

Optimum VA

NAVAO Newsletter

January 2002

President's Report

VA Optometry news.

Hello everyone. Hopefully all are well. Our organization has just completed a very active period which saw discussions develop on some critically important issues which I'll discuss below.

As you all know, our www.mednav.com website is up and running and hopefully you've all used it to vote in our most recent election. The nice thing about having this site available for folks to make anonymous comments is the fact that we got some constructive criticism on how to make the process better next time. It is our intention to use this web based system for surveys and other NAVAO business requiring the direct participation of our membership. Please feel free to write me directly with any suggestions you have...all will be welcomed!

During the late Summer through the Fall, discussions were held on how to go forward with a recognition of residents' advanced competency. As you may recall, a survey last year of our membership was held to assess the level of support for this pursuit. Support from you was overwhelming so we ran with it. The hard part is how to accomplish this critically important mission without creating the same types of problems that have been created with these types of initiatives in the past. The term Advanced Competency is the most apropos for recognizing folks who have completed VA Residencies. Under guidelines currently in draft form, individuals who have completed a VA Residency will be eligible to sit for an examination to formally recognize Advanced Competency. The specifics on how this is done are in discussion. However, this is perhaps the most important issue that has faced us in a very long time so we must be deliberate to ensure that we are doing it right! I will keep you posted on our progress.

Elections

As you know by now, our elections are complete and officers are now serving their terms. Below is the formal officer list:

President: **Gerald Selvin, O.D.**

VP: **Alyon Wasik, O.D.**

Secretary: **Michael White, O.D.**

Treasurer: **Thomas Golis, O.D.**

Newsletter Editor: **John Spalding, O.D.**

Membership Secretary: **Rebecca Sterner, O.D.**

I'm looking forward to working with our new team!

I also thank outgoing VP **Paul DeAlba** and outgoing treasurer **Sheila Anderson** for the hard work over the past years! Additionally, thanks so much to **Bob Emery** for his work as newsletter editor during the past years.

Annual Meeting

Thanks to the generous **exclusive** support from **Pharmacia** Our Annual Meeting/Gala had a record 120 people in attendance on Pearl Harbor Day, 12/7/01. This serendipitous scheduling was not lost on us nor was it lost on

our distinguished guest speaker, **Thomas Holohan, M.D., Chief Officer for Patient Care Services, VACO.** Dr. Holohan discussed what is ahead potentially for us as field optometrists in the coming years. Initiatives with diabetic patients, optometric involvement in patients with military and other trauma, and general directions of patient care in the VA in the coming years. **NAVAO** and **Pharmacia** unveiled a cooperative “**Glaucoma Challenge**” at the Dinner Meeting. This initiative is open to programs with residents who will compete for prizes awarded to the people judged best at managing their glaucoma patients. Prizes will be funding for academic pursuits.

Awards

We awarded certificates of appreciation to our outgoing officers **Paul DeAlba** (was VP), **Thomas Golis** (was Secretary, now Treasurer), **Sheila Anderson** (was Treasurer) and **Bob Emery** (was newsletter editor). We also awarded plaques to those who have made special contributions to NAVAO over the past year. These include **Dr. Thomas Holohan, Ken Myers, Dawn Pewitt, Charlie Mullen**, and of course, our sponsor **Tammy Pritchard of Pharmacia.**

Its been a busy and important year and there is much work to do. Thanks to all who have pitched in and I welcome as much help as anyone is willing to give. Looking forward to spring!

- Jerry

Clinical Pearls

Highlights from recent publications.

• **OCULAR MANIFESTATIONS OF LEUKEMIA**

Leukemic infiltrates appear as a yellowish, white mass of variable size that can simulate a cotton wool spot. Infiltrates typically are located in the posterior pole or peripapillary region. Hemorrhaging can occur at the level of the retina, subretinal or preretinal areas. A work-up for these patients should include questions about bone marrow transplantation, use of steroids, other immunosuppressives, a CBC, chest x-ray and lumbar puncture.

Gordon KB, et al. Ophthalmology/ Vol. 108, Dec 2001

• **SPIRAL CT for INTRAOCULAR FOREIGN BODIES**

Plain film x-rays (sometimes equivocal results), ultrasound (operator dependent) and MRI (possibility of moving metallic objects inside the eye) all have their limitations when it comes to detecting intraocular foreign bodies. Spiral CT scanners are replacing conventional CT scanners and the sensitivity of 3-mm for detecting 0.5 mm intraocular foreign bodies (metal, glass, stone) was the same as 1-mm images. Fewer total images and faster acquisition of data with spiral CTs may help avoid the problem of poor imaging due to patient eye movement.

Dass AB, et al. Ophthalmology/ Vol. 108, Dec 2001

• **CATARACTS AND TRABECULECTOMY**

After adjusting for age and diabetes, trabeculectomy was found to increase the risk of cataract formation by 78% in 591 patients enrolled in the Advanced Glaucoma Intervention Study.

The AGIS Investigators. Arch Ophthalmol/Vol. 119, Dec 2001

- **HYPERCOAGULABILITY AND CRVO**

55 patients under the age of 56 who had unilateral or bilateral central retinal vein occlusions were included in the study. A thorough work-up for this group would include: blood pressure, IOP measurement, CBC, glucose, lipid panel and family/personal history of thrombosis. The authors found that hypercoagulability plays an role in patients in this age group and should be considered if other tests are negative.

Lahey JM, et al. Ophthalmology/Vol. 109, Jan 2002

- **VITAMINS/MINERALS AND AMD**

The Age-Related Eye Disease Study followed 3640 patients aged 55-80 yrs over an average of 6.3 years . The study finds that patients at risk of advanced AMD (extensive intermediate size drusen, 1 large druse, noncentral geographic atrophy in 1 or both eyes, advanced AMD or vision loss due to AMD in 1 or both eyes) should consider taking a supplement of antioxidants plus zinc. The supplement should contain: 500mg vitamin C, 400 IU vitamin E, 15 mg beta carotene, 80 mg zinc oxide and 2 mg curcic oxide. The effect of substituting other antioxidants such as lutein and zeaxanthin cannot be determined from the results of this study. Smokers and ex-smokers should not use beta carotene as it has been associated with lung cancer.

AREDS Research Group. Arch Ophthalmol/Vol. 119, Oct 2001

- **RISK FACTORS FOR AGE-RELATED MACULOPATHY**

In a study of 4744 participants aged 40 years in older in Australia, the risk factors for AMD and ARM were: age, smoked cigarettes for 40 yrs or longer, taken ACE inhibitors or cholesterol-lowering medications. By multivariate analysis, no significant associations were found between AMD/ARM and sex, hyperopia, cataracts or prior cataract surgery, iris color, educational level and alcohol usage.

McCarty CA et al. Arch Ophthalmol/Vol. 119, Oct 2001

- **PREDICTING FUTURE RETINAL BREAKS BASED ON PVD RELATED SYMPTOMS**

280 consecutive patients with acute symptoms of posterior vitreous detachment were evaluated for symptoms and their relationship to predicting the later development of retinal breaks. 5.3% of the study group developed a new retinal break after the initial exam. It was determined that the only patients who need to be seen within 6 weeks after a PVD were those who had: symptoms of light flashes, more than 10 floaters or a cloud/curtain at the initial examination, and an increase in the number of floaters after the initial examination.

Van Overdam KA, et al. Arch Ophthalmol/Vol. 119, Oct 2001

- **VISUAL FIELD LOSS AND THE ELDERLY**

In a study of 6250 residents over age 55 who lived in a community dwelling in the Netherlands, 5.6% were found to have visual field loss. The number increased from 3% in those aged 55-64 to 17% in those >84 years old. The most common cause of visual field loss in all age groups was glaucoma.

The Rotterdam Study. Arch Ophthalmol/Vol. 119, Dec 2001

- **TOXOPLASMOSIS REACTIVATION AFTER CATARACT SURGERY**

Reactivation of toxoplasmosis occurred within four months of cataract surgery in 5 of 14 patients compared to 1 out of 45 age/sex matched controls. The causative mechanism is debatable but could include: mechanical trauma, energy delivered to eye during phacoemulsification, psychological stress of surgery and use of topical steroids postoperatively. The authors suggest that the use of prophylactic regimens with antiparasitic drugs (pyrimethamine alone or with sulfadiazine, dapson with trimethoprim and sulfamethaxazol), might be justified in patients with lesions in areas that are crucial for visual function.

Bosch-Driessen LH, et al. Ophthalmology/Vol. 109, Jan 2002

- **HISPANICS AND OPEN-ANGLE GLAUCOMA**

In a study of 4774 Hispanic patients in Arizona over the age of 40, the percentage of open angle glaucoma increased from 0.5% in the 41-49 age group to 12.53% among the group over 80. 62% of the Hispanic patients with open-angle glaucoma were unaware of the findings compared to previous study data of 50% among whites and blacks. The prevalence of angle closure glaucoma was similar to other studies of European-derived groups. Screening patients with IOP readings would have missed 80% of the cases.

Quigley HA, et al. Arch Ophthalmol/Vol. 119, Dec 2001

- **HORMONE REPLACEMENT THERAPY AND CATARACTS**

In a study of 1239 women aged 65 through 84 years, it was found that patients that current or previous hormone replacement therapy patients had less nuclear opacities and a lower prevalence of posterior subcapsular opacities of their lens.

Freeman EE, et al. Arch Ophthalmol/Vol. 119, Nov 2001

- **UNOPROSTONE COMPARED TO TIMOLOL AND BETAXOLOL**

556 patients with open-angle glaucoma or ocular hypertension in Europe and Israel, after a washout period, were randomized and had their IOP checked. At six months, findings indicated that IOP lowering effects at 12 hours were equivalent for Rescula 0.15% used twice a day (-4.3 mm Hg from baseline) compared to Betoptic 0.5% used twice a day(-4.9 mm Hg from baseline). However, Timoptic 0.5% used twice a day reduced the IOP 5.8 mm Hg from baseline .

Nordmann JP, et al. AJO/Vol. 133, Jan 2002

- **PREDICTING IOP RESPONSE OF XALATAN AT 1 MONTH AFTER A 1 DAY TRIAL**

39 consecutive patients aged 38-87 with open-angle glaucoma on maximally tolerated medical therapy were recruited prospectively for inclusion in the study. Patients were given 1 drop of latanoprost between 8am and 9am each day of the study. The one day response (20.9 ± 4.6 to 16.6 ± 3.6) in IOP was similar to the response after one month (16.1 ± 3.1) of treatment.

Mansberger SL, et al. AJO/Vol 132, Dec 2001

• RETINAL VESSEL CALIBER AND VISUAL FIELD DEFECTS IN GLAUCOMA

64 patients with primary open-angle glaucoma with marked differences in visual field defects between hemifields were evaluated retrospectively. It was found that the peripapillary retinal arterioles in the hemifield with the greater visual field defect were narrower than the peripapillary arterioles in the hemifield with less of a visual field defect. It has not been determined as to whether the vessel narrowing reflects an ischemic basis for glaucomatous damage or simply indicates vascular constriction due to less axons to nourish.

Hall JK, et al., AJO/Vol 132, Dec 2001

Thoroughbreds

Kudos to the lecturers/writers within the VA Optometry Service.

Lectured:

Rex Ballinger, AAO 12/01, Pressure Independent Glaucoma and Its Management

Loren Bennett, AAO 12/01, Smoking and the Eye

Bernard Blaustein, AAO 12/01, Ocular Manifestations of Impending Stroke

Michael Brown, AAO 12/01, Preventable Vision Loss

Bernard Dolan, AAO 12/01, Treatable Macular Disorders

Murray Fingeret, AAO 12/01, Controversies in Glaucoma

Barry Fisch, AAO 12/01, Gonioscopy in Optometric Practice

Anthony Litwak, AAO 12/01, Glaucoma Case Analysis

Carolyn Martin, AAO 12/01, Diabetes: Two Types, Two Management Philosophies

Gerald Melore, AAO 12/01, Verrucae and Their Treatment and Injections for Optometric Practice

Leonard Oshinskie, AAO 12/01, Medications and the Macula

Dawn Pewitt, AAO 12/01, Ocular Dermatology

Gay Tokumaru, AAO 12/01, Understanding Retinal Vascular Disease

Alyon Wasik, AAO 12/01, Your Patient after a Retinal Vascular Occlusion

Nathan Whitaker, AAO 12/01, Diabetes Mellitus: A Systemic Update

Published:

Gay, D, and Boyer S. Two Differing Presentations of Optic Nerve Head Drusen. [Optometry](#). September 2001; 72: 588-596.

Harshman, D. Differential Diagnosis Points to Mooren's Ulcer. [Review of Optometry](#). November 2001; 89-91.

Lutz SC, Anderson SF, Wu CY, Townsend JC. Non-Hodgkin's Orbital Lymphoma. [Optometry and Vision Science](#). September 2001; 78: 639-45.

Mordukowitz, S. Hypotony Maculopathy Secondary to Overfiltering Bleb. [Review of Optometry](#). October 2001; 81-86.

Richer S. Nutrition Facts: Diet, Science and the Eye. [Review of Optometry](#). September 2001, 76-86.

Slagle, WS, Slagle AM, Brough GM. Mucus Fishing Syndrome: Case Report and New Treatment Option. [Optometry](#). October 2001; 72: 634-640.

Calendar

Important dates to remember.

February 20-24, 2002

SECO International, Atlanta, GA, <http://www.secointernational.com/frames.html>

March 14-17, 2002

International Vision Expo, New York, NY, <http://www.visionexpoeast.com/>

April 13-15, 2002

AAO International, Munich, Germany, <http://www.aaopt.org/meetings/meeting2/index.asp>

June 26-30, 2002

AOA Congress, New Orleans, LA, <http://www.aoanet.org/corp/happenings-062602.asp>

December 12-16 2002

AAO Annual Meeting, San Diego, CA, <http://www.aaopt.org/meetings/meeting3/index.asp>

Internet Links

Suggested web sites.

JOURNALS

Archives of Ophthalmology, <http://archopht.ama-assn.org/>

American Journal of Ophthalmology, <http://www.ajo.com/>

British Journal of Ophthalmology, <http://bjo.bmjournals.com/contents-by-date.0.shtml>

Clinical and Experimental Optometry, <http://www.optometrists.asn.au/ceo/ceo.html>

Ocular Surgery News, <http://www.osnsupersite.com/>

Ophthalmology, <http://www.aaojournal.org/>

Primary Care Optometry News, <http://www.slackinc.com/eye/pcon/pconhome.asp>

Review of Optometry, <http://www.revoptom.com/>

Review of Ophthalmology, <http://www.revophth.com/>

MISCELLANEOUS

Medscape Ophthalmology, <http://www.medscape.com/Home/Topics/ophthalmology/ophthalmology.html>

Ophthoguide, <http://www.opthoguide.com/optho/>

OphthoLinx, <http://www.optholinx.com/>

ORGANIZATIONS

American Academy of Optometry (AAO), <http://www.aaopt.org/>

American Academy of Ophthalmology, <http://www.aao.org/>

American Optometric Association (AOA), <http://www.aoanet.org/>

National Association of VA Optometrists (NAVAO), <http://www.navao.org/>

National Board of Examiners in Optometry (NBEO), <http://www.optometry.org/>

National Eye Institute (NEI), <http://www.nei.nih.gov/>

Optometry Residency Matching Service (ORMS), <http://www.optometryresident.org/>

VA Optometry Service, <http://www.va.gov/optsvc/index.htm>

Open Positions

Positions available within the VA.

Albuquerque, NM 2 Positions FT, Kathy Halverson 505-265-1711x4228

Columbia, MO 1 Position 0.3 PT, Debbie Hettler 573-814-6575

East Orange, NJ 1 Position FT, Janis White janis.white@med.va.gov

El-Paso, TX 1 Position FT, Susan Parks slparks@hotmail.com

Ft. Myers, FL 1 Position FT, Linda Bass 727-398-6661x5132

Las Vegas, NV 1 Position FT, Shirley Monzo 702-636-3000x3123

Los Angeles, CA 1 Position FT, David Bright 310-268-3332
Poplar Bluff, MO 1 Position FT, Paul Varner 573-778-4303
San Francisco, CA 1 Position FT, Bernard Dolan 415-221-4810x2683
Shreveport, LA 1 Position FT, Terence Whatley 318-841-4744
Whichita, KS 1 Position FT, Michelle Call 316-685-2221x3418

For More Information, contact Valerie Jarrard at: valerie.jarrard@med.va.gov

Editor's Note

The January 2002 edition of Optimum VA is being distributed to as many VA Optometrists who have given us a valid e-mail address. Future editions of Optimum VA will only be distributed to NAVAIO members. If you are not a member of NAVAIO, now is the time to join. For more information, contact Dr. Rebecca Sterner at rebecca.sterner@med.va.gov

Some doctors have not provided an e-mail address that is capable of receiving attachments. Unfortunately, those doctors will be unable to enjoy this newsletter in its proper format.

To make suggestions, submit content information or volunteer to help, please contact:

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