Healthy sight is critical to a child's early educational, functional and social development. The World Health Organization estimates that 5 to 15 percent of children worldwide have refractive errors – which, if untreated, can lead to poor performance or changed behavior at school and at home. Even children who don’t require refractive correction still need impact resistance and UV and glare protection on a daily basis.

**Healthy Sight Counseling** provides you with a blueprint to achieve healthy sight in practice for all your patients through comprehensive vision care, vision wear recommendations and patient and practitioner education. Read on to learn more about Healthy Sight Counseling and the resources available from Transitions Optical specifically designed to help you meet the unique vision care and vision wear needs of your younger patients.

**Clinical Review Paper:**

**Healthy Sight Counseling and Children**


While Healthy Sight Counseling is a concept for all ages, certain aspects – such as the need for UV and trauma protection, and even self- and peer-acceptance – are especially important for younger patients. Written by a panel of experts, this clinical review paper overviews Healthy Sight Counseling and discusses how to achieve healthy sight for younger patients through vision care, vision wear and education.

**Healthy Sight Counseling and Children** reinforces that regular vision care is essential to recognizing significant refractive errors and vision-threatening ocular diseases at an early age so that appropriate measures can be taken to correct or minimize their effects on healthy sight. At a minimum, all children should be screened for amblyopia, strabismus, ocular disease and refractive error. A child's eye is developing, and growth spurts can affect the eye and its refractive status – making periodic reevaluation of vision necessary through adolescence.

The paper also addresses the need to consider quality of vision when dispensing to children. Research shows that nearly nine out of ten children prefer Transitions® lenses to clear spectacle lenses – reinforcing the desire for higher-performing lens options. This should not be surprising, given that children's lifestyles place them in situations where lens enhancements are even more beneficial. For example, children typically spend more time outdoors than adults, and play games or sports, during which glare can be a nuisance – and UV and impact resistance a necessity.

**Spotlight on Protection**

**Impact Protection:** More than 17,000 sports-related ocular injuries occur each year to children under the age of 15. An estimated 90 percent could be avoided through the use of proper protective eyewear. Impact-resistant lenses, such as Trivex® or polycarbonate, should be used routinely in children's lenses, and impact-resistant sports goggles or safety glasses recommended for children engaged in sports.

**UV Protection:** Evidence links cumulative UV exposure to ocular disease. Because a child’s eyes are more susceptible to UV damage, it’s important to recommend UV-blocking lenses, like polarized or photochromics, when prescribing eyewear and sunwear to children who don’t have refractive error.

Visit the Industry Professionals/Partners in Education section of www.transitions.com to download the Healthy Sight Counseling and Children paper or call Transitions Customer Service 800.848.1506 ext. 7448.
Systemic Diseases and Young Eyes

Because eye- and overall-health are intricately linked, it’s critical to explore both ocular and systemic factors that could impact healthy sight. In children, a number of systemic diseases can contribute to immediate and long-term effects on vision. Some of these may even be first diagnosed through an eye exam.

One example is juvenile diabetes mellitus (Type I), which affects more than 440,000 children worldwide. Type II diabetes, traditionally seen as an adult disease, now affects children in near-epidemic proportions. In juvenile diabetes, broad swings in blood sugar levels can produce short-term fluctuations in the child’s refractive state, causing vision problems that may prompt a child to be seen by his or her eye doctor – sometimes the first health professional to diagnose the disease. Long-term risks for the eye from diabetes include the development of diabetic retinopathy, where the resulting retinal damage can impair vision for a lifetime. Additionally, diseases such as juvenile rheumatoid arthritis can be a precursor to glaucoma and cataract, while chronic atopy, multiple sclerosis and juvenile neoplasia can also impact healthy sight.

Tools You Can Use

Transitions offers a wealth of education and materials to help you reach younger patients – and their parents – about the steps they can take to protect and preserve their healthy sight. Educational posters, brochures and counter cards – featuring new images of children – are available through Transitions Optical Customer Service at (800) 848-1506. Or, you can customize your own materials using the Transitions Online Marketing (TOM) tool (TransitionsTOM.com). The TOM tool allows you to create point-of-sale displays, print advertising and promotional materials to share with patients or use in office.

Discussing Diabetes

New public education posters are available to help you educate patients about the effects of diabetes on long-term eye health and everyday quality of vision. One poster targets parents specifically, and elevates awareness of the importance of proper eye care and eyewear for children with diabetes. Transitions.com/Diabetes.

Medications Matter

Similar to adults, children are increasingly treated with a variety of topical and systemic, prescription and non-prescription drugs. In fact, a Center for Disease Control survey showed that 13 percent of kids in the U.S. were regularly taking prescription medications (for at least three months) for a health condition. Many of these drugs can produce adverse ocular side effects.

**Steroidal agents**, which include inhalers to treat asthma, can produce long-term ocular effects such as steroid-related cataract and glaucoma.

**Anti-histaminics**, used to relieve seasonal allergies and respiratory conditions, can induce alterations in refractive status, impair accommodative amplitude, lead to mydriasis and photosensitivity and produce ocular surface drying.

Medications used to treat **attention-deficit hyperactivity disorder (ADHD)**, such as Ritalin, can cause mydriasis, photosensitivity, blurred vision and decreased vision.

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