

# Optimum VA

NAVAO Newsletter

Summer 2005

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## 99202

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## NAVAO Nominations

[Sharon Atkin, OD](#)

As you know this is election year for the officers of NAVAO. The current President and Vice-President have met their term limits and will be unable to run again for these positions. Serving NAVAO is an excellent way to become involved with VA optometry. It is also taken into consideration for advancements and promotions.

If you know someone who you think would perform well in one of the positions (President, Vice-President, Secretary and Treasurer) please submit their name. Motivated individuals may nominate themselves for a position. Obviously nominees must be [active members of NAVAO](#). Please submit nominations to [Ken Myers](#) within the next 30 days.

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## President's Report

[Sharon Atkin, OD](#)

### ACMO

The initial administration of the Advanced Competence in Medical Optometry (ACMO) exam took place on June 11<sup>th</sup>. Sixty-two candidates sat for the exam at 36 test centers. The consensus seems to be that the exam was difficult, challenging, fair and appropriately targeted beyond the OD entry level.

### Resident Membership

For those members who are residency supervisors, please encourage your resident(s) to consider membership in NAVAO. Resident dues are \$25 for the year and can be submitted to the NAVAO Executive Director, Dr. Ken Myers.

I hope everyone has an enjoyable, relaxing summer.

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## NAVAO Member List

Abruzzese, Gerald  
Anderson, Dustin  
Anderson, Sheila F.  
Atkin, Sharon R  
Aylward, James  
Badillo-Rivera, Jessica  
Barr, Robert  
Bass, Linda  
Bell, Richard A.  
Bennett, Loren W.  
Bisighini, Sharon  
Blatter, Kett  
Blaustein, Bernard H.  
Boulais, Sarah A.  
Bourgeois, David  
Bowyer, Norma  
Bright, David C.  
Brough, Gary  
Calla, Peter  
Cavallerano, Anthony  
Check, James M.  
Chew, Raymond  
Chiara, Geoffrey F.  
Coehlo, Nanette  
Cohen, Allen H.  
Coon, Douglas  
Cummings, Roger W.  
Dalmasy, Laura  
Daniel, Terry E.  
Dansie, Dane F.  
DeNardo, Anna  
Dent, Michelle L.  
Denton, William J.  
Diamond-Ford, Elaine  
Dziadul, John A.  
Eckermann, Daniel R.  
Ferrucci, Steven  
Ficarra, Anthony  
Fingeret, Murray  
Fisch, Barry  
Fliegel, Jason J.  
Frick, Richard  
Galeoto, David  
Gallagher, Gregory J.  
Gnadt, Gwen  
Goen, T. Michael  
Goldberg, Jennifer  
Golis, Thomas  
Grala, Paul  
Greenlee, Bob

Grimes, Amy L.  
Gutner, Rodney  
Hackman, Edmund T., Jr  
Haesaert, Susan  
Hallak, Joseph  
Hamp, Ania  
Hannum, Rita  
Harris-Charlton, Angela  
Haskes, Charles  
Hendricks, Gordon  
Henry, Julie  
Hetrick, Barbara J.  
Hettler (Arbeitman),  
Debbie  
Hitchmoth, Dorothy  
Hillsgrove, Robert  
Hobbs, Cristi  
Howell, William  
Huang, Minna  
Ilsen, Pauline  
Joy, Jeffrey T.  
Jung, Jean  
Kawasaki, Brian S.  
Kehler, K. Bradley  
Kehler, Lori Ann F.  
Kinnaird, Charles W.  
Kiracofe, Gregory  
Kirby, Brooke S.  
Kowing, Diane  
Krome, Anjela K.  
Light, Dennis J.  
Lim, Barnie  
Lindsell, Luke  
Litwak, Anthony  
Lucas, Linda  
Lutz, Thomas A.  
Lyons, Robert  
McGill, William J. (Jeff)  
McGovern, Michael  
McGuire, Mark P.  
Mah, Diana  
Maino, Joseph  
Mancil, Gary  
Marques, Cathy  
Mefa, Joseph  
Meiklejohn, W. F.  
Messer, Tim  
Mick, Andrew B.  
Morand, Timothy  
Mordukowitz, Steven  
Morris, Robert W.  
Moyle, Wendy  
Mullen, Charles  
Munchnick, Bruce

Musick, Angela  
Novak, James M.  
Olafssen, Harald E.  
Paullisky, Charles J.  
Pearcy-Baluyot,  
Mischelle  
Pedretti, Lara  
Penn, Paul G.  
Pensyl, C. Denise  
Petley, Daniel  
Pewitt, Dawn  
Pian, Debbie  
Pikal, Amy  
Polasek, Anne  
Potter, Jessica  
Rakes, James  
Raymond, Adam  
Richwine, Kristin  
Riezman, Alan  
Sakuda, Jon  
Salvat, Ricardo R.  
Saxon, Glenn  
Saxon, Mollie C.  
Schamerloh, Sara  
Schwartz, Elliot  
Seibert, Donald A.  
Selvin, Gerald  
Seng, Traci  
Sharpe, Valerie  
Shin, Susan H.  
Singh, Kamjot  
Sink, Makesha  
Sisson, Gary N.  
Soden, Richard  
Sommer, Mark  
Song, Chung  
Spivak, Taras W.  
Stelmack, Joan  
Stephens, Cliff  
Sterner, Rebecca  
Sullivan-Mee, Michael  
Thomas, Jonathon  
Thomann, Kelly  
Thompson, Roy  
Tidmore, Eric  
Townsend, John C.  
Tran, Christine C.  
Vadapalli, Sangita  
Vandever, Michael  
Vetter, Nathan  
Walker, Bruce  
Wang, Katherine  
Wang, Steward  
Wasik, Aly

Weibel, Andrew  
Wentworth, Gregg  
White, Michael  
Williams, Mark A.  
Williamson, Jim  
Wisniewski, Melissa  
Wolford, Kevin  
Wong, Gina G.  
Wong, Nancy  
Yang, David  
Yaniglos, Stacia  
Young, Dwayne  
Zalatimo, Nadia  
Zetlmeisl, Kristina  
Zwolensky, Brett

#### HONORARY MEMBERS

Danielson, David  
Haffner, A. Norman  
Melere, Gerald  
Mullen, Charles  
Myers, Ken  
Newcomb, Robert  
Perlin, Robert  
Scott, Clifford  
Stelmack, Thomas

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## **Plasma Concentrations Altered in Patients**

Alterations of plasma MDA levels may be associated with the pathogenesis of POAG, according to a new study in the May issue of Eye.

Investigators in the Department of Ophthalmology, Mersin University, Mersin, Turkey, set out to investigate the role of oxidative stress and lipid peroxidation in the pathogenesis of POAG. The activities of myeloperoxidase (MPO), catalase (CAT), and the levels of plasma malondialdehyde (MDA) were measured in 40 (15 men and 25 women) patients with POAG and 60 (30 men and 30 women) healthy controls.

There was no significant difference in the activities of CAT and MPO between the POAG patients and the controls. However, the plasma MDA level was significantly higher in patients than the controls.

The study suggests that the possible alterations of plasma MDA levels may be associated with the pathogenesis of POAG. However, further research is needed to understand the role of oxidative damage in this important disorder of aging.

<http://www.eyeworld.org/article.php?sid=2587>

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## The Odds of Getting the Right IOP

Researchers in Germany evaluated the probability of a single intraocular pressure measurement to be the highest measurement within a diurnal intraocular pressure profile. The study included 3,025 day-and-night intraocular pressure profiles measured on 1,072 eyes of 547 Caucasian glaucoma patients or glaucoma suspects. Applanation tonometry was performed at 7 AM, noon, 5 PM, 9 PM, and midnight.

Intraocular pressure measurements were highest at 7 AM, noon, 5 PM, 9 PM, and midnight, respectively, in 20.4%, 17.8%, 21.3%, 13.9%, and 26.7% of the profiles, respectively. The measurement taken at 7 AM was significantly ( $P < .001$ ) closest to the maximal value of the profile.

The researchers concluded that any single intraocular pressure measurement taken between 7 AM and 9 PM has a higher than 75% chance to miss the highest point of a diurnal curve. Intraocular pressure may be measured at different times of the day to have the best chance of observing the maximal value.

[American Journal of Ophthalmology June 2005](#)

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## Drug May Be of Benefit to Wet AMD Patients

The antiangiogenic cancer drug bevacizumab (Avastin) was able to substantially reduce the leakage from abnormal blood vessels in eyes of patients with wet AMD, according to early results from the Systemic Avastin for Neovascular Age-Related Macular Degeneration (SANA) study.

Researchers at The University of Miami's Bascom Palmer Eye Institute said early results showed that intravenous infusion of the recently approved antiangiogenic cancer drug improved the vision of wet AMD by 1 week. The presentation highlighted the outcomes in the first nine patients treated with Avastin through 3 months. Overall, average vision improved in both eyes because most of the patients had wet AMD in both eyes.

At the beginning of the study, one eye of each patient was designated as the "study eye" and the other eye as the "fellow eye." At 3 months, the average vision improved just over 2 lines in the "study eyes" ( $p=0.008$ ) and just over 3 lines in the "fellow eyes" ( $p=0.001$ ) as measured by the number of letters used on a standard eye chart. The improvement in vision correlated with a decrease in the leakage of fluid from the abnormal blood vessels in these eyes.

<http://www.ophmanagement.com/article.aspx?article=86341>

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## MS May Present With Many Signs

Multiple sclerosis (MS) can present with visual loss (e.g., optic neuritis), diplopia (e.g., internuclear ophthalmoplegia [INO] or sixth-nerve palsy), or nystagmus.

An INO is characterized by an ipsilateral adduction deficit and a contralateral abducting dissociated horizontal nystagmus on horizontal gaze. In a young patient, a new INO should be considered to represent MS until proven otherwise. The lesion involves the medial longitudinal fasciculus (MLF), the interneuron between the sixth- and third-nerve nuclei. Careful attention to the horizontal saccades might bring out a subtle INO.

Jerk beating nystagmus is named for the fast phase (e.g., fast phase down = beating nystagmus). Downbeat nystagmus typically worsens in downgaze and lateral gaze and localizes to the cervicomedullary junction. Upbeat nystagmus localizes to the pontomedullary junction or in some cases the cerebellar vermis. Periodic alternating nystagmus (PAN) demonstrates a horizontal fast phase in one direction, followed by a slowing of the nystagmus, a null phase with minimal or no eye movement, and then the nystagmus alternates with the fast phase toward the opposite direction. Acquired pendular nystagmus has an equal amplitude and frequency in both directions and is a relatively common finding in MS.

Any acquired nystagmus in an adult should prompt a cranial MRI with contrast enhancement aimed at the clinical localization. One should be aware that nystagmus can be the presenting or only sign of MS. The abducting nystagmus of the INO and acquired pendular nystagmus are common nystagmus presentations.

<http://www.opthalmologytimes.com/opthalmologytimes/article/articleDetail.jsp?id=157091>

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## Not Your Ordinary Measurement

The results of a study designed to investigate the predictive value of preoperative anterior chamber depth (ACD) and intraocular pressure (IOP) are reported. The relation between these factors and their effect on the reduction in IOP following phacoemulsification cataract surgery was also studied.

The ACD and IOP were prospectively measured in 103 non-glaucomatous eyes of 103 patients who underwent uneventful phacoemulsification and posterior chamber intraocular lens (PCIOL) implantation. Other data which were recorded included best corrected visual acuity, axial length, lens thickness, and severity of lens opacity.

The ACD increased by a mean (SD) of 1.10 (0.44) mm ( $p < 0.00001$ ) and this increase was significantly and inversely related to preoperative ACD ( $r^2 = 68\%$ ;  $p < 0.01$ ). IOP dropped by a mean of 2.55 (1.78) mm Hg following cataract surgery ( $p < 0.0001$ ), and this reduction was significantly and positively related to

preoperative IOP ( $r^2 = 56\%$ ;  $p < 0.01$ ), and significantly and inversely related to preoperative ACD ( $r^2 = 21\%$ ;  $p < 0.01$ ).

A novel ratio, the pressure to depth (PD) ratio (preoperative IOP/preoperative ACD), was found to be significantly and positively related to the surgically induced reduction in IOP ( $r^2 = 73\%$ ;  $p < 0.01$ ), and IOP was reduced by  $\geq 4$  mm Hg in all patients with a PD ratio  $> 7$ .

The reduction in IOP following cataract surgery was found to be positively related to preoperative IOP, and inversely related to preoperative ACD. Furthermore, these results indicate that a novel index, the PD ratio, is strongly predictive for IOP reduction following cataract extraction, and may prove useful in surgical decision making.

<http://bjournal.bmjournals.com/cgi/content/abstract/89/5/543>

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## **Beneficial in Some Cases**

Patients with significant corneal scars complaining of glare or cosmetic problems may be helped with a corneal tattoo. This article reported the cosmetic and therapeutic use of corneal tattooing for a child with sectoral traumatic corneal scarring and symptomatic glare from sectoral traumatic iris loss.

A six-year-old girl underwent corneal tattooing (platinum chloride reduced by hydrazine) in the relevant scarred corneal sector. Six months after the procedure, the child enjoyed a more normal corneal appearance and no longer suffered from glare. Postoperative epithelial healing, however, was slow and required vigilance.

Others have used drawing ink in different shades applied into the anterior corneal stroma by punctures performed with a conventional spatula needle. In this case, the authors state that all patients still had satisfactory staining of the formerly cosmetically disfiguring corneal scar up to 4 years after surgery.

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=15860305&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=15860305&dopt=Abstract)

<http://bjournal.bmjournals.com/cgi/content/abstract/86/4/397>

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## **Better to Patch At Near, Study Says**

Sixty-four children, 3 to less than 7 years of age, with anisometropic, strabismic, or combined amblyopia (20/40 to 20/400) were randomly assigned to receive either 2 hours of daily patching with near activities or 2 hours of daily patching without near activities. After 4 weeks of treatment, there was a suggestion of greater improvement in amblyopic eye visual acuity in those assigned to near visual activities (mean 2.6 lines versus 1.6 lines,  $P = 0.07$ ). The



treatment group difference in visual acuity was present for patients with severe amblyopia but not moderate amblyopia. The results suggest that performing near activities while patched may be beneficial in treating amblyopia.

<http://www2.us.elsevierhealth.com/scripts/om.dll/serve?action=searchDB&searchDBfor=art&artType=abs&id=as1091853105000066&nav=abs>

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## **Watch for Associated Signs**

Earlier diagnosis of discoid lupus erythematosus (DLE) can be made by recognizing ocular signs. The authors performed a retrospective observational case series where records of 5 patients with biopsy-proven DLE were reviewed and clinical and pathology records were examined.

Patients' clinical and histopathological characteristics and response to treatment were assessed. Clinical features included meibomian gland dysfunction, blepharitis, chalazia, trichiasis, madarosis, conjunctivitis, chronic eyelid edema, and eyelid plaques. Histopathology showed hyperkeratotic epithelium, degeneration of the basal cell layer, and a perivascular lymphocytic infiltrate. There was delayed diagnosis in all cases, ranging from 4 months to 25 years. All of the patients responded to systemic hydroxychloroquine therapy. The authors concluded that heightened awareness of eyelid DLE may lead to earlier detection and specific therapy for this chronic disorder.

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=15878050&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=15878050&dopt=Abstract)

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## **Fourth-Generation Fluoroquinolones May Not Be Effective Against MRSA**

Corneas infected with methicillin-resistant Staph aureus (MRSA) may not improve with application of either currently available fourth-generation fluoroquinolone alone, if recent cases are any indication.

Sarkis H. Soukiasian, M.D., Lahey Clinic, Peabody, Mass., presented a case series that identifies one of the first limitations for either of the newest fluoroquinolones — gatifloxacin (Zymar, Allergan, Irvine, Calif.) or moxifloxacin (Vigamox, Alcon, Fort Worth, Texas) at last month's ASCRS•ASOA Symposium & Congress. The presentation, called "Corneal Perforation Caused by Methicillin Resistant Staph Aureus Resistant to Fourth Generation-Fluoroquinolones" described the clinical consequences of treatment of resistant corneal infections with the so-called fourth-generation fluoroquinolones.

The retrospective case series consisted of four corneal infections treated with the newest fluoroquinolones, which all cultured positive for gram-positive

micro-organisms. Three of the four were positive for MRSA, and three of the four cases (including two with MRSA) resulted in corneal perforation. Also, two patients required emergent tectonic surgery.

Not all of the evidence gathered by Dr. Soukiasian ran against fourth-generation fluoroquinolones. One perforated cornea case was initially treated with a third-generation fluoroquinolone and did not improve until treated with one from the fourth generation.

Depending on the findings of the patient cultures, Dr. Soukiasian said vancomycin (Vancocin, Eli Lilly, Indianapolis) and tobramycin (Tobrex, Alcon) are alternative drugs to the fourth-generation fluoroquinolones. Dr. Mah recommends questioning patients about their environment because studies have found more than 50% of healthcare workers carry MRSA. In the general community, about 20% of corneal ulcers have MRSA, so patients should be questioned about recent hospitalizations.

<http://www.eyeworld.org/article.php?sid=2539>

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## **Enter Data, Assess Risk**

The Devers Eye Institute, Portland, Ore., has developed and launched an online ocular hypertension-to-glaucoma risk calculator. Located through [Dever's Web site](#), the calculator uses data from the Ocular Hypertension Treatment Study (OHTS) to allow practitioners to identify a patient's risk for developing glaucoma.

The calculator allows input of various patient parameters, including age, diabetes status, corneal thickness, pattern standard deviation (PSD), IOP, and vertical cup-to-disk ratio.

<http://www.discoveriesinsight.org/>

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## **Medicare Carrier Has Ophthalmology/Optometry Billing Guide**








This [informative guide](#) has been published by the National Heritage Insurance Company, which is the Medicare carrier for California, New Hampshire, Maine, Massachusetts, and Vermont. It provides help with many coding issues, including billing for post-op cataract surgery management.

[http://www.medicarenhic.com/ne\\_prov/billing/ne\\_opthgd\\_oct04.pdf](http://www.medicarenhic.com/ne_prov/billing/ne_opthgd_oct04.pdf)

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## Help Keep Us Informed

Please don't hesitate to submit news and notes to the Optimum VA. The more you submit, the better our newsletter will be. Such information may include:

-  Letters to the editor
-  Case reports
-  Photos
-  Article abstracts (include publication information)
-  Upcoming events (CE, meetings, etc.)
-  Personal accomplishments
-  Internet links

**\* Feel free to submit at any time by clicking the link [Contact Optimum VA](#) which is also located on the front page in the Editor's Box. Submission and publication dates are listed below.**

**\*\* Residents and students are also encouraged to submit.**

<b>Issue</b>	<b>Submissions Due</b>	<b>Publication Date</b>
Winter	December 15	January 1
Spring	March 15	April 1
Summer	June 15	July 1
Fall	September 15	October 1

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## Photographs To Be Published

Dr. Joseph Maino recently learned two of his photographs were accepted for publication in ***Kansas City Voices***, a Midwest art and literary magazine. One of the photographs will be used for the November issue cover.

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## Associations, Institutes, Organizations, Societies

[All About Vision](#)

[Alliance for Aging Research](#)

[American Academy of Ophthalmology](#)

[American Academy of Optometry](#)

[American Academy of Pediatrics](#)

[American Optometric Association](#)  
[American Optometric Foundation](#)  
[Association of Regulatory Boards of Optometry \(ARBO\)](#)  
[Council for Refractive Surgery Quality Assurance](#)  
[Eye Advisory](#)  
[Eye Surgery Education Council](#)  
[Glaucoma Research Foundation](#)  
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## **Coding**

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[NCHS - Classification of Diseases , Functioning, and Disability](#)  
Medicare Carriers By State  
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## **Contact Lens**

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[CIBA Vision NIGHT & DAY](#)  
[CIBA Wesley-Jessen](#)  
[Contact Lens and Anterior Eye](#)  
[Contact Lens Council](#)  
[Contact Lens Manufacturers Association](#)  
[Contact Lens Spectrum](#)  
[CooperVision](#)  
[Innovative Sclerals Ltd.](#)  
[International Association of Contact Lens Educators \(IACLE\)](#)  
[New Zealand Contact Lens Society](#)  
[Ocular Sciences](#)  
[Official Site of Silicone Hydrogel Lenses](#)  
[Virtual Consultant](#)

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## **Conventions and Meetings**

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[Heart of America Contact Lens Society](#)  
[Midwest Vision Congress & Expo](#)  
[OptoEast](#)  
[OptoWest](#)  
[Southern Council of Optometrists](#)  
[Vision Expo East](#)  
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## **Foreign Web Sites**

[American Academy of Optometry \(British Chapter\)](#)  
[Association of Optometrists, UK](#)  
[Australasian College of Behavioural Optometrists \(ACBO\)](#)  
[Bradford, University of, Department of Optometry \(UK\)](#)  
[Brazilian Optometry Association](#)  
[Canadian Association of Optometrists](#)  
[College of Optometrists - UK](#)  
[Eye Health Council of Canada](#)  
[Hong Kong Polytechnic University Optometry Section \(PRC\)](#)  
[Hong Kong Society of Professional Optometrists](#)  
[Institute of Optometry - UK](#)  
[Karolinska Institutue - Sweden](#)  
[Melbourne College of Optometry - Australia](#)  
[New Zealand Association of Optometrists](#)  
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[Macular Disease Society](#)  
[MAXIVISION](#)  
[Center for Keratoconus](#)  
[Chua Eye Page](#)  
[Collaborative Longitudinal Evaluation of Keratoconus Study \(CLEK\)](#)  
[EyeCancer Network](#)  
[Ophthoguide](#)  
[Ophtholinx](#)  
[Trials Summary](#)

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## **Ophthalmic Equipment and Medications**

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[Carl Zeiss Meditec](#)  
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## **Optical**

[Corning Ophthalmic](#)

[Essilor](#)

[General Optical Council - UK](#)

[National Academy of Opticianry](#)

[Optical Laboratories Association](#)

[Optical Society of America](#)

[Opticians Association of America](#)

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## **Optometry Schools**

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[Indiana University](#)

[Michigan College of Optometry at Ferris State University](#)

[New England College of Optometry](#)

[Northeastern State University](#)

[NSU College of Optometry](#)

[Ohio State University](#)

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[Pennsylvania College of Optometry](#)

[Southern California College of Optometry](#)

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## **State Optometry Associations**

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## **Systemic Disease**

[American Diabetes Association](#)  
[AskPhysicians.com](#)  
[National Headache Foundation](#)  
[Sjögrens Syndrome Foundation](#)

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