision vs. monthly replacement of Frequency 55 Multifocal contact lenses.

2-Week Disposable Lenses for Monovision (based on average replacement every 24 days)	2-Week Disposable Lenses for Monovision (based on average replacement every 14 days)	1-Month Multifocal Lenses (Frequency 55 Multifocal)
Annual supply: \$125 (5 boxes @ \$25 box)	Annual supply: \$200 (8 boxes @ \$25 box)	Annual supply: \$280
Cost of materials to practice \$65	Cost of materials to practice \$104	Cost of materials to practice: \$152
Net profit to practice: \$60	Net profit to practice: \$96	Net profit to practice: \$128

As you can see, the Frequency 55 Multifocal lens system is not only a superior visual option for our patients vs. monovision, but it provides higher practice profitability, which allows contact lens practitioners to provide high quality eyecare services in the commodity-driven contact lens arena.

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