

Practitioner Attitudes to New Methods of Refractive Correction

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Introduction

A number of new vision correction options are currently available to the ametrope, including silicone hydrogel extended wear contact lenses and improved refractive surgery techniques. However, the proportion of adults in the UK wearing contact lenses has declined, only 3% of soft lens refits are for extended wear and, although refractive surgery is now widely available in the UK, the uptake is relatively low.

Practitioner recommendation is a key factor in the patient's choice of refractive correction⁴ and practitioner attitudes to new methods of correction may therefore be expected to influence the untake of these modalities.

Purpose

To investigate current practitioner attitudes to new vision correction options: silicone hydrogel extended wear contact lenses and laser refractive surgery (laser in situ keratomileusis or photorefractive keratectomy).

Methods

A postal survey was mailed to 1,000 UK-registered optometrists and dispensing opticians randomly selected from a list compiled from the General Optical Council's Opticians Register. The questionnaire comprised mainly closed and multiple-choice

Results

A total of 165 questionnaires were correctly completed and submitted for analysis.

Silicone hydrogel extended wear contact lenses

 Sixty-five per cent of practitioners were currently fitting the lenses, although around half (53%) had fitted only 10 or fewer patients. The patient's desire for 24-hour vision was the most frequently cited reason for their choice (Figure 1).

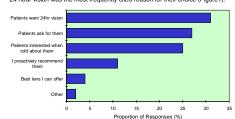


Figure 1. Reasons for choosing to fit silicone hydrogel lenses for extended wear

 Of those who were not fitting the lenses (35% of respondents), 49% said they needed to see more clinical information before recommending silicone hydrogel extended wear (Figure 2).

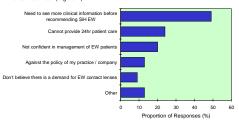


Figure 2. Reasons for not currently fitting silicone hydrogel lenses

 Of those fitting silicone hydrogels, 87% were recommending that patients slept in the lenses but practitioners were divided over the wearing regimen; the most frequently recommended regimen was up to 29 nights with occasional overnight breaks (29%) (Figure 3).

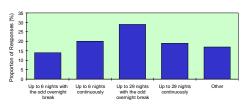


Figure 3. Recommended wearing regime for silicone hydrogel extended wear

 Practitioners perceived their patients' level of satisfaction with the lenses as high, 94% saying patients were either 'moderately satisfied' or 'extremely satisfied' (Floure 4).

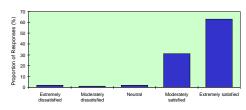


Figure 4. Practitioners' perception of patients' general satisfaction with silicone hydrogels

 When asked whether practitioners tended to agree that claims made in promoting silicone hydrogel lenses as a safe option for extended wear were justified, 36% neither agreed nor disagreed while 31% agreed (Figure 5).

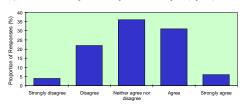


Figure 5. Agreement that claims made in promoting silicone hydrogels as a safe option for extended wear are justified

Refractive surgery

- Six out of 10 respondents (100/165) recommended refractive surgery to their patients as a vision correction option (30 sometimes, 70 occasionally).
- Among those who never recommended refractive surgery (39%), the most frequently cited reason (64%) was that the risks were too high (Figure 6).

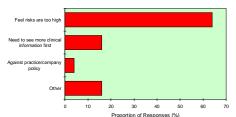


Figure 6. Reasons for not recommending refractive surgery

 They were also cautious about claims made by promoters of refractive surgery, only 14% agreeing that such claims were justified (Figure 7).

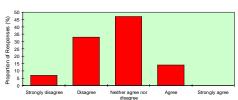
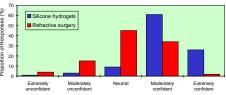


Figure 7. Agreement that claims made in promoting refractive surgery are justified

Silicone hydrogel extended wear vs refractive surgery

 A majority of practitioners fitting silicone hydrogel lenses (87%) were confident in recommending the modality to their patients, whereas only 36% said they were confident in recommending surgery as a viable option (Figure 8).



igure 8. Practitioners' confidence in recommending silicone hydrogel lenses and efractive surgery

 When asked to choose between silicone hydrogel extended wear or refractive surgery as the best and safest option for their patients, nine out of 10 respondents chose silicone hydrogels (Figure 9).

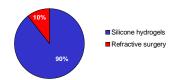


Figure 9. Response to the question: 'If you had to choose now between silicone hydrogel extended wear and refractive surgery as the best and safest option for your patients, which would you hope 2'.

Conclusions

While practitioners express some areas of concern, a majority are fitting the new silicone hydrogel lenses for extended wear and feel confident in recommending them to their patients. Practitioners express less confidence in laser refractive surgery and do not regularly recommend such procedures. Of the two methods of refractive correction, silicone hydrogel extended wear is preferred to refractive surgery.

References

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