People with Lighter Irides Have Lower IOP

People with light irides have lower intraocular pressure than people with darker irides, according to a large population-based cohort study. Iris color appears to be an ocular determinant of IOP, authors note. Paul Mitchell, MD, PhD, FRANZCO, and others have analyzed data from the Blue Mountains Eye Study to correlate iris color with IOP levels. This study included 3,251 participants between the ages of 49 and 97. Exclusion criteria included prior cataract or glaucoma surgery, signs of pigmentary glaucoma or pigment dispersion, or current use of glaucoma medications.

IOP was measured using applanation tonometry. Iris color was qualified as blue, green or hazel, tan-brown, or dark brown. Of the 3,251 qualified participants, 1,618 had blue eyes; 907 had hazel or green eyes; 401 had tan-brown eyes; and 325 had dark brown eyes. Even after adjusting for age and gender, mean IOP increased with increasing iris pigmentation. Multivariate-adjusted mean IOP levels were 15.92 mm Hg for people with blue eyes; 16.04 mm Hg for people with hazel or green eyes; 16.11 mm Hg for people with tan-brown eyes; and 16.49 mm Hg for people with dark brown eyes. “The underlying pathogenesis of the relationship between iris color and IOP is not known,” authors wrote in the March issue of the American Journal of Ophthalmology (Am J Ophthalmol 2003;135:384-6).

Beta Carotene Does Not Affect Cataract Progression

Beta carotene does not affect cataract progression, according to a study. However, among current smokers at baseline, beta carotene seemed to attenuate excess risk of cataract by about 25%, authors noted. In the 12-year study, William Christen, ScD, enrolled 22,071 male physicians between the ages of 40 and 84. Participants were randomly assigned to receive either 50 mg of beta carotene on alternate days or placebo. Main outcome measures included age-related cataract and extraction. For the purposes of the Physicians’ Health Study 1, the defining factor was an age-related lens opacity responsible for a reduction in best-corrected visual acuity to 20/30 or worse. In each of the two groups, 11% of participants were smokers at baseline.

A total of 2,015 cataracts were identified, and 1,177 cataract extractions were performed. In general, there was no significant benefit or harm on the risk of cataract development resulting from beta carotene supplementation. Similarly, there was no significant benefit or risk of beta carotene supplementation on cataract extraction. The duration of treatment had an effect on the relative risks of developing cataract, but the trend was not statistically significant. Analyzing by subgroup, current smokers assigned to the beta-carotene group had a statistically significant reduced risk of cataract development of 26% compared with smokers in the placebo group. Similar results were observed for cataract extraction as well.

“For both cataract and cataract extraction, the reduction in risk among current smokers assigned to beta carotene was apparent during the early years of treatment and follow-up,” the researchers wrote in the March issue of Archives of Ophthalmology (Arch Ophthalmol 2003;121:372-8).

VisionCite Now Available

VisionCite, the Illinois College of Optometry’s (ICO) unique periodical citation index, is now available at www.visioncite.com. VisionCite offers access to vision science literature, more than 178,000 articles indexed from 1984 to the present. More than 110 periodicals are regularly indexed with approximately 12,000 citations added yearly. VisionCite is created by the ICO library staff. Periodicals received by the library are scanned for articles on optometry, ophthalmology, contact lenses, reading, perception, and other vision related subjects. In comparison, PubMed (Medline) indexes 65 ophthalmic periodicals but only 3 optomet-

Retisert Clinical Trial Data Presented at ARVO

Results of the intent-to-treat analysis of 12-month data for the first phase III randomized controlled clinical trial designed to assess the safety and efficacy of the Retisert implant for the treatment of diabetic macular edema (DME) were presented at the annual meeting of the Association for Research in Vision and Ophthalmology (ARVO) in Ft. Lauderdale, Florida.

In this multi-center trial, 80 patients were randomized to receive standard of care (macular grid laser or observation) or either a 0.5 mg or a 2 mg Retisert implant. The implant is a tiny drug reservoir implanted into the back of the eye that delivers sustained and consistent levels of the drug fluocinolone acetonide directly to the affected area of the eye for up to 3 years. Enrollment of patients for the 2 mg dose was discontinued early in the DME trial.

This study was appropriately designed and powered to demonstrate a difference in the resolution of edema (as evidenced by a score of zero for retinal thickness at the center of the macula) between patients treated with the Retisert implant and those treated with the standard of care. At the 12-month follow-up, 48.8% of the patients treated with the 0.5 mg implant had a reduction of their retinal thickness scores to zero (resolution of macular edema), compared with 25.0% of those receiving standard of care (p < 0.05).

Although not designed or powered to demonstrate improvement in visual acuity and other secondary endpoints, these measures were evaluated and differences assessed between patients treated with the 0.5 mg implant and those treated with standard of care. At 12 months, patients treated with the 0.5 mg implant were more likely to show improvement in visual acu-
ity of 15 letters or more compared with patients treated with the standard of care (19.5% vs. 7.1%), but the results did not reach statistical significance. Similarly, implant-treated patients were less likely to have a decrease of 15 or more letters of visual acuity than were those in the standard of care group: 4.9% versus 14.3%, but the results did not reach statistical significance. More than 70% of patients treated with the 0.5 mg implant had improved or stable visual acuity compared with 50% treated with standard of care (p = 0.08). More patients in the standard of care group had a worsening of their diabetic retinopathy score at 12 months (29.6%) compared with those receiving the 0.5 mg implant (5.1%).

The overall incidence of serious ocular adverse events in the study eye over 12 months was 58.5% in patients receiving the 0.5 mg implant and 10.7% in the standard of care group. These events, which were anticipated for implant patients given the nature of the disease and the type of drug used, included increase in intraocular pressure, vitreous hemorrhage, and cataracts. The proportion of patients with a serious increase in intraocular pressure in the study eye was higher in the 0.5 mg group (19.5%) than in the standard of care group (0.0%). Five of eight patients with elevated IOP requiring treatment were successfully managed with anti-hypertensive medication; 3 patients required trabeculectomy. In addition, cataract progression at 12 months was 0.0% in the standard of care group vs. 54.8% of the 31 patients in the 0.5 mg implant group who had not undergone cataract surgery before enrollment in the study. No patients required implant removal or withdrew from the study because of an adverse event. Patients in this trial will be followed for an additional 3 years to continue to monitor the safety of the implant over an extended period of time.

Adams Receives Yarwood Award

Tony Adams, OD, PhD, FAAO, is the recipient of the California Optometric Association’s (COA) highest Award. In the almost 40 years since the first Paul Yarwood Memorial Award in 1967, only six optometrists have previously been honored with this Award. The Paul Yarwood Award may be given only to persons, organizations, or groups who have made significant contributions to optometry or to the visual care of the American public and who are not being recognized primarily for their work within the California Optometric Association as a volunteer in the organized structure.

After completing clinical optometric training in Australia in 1962, Dr. Adams earned a PhD in Physiological Optics from Indiana University and taught there for 2 years. Since 1968, he has been a Professor of Optometry and Physiological Optics at the University of California, Berkeley, School of Optometry and served as its Dean from 1992 to 2001. He has published more than 200 papers and chapters dealing with the application of vision science to visual disorders, visual performance, and drug effects on vision, color vision, neurophysiology, and the psychophysics of visual adaptation and myopia development in children. For 25 years he has studied the early vision changes of diabetics, supported by the National Institutes of Health, National Eye Institute.

Dr. Adams served as President of the American Academy of Optometry and is a recent member of the National Advisory Eye Council of the National Institute of Health. He was elected a member of the National Academy of Sciences Committee on Vision and is a past chairman of The Committee on Vision of the National Research Council. He serves on the Scientific Advisory Board of Prevent Blindness America and is a past chairman of the National Academy of Sciences National Research Council Committee on Vision, past President of the National Board of Examiners in Optometry, and has been NIH National Eye Institute Training Grant Director in Vision Sciences at UC Berkeley since 1981. He was elected Distinguished Practitioner in the National Academies of Practice in Optometry and was awarded honorary doctorates by the State University of New York and the Pennsylvania College of Optometry.

Con-Cise Wins Award for 10th Straight Year

The Contact Lens Manufacturers Association (CLMA) has announced the results of its 10th Anniversary Seal of Excellence Awards for 2003-2004, and Con-Cise Contact Lens Co. was once again a recipient. Con-Cise was one of this year’s participants who showed the highest level of achievement in the 10-year history of the quality review. Con-Cise is the only California-based laboratory to earn both the Seal of Excellence for 2003-2004 and the Seal of Excellence for 10 straight years.

Participation in the field test is voluntary and open to all CLMA members who provide the survey firm with a list of practitioners. On behalf of these member participants, a selected number of practitioners, enlisted at random, were asked to take part in a double blind study. The study measures the parameters of contact lenses based on tolerances contained in ANSI Z890.2, Requirements for First-Quality, Rigid Contact Lenses.

Con-Cise has been in business as a manufacturer since 1959 and is known for their expertise in lens design and difficult fits. As one of the industry’s innovators, Con-Cise has introduced several lens designs including the Natural Vision Bifocal, the Gravity Lens, the Surgilens, the Oxyflow Lens, the Mandell Seamless Bifocal Lens, and the thin lens design, The Pliaflex O₂ Lens. Con-Cise is also the exclusive U.S. manufacturer of the Menicon line of lenses. For more information, contact Con-Cise at any of the following: phone 800-772-3911, fax 800-772-3922, website www.con-cise.com, or e-mail WhatsNew@con-cise.com.

Peli Named First Moakley Scholar in Aging Eye Research

Senator Edward M. Kennedy and Congressman Michael Capuano joined the Schepens Eye Research Institute in honoring the memory of a champion of eye research, the late Congressman Joseph Moakley on April 14, 2003. At the event, Newton resident and world-class, low vision expert Eli Peli, MSc, OD, was named the first Moakley Scholar in Aging Eye Research, and a portrait of the late congressman was unveiled and dedicated.

“Dr. Peli is the perfect choice for the first Moakley Scholar in Aging Eye Research,” according to J. Wayne Streilein, MD, president of Schepens Eye Research Institute. A senior scientist at Schepens Eye Research Institute and recently appointed professor of ophthalmology at Harvard Medical School, Dr. Peli has dedicated his career to improving the vision and quality of life of people suffering from low vision.

Dr. Peli’s principal research interests are in

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the area of low vision rehabilitation. Trained as an engineer and an optometrist, he is developing and testing new devices to help those with low vision to function better in their daily lives. For instance he is developing and testing spectacle mounted telescopes and other devices that help visually impaired people continue to drive safely, new television monitors with improved visibility, head mounted cameras and display systems to improve mobility and facial recognition and to help with night blindness. Dr. Peli is the author of more than 90 scientific studies and holds five U.S. patents. He is also the author of the book, “Driving with Confidence, A Practical Guide to Driving with Low Vision.”

The Schepens Eye Research Institute decided to commission the portrait and create an endowed chair in the late Congressman Joseph Moakley’s name because of his tireless efforts to obtain federal funding for innovative multidisciplinary eye research. “Congressman Moakley was a true hero to those of us who are searching for the causes, treatments, and cures for blinding eye diseases,” says Streilein, president of Schepens Eye Research Institute. “He worked relentlessly to make sure that funding for cutting-edge sight-saving research was not only sustained, but enhanced, even when the stakes were stacked against it. Together with Senator Ted Kennedy he inspired others in the Massachusetts congressional delegation to join this mission, and his inspiration has sustained their dedicated efforts and commitments up to the present.”

According to Donald Korb, OD, who was Moakley’s optometrist for 30 years and helped him overcome a complex eye condition with special contact lenses, the congressman took up the eye research gauntlet in the early 1980s. Funding for the National Eye Institute was in jeopardy, and Korb, at the request of Charles Schepens, the founder of The Schepens, enlisted Moakley’s help. With the assistance of the House Speaker Tip O’Neill, Moakley was able to prevent reduction in NEI funding and continued his advocacy for all federally funded medical research with a special passion for eye research into the 1990s.

Paragon OK to Study CRT for Presbyopia

Paragon Vision Sciences has received U.S. Food and Drug Administration (FDA) approval for the Company’s Investigational Device Exemption (IDE) application for clinical study of Corneal Refractive Therapy (CRT) for presbyopia using the Paragon CRT design platform.

Paragon CRT is currently the only system for contact lens Corneal Refractive Therapy approved by the FDA for overnight use in the correction of myopia. This study will utilize the principles of the Paragon CRT design and prescribing system to manage the presbyopic condition while correcting distance vision in patients with or without myopia and astigmatism.

The next generation clinical study will evaluate the use of therapeutic lens corneal reshaping in overnight use for temporary reduction of presbyopia. The study eventually will include more than 200 patients at 15 locations throughout the U.S.

Paragon, in conjunction with a select group of authorized laboratory partners, officially launched Paragon CRT across the United States in August 2002. Each Paragon CRT eye care practitioner must be trained and certified to fit the product. Specific information for practitioners and patients about Paragon CRT can be obtained at the product web page: www.paragoncrt.com.

Visudyne Receives Eye Care Award for Innovation

The Helen Keller Foundation for Research and Education has presented Novartis Ophthalmics and QLT Inc. the 2003 Helen Keller Prize for Innovation in Eye Care for their development of Visudyne (verteporfin for injection) therapy. Visudyne is the only drug approved for the treatment of some forms of Age-related Macular Degeneration (AMD). The Foundation recently established the award to recognize the contributions of pharmaceutical companies in finding better treatments for potentially blinding disorders. The acknowledgment recognizes Helen Keller’s lifelong mission: “to hasten the day when there shall be no blindness.”

The presentation was made to Novartis Ophthalmics and QLT at a ceremony during the ARVO meeting. “We are honored to receive this award in recognition of the difference that Visudyne has made in the lives of patients with wet AMD,” commented Dennis Podlesak, Head of Novartis Ophthalmics’ Business Unit, North America. “Visudyne is part of our ongoing commitment to patients and we are dedicated to further protect, improve and save vision.” Since its approval, Visudyne has been used in the treatment of more than 250,000 patients worldwide.

Press Honored as PCO Alumni of the Year

For his tireless work for the improvement of vision care for children, Leonard Press, OD, ’77, FAAO, FCVD, was named the Pennsylvania College of Optometry (PCO) Alumni Association’s 2003 Albert Fitch Memorial Alumnus of the Year, awarded on May 3rd at PCOs Annual Reunion Reception. The Alumni of the Year award recognizes the PCO
graduate who exhibits extraordinary service and contributions to the profession of optometry, bringing honor and prestige to the College. Dr. Press was selected for what Thomas Lewis, OD, ’70, PhD, President of PCO, calls “a long history of accomplishments and contributions in the field of pediatric optometry.”

In 1985 Dr. Press began the hard work of building a practice and established Family Eyecare Associates in Fair Lawn, New Jersey, where he specializes in optometric vision therapy programs to improve children’s and adults’ visual performances. He recently established the Vision and Learning Center—a program that provides care for patients with learning related vision disabilities.

Dr. Press is a Fellow and a Diplomate in Vision Development in Binocular Vision and Perception of the Academy. Dr. Press was recently elected President of the College of Optometrists in Vision Development (COVD). He is a member of the Associate Medical Staff at St. Lawrence Rehabilitation Hospital in Lawrenceville, New Jersey, and is also a member of numerous optometric associations. A highlight of his career was being selected as the 1994 recipient of the New Jersey Optometric Association’s Scientific Achievement Award for his contributions to the scientific advancement of the profession of optometry. Dr. Press has authored more than 70 papers in the scientific and clinical literature and has published several textbooks.

### Bausch & Lomb Donates $100,000 to PBA

Bausch & Lomb is donating $100,000 to Prevent Blindness America (PBA), the leading volunteer eye health and safety organization in the United States, to support vision research and initiatives promoting eye health, particularly among children. “Bausch & Lomb has always had a deep commitment to research and outreach efforts that support its mission of perfecting vision and enhancing life,” said Daniel D. Garrett, senior vice president, PBA. “With Bausch & Lomb’s help, we are able to provide a range of important programs including free vision screenings for children across the country and public education campaigns promoting general eye health.”

### HIPAA “Stings”

By now, most health care providers and practitioners who transmit data electronically in connection with a HIPAA enumerated transaction know that April 14, 2003 was “HIPAA Day.” The American Optometric Association (AOA) recently learned about reports that certain consumer advocates are planning to conduct “sting” operations to ascertain whether individual health care providers and practitioners are in compliance with the Privacy Rule. Reportedly, the sting operations will involve decoy patients. The assumption is that providers or practitioners found to be out of compliance would become targets for compliance lawsuits based upon the mandates of the Privacy Rule.

The obvious warning is to fully comply with the HIPAA Privacy rule immediately, and remain vigilant in HIPAA compliance at all times. Consumers and their representatives have received timely media information about what to expect from their health care providers and practitioners in the era of HIPAA, and advocates likely have been gearing up for “HIPAA Day” for quite some time.

For further information on HIPAA compliance, consult the AOA website or your individual legal counsel. A free HIPAA compliance manual and other helpful information is available to AOA members on the AOA website at www.aoa.org.