Seeing well as you grow older
As you age, your risk of having eye problems increases. As a result, your chances of having vision loss increase as well. The good news is there are ways to prevent, detect, treat and manage most of these problems.

Eye Words to Know
Retina: Layer of nerve cells lining the back wall inside the eye. This layer senses light and sends signals to the brain so you can see.
Macula: Small but important area in the center of the retina. You need the macula to clearly see details of objects in front of you.
Lens: Clear part of the eye behind the colored iris. It helps to focus light on the retina (back of the eye) so you can see.
Optic nerve: A nerve at the back of your eye that connects to your brain. The optic nerve sends light signals to your brain so you can see.

The American Academy of Ophthalmology recommends everyone have an eye disease screening at age 40. Based on that screening, your ophthalmologist will tell you how often to return for follow-up exams. People age 65 and older should have eye exams every 1-2 years, or as recommended by an ophthalmologist.

At any age, if you are not sure how often to have eye exams, call an ophthalmologist.

Here are some of the more common eye conditions that occur as we age.
Presbyopia
Before age 40, the eye’s lens is soft, flexible and can easily change shape. This makes it easy to focus on objects both close-up and far away. Around age 40, the lens becomes more rigid and does not change shape easily. This makes it harder to read, thread a needle, or do other close-up tasks. This is called presbyopia. We cannot prevent or cure presbyopia, but reading glasses or bifocals help you see.

Floaters and flashes
As we age, the gel-like fluid (called vitreous) inside our eyes changes. It starts to shrink and pull away from the inside of our eyes. When that happens, you may see floaters, or small specks or clouds in your field of vision. They are actually shadows of tiny clumps of cells inside the vitreous. You are more likely to see floaters when looking at a blank wall, blue sky, or other plain background.

You may see what look like flashing lights or lightning streaks. These are called flashes. This occurs when the vitreous gel pulls on the inside of the eye.

Floaters and flashes are usually annoying but harmless. However, if you suddenly see new floaters and a number of flashes, call your ophthalmologist immediately. This could be from a torn retina—a serious eye problem that could cause blindness. Your ophthalmologist can treat a torn retina.

Cataract
A cataract is clouding of your eye’s naturally clear lens. It causes blurry vision and makes colors look dull or faded. Cataracts are a very common eye problem over age 60.

Your eye doctor can find a cataract during an eye exam. The only way to remove a cataract is with surgery. It is up to you to decide when you want to have cataract surgery. Most people decide to have surgery when they cannot see well enough to do daily tasks.

Glaucoma
Glaucoma is a disease that damages your eye’s optic nerve. It usually happens when fluid builds up in the front part of your eye. That extra fluid increases the pressure in your eye, damaging the optic nerve.

Glaucoma is a common, yet serious, eye problem that is a leading cause of blindness in people over age 60. Usually there are no symptoms, so it is very important to have regular eye exams. Fortunately, there are treatments to help stop further damage and prevent blindness. Diagnosing and treating glaucoma early is key to preventing vision loss.
Age-related macular degeneration (AMD)

Age-related macular degeneration (AMD) is one of the leading causes of vision loss over age 50. It happens when a part of the retina called the macula is damaged. You lose your central vision and cannot see fine details. But your peripheral (side) vision stays normal.

For most people, vision changes from AMD happen slowly. You may begin to notice that words on a page look blurry or there is a dark spot in the center of your vision. Also, straight lines may look wavy.

There is no cure for macular degeneration. In some cases, certain medicines or surgery may be used to slow vision loss. Your ophthalmologist can see if you have AMD and tell you if there are treatment options for it.

Diabetic retinopathy

If you have diabetes, you are at risk for diabetic retinopathy. This is when diabetes damages blood vessels in the eye. It causes blurry or distorted vision and possibly blindness.

If you are diabetic, see your ophthalmologist at least once a year for an eye exam. They will discuss ways to prevent, slow, or treat diabetic retinopathy. This includes keeping your blood sugar levels and blood pressure under control.

If you have diabetic retinopathy, your ophthalmologist may recommend medication or surgery to help prevent vision loss.

Summary

Older adults are more likely to develop certain eye problems that steal vision. Regular eye exams with an ophthalmologist are important to detect, manage, or treat these problems.

People age 65 and older should have eye exams every 1–2 years, or as recommended by an ophthalmologist. At any age, if you are not sure how often to have eye exams, call an ophthalmologist. Your vision depends on regular eye checkups and good medical care.

For more about protecting healthy vision, scan this code with your smartphone or visit http://bit.ly/seeingwell.
What is dry eye?
Our eyes need tears to stay healthy and comfortable. If your eyes do not produce enough tears, it is called dry eye. Dry eye is also when your eyes do not produce the right type of tears.

How do tears work?
When you blink, a film of tears spreads over the eye. This keeps the eye's surface smooth and clear. The tear film is important for good vision.

The tear film is made of three layers:
- An oily layer
- A watery layer
- A mucus layer

Each layer of the tear serves a purpose.

The oily layer is the outside of the tear film. It makes the tear surface smooth and keeps tears from evaporating too quickly. This layer is made in the eye's meibomian glands.

The watery layer is the middle of the tear film. It makes up most of what we see as tears. This layer cleans the eye, washing away particles that do not belong in the eye. This layer comes from the lacrimal glands in the eyelids.

The mucous layer is the inner layer of the tear film. This helps spread the watery layer over the eye's surface, keeping it moist. Without mucus, tears would not stick to the eye. Mucus is made in the conjunctiva. This is the clear tissue covering the white of your eye and inside your eyelids.

Normally, our eyes constantly make tears to stay moist. If our eyes are irritated, or we cry, our eyes make a lot of tears. But, sometimes the eyes don’t make enough tears or something affects one or more layers of the tear film. In those cases, we end up with dry eyes.

What are symptoms of dry eye?
Here are some of the symptoms of dry eye.

- You feel like your eyes are stinging and burning
- There is a scratchy or gritty feeling like something is in your eye
- There are strings of mucus in or around your eyes
- Your eyes are red or irritated. This is especially true when you are in the wind or near cigarette smoke
It is painful to wear contact lenses
- You have lots of tears in your eyes

Having a lot of tears in your eyes with "dry eye" might sound odd. But, your eyes produce more tears in response to the irritation of dry eye.

What causes dry eye?
People tend to make fewer tears as they get older. Both men and women can get dry eye. However, it is more common in women—especially those who have gone through menopause.

Here are some other causes of dry eye.
- Certain diseases, such as rheumatoid arthritis, Sjögren's syndrome, thyroid disease, and lupus
- Blepharitis (when eyelids are swollen or red)
- Entropion (when eyelids turn in); ectropion (eyelids turn outward)
- Being in smoke, wind or a very dry climate
- Looking at a computer for a long time (reduced blinking)
- Using contact lenses for a long time
- Having refractive eye surgery, such as LASIK
- Taking certain medicines, such as:
  - Diuretics (water pills) for high blood pressure
  - Beta-blockers, for heart problems or high blood pressure
  - Allergy medicines (antihistamines)
  - Sleeping pills
  - Anxiety medicines

Tell your ophthalmologist about all the prescription and non-prescription medicines you take.

How is dry eye diagnosed?
Your ophthalmologist will begin with an eye exam. He or she will look at your eyelids and the surface of the eye. They will also check how you blink.

There are many different tests that help diagnose dry eyes. Your ophthalmologist may do a test that measures the quality or the thickness of your tears. He or she may also measure how quickly you produce tears.
How is dry eye treated?

Adding tears. Your ophthalmologist might tell you to use artificial tears. These are eye drops that are like your own tears. You can use artificial tears as often as you need to. You can buy artificial tears without a prescription. There are many brands. Try a few until you find a brand that works best for you. If you use artificial tears more than six times per day or are allergic to preservatives, you should use preservative-free tears. This is because if the tears with preservatives are used very frequently, the preservatives may start to irritate your eyes.

Conserving tears. Your ophthalmologist may suggest blocking your tear ducts. This makes your natural tears stay in your eyes longer. Tiny silicone or gel plugs (called punctal plugs) may be inserted in your tear ducts. These plugs can be removed later as needed. Your ophthalmologist could also recommend surgery that permanently closes your tear ducts.

Increasing your tears. Your ophthalmologist might have you use a special eyedrop medication. This helps your eyes make more of their own tears.

Treating dry eye culprits. If your eyes are irritated and swollen, your ophthalmologist can treat those problems. They may recommend:

- prescription eye drops or ointments
- warm compresses on the eyes
- massaging your eyelids
- certain eyelid cleaners

Dry eye prevention tips

- Try not to use a hair dryer, if possible.
- Stay away from very warm rooms. In the winter, add moisture to the air with a humidifier. Or put a pan of water near your heater or radiator.
- Protect your eyes from drying wind by wearing wrap-around glasses outside.
- Talk to your ophthalmologist about adding omega-3 fatty acids to your diet for dry eye relief. They are found naturally in oily fish (such as salmon, sardines, and anchovies), and in flax seeds. Omega-3 fatty acids can be added as a dietary supplement (pill or tablet).
- Do you wake up with dry and scratchy eyes? Use artificial tear ointment or thick eye drops just before you go to bed.

Summary

Tears keep your eyes healthy and comfortable. Dry eye is when you do not produce enough tears or the right type of tears.

Your ophthalmologist might suggest using preservative-free artificial tears or eye drops that help your eyes make tears. Other treatment options include blocking your tear ducts with tiny plugs or with surgery. This keeps tears in your eyes longer.

Avoiding overly warm, dry and windy places can help combat dry eye. Also, some people find relief by adding omega-3 fatty acids to their diets.
To learn more about dry eye, scan this code with your smartphone or visit http://bit.ly/dryeye.