

VTI's NaturalVue® Multifocal Contact Lens is Addressing Unmet Patient Needs

Qualitative data from various clinical practitioners suggest that the extended depth of focus (EDOF) technology in VTI's NaturalVue® (etafilcon A) 1 Day Multifocal contact lenses can address patient challenges more effectively than other available multifocal lenses.

Presbyopes and Multifocal Fitting

Emerging presbyopes have a reputation of being difficult to fit with multifocal contact lenses.

Jennifer A. Dattolo, OD, FCOVD, Eyes on Towne Lake, Woodstock, GA, says difficulty can arise because some multifocal lenses compromise the patient's distance vision. The emerging presbyope may feel their reading isn't too bad, and the lens won't do enough for their up-close vision to make up for the loss in their distance vision.

Arlene Gotay, OD, Eye Consultants of Atlanta, notes that in her experience, the biggest challenges are emmetropes or latent hyperopes who are beginning to present with presbyopia. Although their changes are normal with age, patients think they'll never need correction because they never did. "As presbyopia develops," she says, "they think they're going blind, until someone explains to them what's going on."

These patients may need a refitting as they transition from emerg-

ing presbyopes to regular or mature presbyopes, because their reading becomes significantly worse. So, if they were already in a multifocal as an emerging presbyope, they may need to go to a higher ADD power, or potentially change brands, as they transition.

Dr. Dattolo explains, "Higher ADD powers and certain brands compromise distance too much, so then you try to find what's going to work to keep their distance good, but also give them the reading that they need now."

Dr. Gotay, however, believes it doesn't necessarily call for a refitting, but perhaps a little tweaking. She tells her patients that as a presbyope they might experience a change in reading or in distance vision over time—after 3 months, 6 months, or even a year or two. She advises her patients to come back sooner if they notice changes with their contact lenses and not to wait for their annual comprehensive eye exam. Dr. Gotay believes the biggest challenge practitioners face is that they're always rushing, and fail to tell the patient what they should be expecting.

The NaturalVue® Difference

When fit according to the fitting guide, NaturalVue® Multifocal lenses can satisfy the visual needs of most patients over a lifetime. The EDOF optical design provides clarity at

every distance, while the visual cortex creates the virtual aperture, which generates the wide range of clear vision. Additionally, the universal ADD generated is different for each patient. For example, if the distance power is the same, a 43-year-old patient with a +1.25 ADD and a 70-year-old patient with a +2.75 ADD can wear the same power in their



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NaturalVue® Multifocal. Conversely, if the 43-year-old patient maintains the same distance power over the years, the NaturalVue® Multifocal power will not need to change, despite the ADD increasing over this time frame.

Because these lenses are different from other multifocals, practitioners need to adjust how they do fittings. Dr. Dattolo notes, "The company reps come in and say you have to go by the fitting guide. I was fitting this lens like I was fitting all the other multifocals, and you can't do that, because it's a totally different design. So, once I started fitting it according to the fitting guide, it

worked. If you fit it correctly, it's very easy, and now I don't even really have to think about it. But we need to think of it as a distance lens, because if you don't have the distance prescription correct, the reading is not going to be there."

Dr. Dattolo explains that the NaturalVue® Multifocal lens doesn't typically compromise distance, because it's a distance-center lens, whereas the majority of available multifocal lenses are near-center lenses. She says that because of how the NaturalVue® lens is designed, patients usually don't need much more than a small adjustment when they come back year after year. "With all the plus power in the periphery," she says, "there's no high, medium, or low ADD, as there is with all the others. Your brain figures out how much of all that power it needs and uses that, and suppresses the rest. Then, as the patient ages, all the power they need is in that lens, their brain just uses it in a different way."

NaturalVue® works somewhat in reverse from all the other multifocals. "We have to check the distance vision—and have it clear—to get better up-close vision. In most cases with the NaturalVue® lens, the way it's reversed is by adding a little more minus power in the dominant eye," Dr. Gotay explains, "It not only improves distance vision, but it also improves reading. It doesn't have to affect the reading in a negative way, like other brands do."

Using a Stepwise Transition Approach

Although the lens was designed to have both eyes working together with the multifocal, for a patient who has worn single-vision contacts a stepwise approach can sometimes

aid the transition—such as using a NaturalVue® Sphere in one eye and a NaturalVue® Multifocal in the other eye.

Dr. Dattolo says she hasn't had to do this often, especially with the NaturalVue®, but she has had a couple patients where trying the multifocal in both eyes just wasn't comfortable. "Sometimes patients



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will say they feel like everything they're seeing is in 3D," she says, "and that can be very disturbing. So, taking them out of the multifocal in the dominant eye and putting in a distance lens usually gets rid of that. The multifocal in one eye still helps with their reading, but they also enjoy distance in both eyes to hold onto their depth perception.

Dr. Gotay has a very personal connection to this approach. "I am that patient, that doesn't tolerate a multifocal in both eyes. I do phenomenally well with the multifocal in the right eye, and a single-vision lens in the left. And because I've seen the way it works on me, it makes it much easier when a patient has the same problem. If I put a multifocal on both eyes and they can see up close but something is off, such as seeing double, I instantly start thinking this patient is like me. So, if I can't get them adjusted by adjusting the distance vision, I remove one of the lenses. Usually, I will turn

the dominant eye into single vision, and they're instantly very happy at distance and can see phenomenally well up close."

Young Myopes are Easier to Fit

Some practitioners have said young myopes are an easier audience to successfully fit with soft multifocal contact lenses. Dr. Gotay agrees with that statement, but since her own practice isn't geared toward children, she only has a few patients in this group.

"I do have a few young patients who are myopic and who I have successfully managed. I think the reason kids are easier to put on a multifocal lens is because the kids can still accommodate, they are not missing the up-close vision when put on a multifocal lens. But as adults, we cannot accommodate, we're missing up close and we always want to be looking for what we lost. We want to have at 50 what we had at 30."

Dr. Dattolo is just beginning to use the lenses in the way of myopia correction. "I have two patients who I'm treating with it right now," she said, "I'm still very early in that. I specialize in vision therapy, so I have a lot of kids in the multifocal; with them, I look at it from a binocular standpoint and an accommodative standpoint. Lenses with more plus power seem to relax the accommodative system, and help to increase the accommodative amplitudes, which helps reduce myopia."

Adults don't want to compromise reading or distance, and kids try them and don't seem to notice any issue. Up close is fine and distance is good, though sometimes we have to tweak the distance a little bit. Dr. Dattolo's patients, who've been in NaturalVue® since childhood when



the lenses launched, are still in them, and their prescriptions have not worsened over that time. She said fitting adults should be looked at in the same way—just think about it as a distance lens in that regard to fit it for the first time.

In the United States, the NaturalVue® Multifocal is indicated for the correction of myopia, but not indicated for the control of myopia.

Young Patients

Some eyecare professionals like the NaturalVue® Multifocal lens for young patients with accommodative and/or binocular vision issues.

Dr. Dattolo explains that the Neurofocus Optics® EDOF technology reduces the lag of accommodation, which then increases the accommodative amplitude.

Dr. Gotay continues that, “The Neurofocus Optics® technology brings the focal point to the right place, making it easier for a child to focus from distance to close, and vice versa.”

As these young myopes progress through life, the NaturalVue®

lens may be the only lens they need. “I think the technology that NaturalVue® has works regardless of age,” says Dr. Gotay. “I am a believer that if the myopia is low and the patient is around 25 years old, and things have been quiet, then there’s no need to keep them on a multifocal. If the patient is still happy, that’s OK, it’s not hurting them.”

When her patients have been in a multifocal lens, Dr. Dattolo says that she’ll keep the bifocals in their glasses. “Especially now,” she explains, “it’s only going to get worse with their computer time, phone time, and screen time. As they get older and there’s more schoolwork and more reading, and the print is smaller, a multifocal lens helps everything. It helps keep their accommodative system relaxed, helps keep less strain on eyes, etc. So, I honestly don’t see any reason to take them out of a multifocal, and they can go forever in that same lens.”

Some eyecare professionals report that the NaturalVue® may even lead to reduced eye strain with near tasks, not just a slowing of

myopic refractive change. Dr. Gotay says this is because when the patient comes off the computer and looks at distance, they’re not blurring, which makes the transition easier.

NaturalVue® Multifocal Addresses 7 to 70 Age Group

“I’m not afraid to fit a patient in a contact lens at 6, 7, or 8 years old,” says Dr. Dattolo, “as long as the parents are willing to help if the kids can’t get them in and out. It’s a lens that all ages can wear because of how it’s designed. And it’s a daily disposable, which is the healthiest way to go. So, there’s no reason anyone of any age can’t wear this lens.”

Dr. Gotay explains, in a way, the lens works very similarly in adults as it does in children. “The difference,” she says, “is that after our 40s we really lose our accommodation ability. So, we must refocus a little more, blink to refocus to up close, and vice versa. But because of the way this lens is made and the rapid magnification these lenses have, usually once a patient has adapted to the lens just a simple blink tends to pick the right part of the lens to refocus. I find it to be very efficient and effective in the presbyope category, whether it’s an early presbyope or someone in their 70s.”

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Dr. Dattolo consults with Visioneering Technologies, Inc. and serves on its Speakers Bureau. Dr. Gotay consults with Visioneering Technologies, Inc.

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