

Take good care of your eyes

Eye problems can signal other health issues

By Amy May
Boomers staff writer

Eyes may be the windows to the soul, but they can also give doctors an early warning of other health problems.

Dr. Charles O. McCormick III, a board-certified ophthalmic surgeon at the Indiana Eye Clinic in Greenwood, said he was performing an eye exam and noticed some hemorrhaging in the back of the patient's eye. It turned out the person was in the early stages of leukemia.

"If a good, intuitive eye doctor sees hemorrhaging in the back of the eye and nothing else is going on, that should raise a red flag," he said. "The eye is a subset of the complete body exam."

In another case, McCormick saw five women in four months who experienced sudden blindness in one eye due to a stroke in the back of the eye brought on by undiagnosed hypertension.

Most eye exams don't reveal such grave health concerns. But there are some problems, such as cataracts, glaucoma, macular degeneration and presbyopia, that develop in the eye as people age.

Boomers should get regular eye exams, even if they have had a lifetime of perfect vision, said Lenore Terek, community relations coordinator at the Indiana Eye Clinic.

"Even if your vision is good and you always pass the eye exam at the license branch, get an exam anyway. You don't know what's going on in the back of your eye," she said.

If the doctor does diagnose a scary-sounding condition such as macular degeneration, patients have options for treatment, especially if it's caught early.

Presbyopia

If you find yourself wishing you had longer arms to read the newspaper and you are in your 40s, you probably have presbyopia, also known as "old eyes" or "aging eyes."

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Presbyopia is age-related inflexibility of the lens, an inner part of the eye that focuses light and allows us to see.

The eye's lens grows as we age, McCormick said, like rings around a tree trunk. The muscles that control the lens in the eye have a harder time contracting this larger lens, so it's harder to focus on objects close up.

"At age 43 to 46, they see they don't see near as much as they'd like. It's time for reading glasses or bifocals," he said.

If glasses don't fit into your lifestyle, however, there are options.

Monovision is the procedure where one eye is

corrected for close-up vision and the other is left alone or corrected for long vision. This can be done with contact lenses or laser refractive surgery.

"The eyes are out of balance. This will affect depth perception. Some adapt to it handily, some hate it," McCormick said.

There is also conductive keratoplasty, which uses radio waves to create octagon-shaped lesions on the cornea. This "steepens" the outer layer of the eyeball and can bring vision into a more nearsighted range. The fix is not always permanent, however.

"It's the Botox of refractive surgery. The first time it works great, but the effects can diminish and you need to do it again," McCormick said.

Another solution is a multifocal lens implant or a presbyopic lens implant. This procedure uses the same technology that is used to fix cataracts in older people. The lens of the eye is replaced with a new one. It's harder to predict the outcome for this procedure, McCormick said.

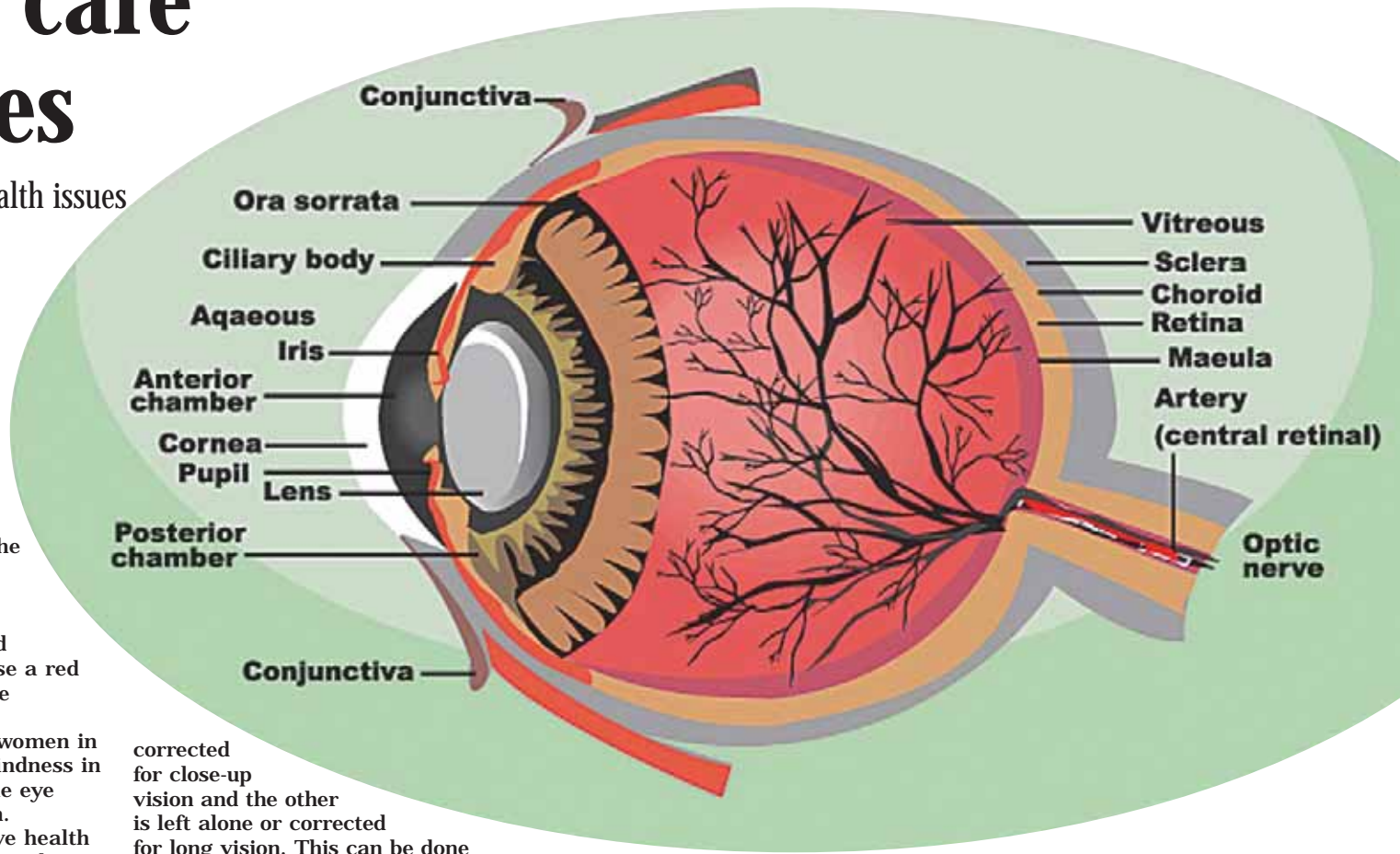
"The patient wants it perfect, the doctor wants it perfect, but generally it's not," he said. "We steer some people away from this, but some people develop cataracts in their 40s or 50s and this becomes very relevant for them."

Generally, for normal "aging eyes," doctors steer patients toward the most low-maintenance, low expense solutions, such as glasses or contacts, he said.

Glaucoma

Glaucoma is a disease where pressure builds up in the optic nerve. It is most prevalent in people

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Retirees increasingly hit by rising health plan costs

By H.J. Cummins
Minneapolis-St. Paul Star Tribune

U.S. companies are shifting more of the costs of retiree health coverage onto their retirees, rather than terminate the plans amid rising costs, according to the Kaiser/Hewitt 2006 Survey on Retiree Health Benefits, released this week.

Only 1 percent of the companies in the report terminated their plans for retirees 65 and older.

Instead, employers increased retirees' shares of the premiums, drug co-pays and other costs, as well as out-of-pocket limits. Some also capped their own contributions, so that retirees will bear 100 percent of future increases.

Researchers surveyed 300 U.S.

companies that have at least 1,000 employees and offer retiree coverage.

It's not a representative sample, but these firms' practices are considered significant because they tend to have the most generous benefits and, collectively, they cover more than one-fourth of the 12 million Medicare beneficiaries who have retiree health benefits.

Still, only one in four of the companies is putting aside money now for future obligations, opting instead for a pay-as-you-go approach ... although accounting changes starting next year may change that, researchers said.

"Few fully appreciate the value and importance of retiree health benefits until they or their spouse begins to think about retiring," said Tricia Neuman, a co-author of the report. "These are for the

most part voluntary, and ... changes are putting the squeeze on retirees, even those who are fortunate enough to maintain coverage."

An earlier Kaiser report this year showed that the portion of U.S. companies offering retiree health benefits has dropped from 66 percent in 1988 to 35 percent this year.

Rising health costs often are blamed. The report put the 2005-2006 increase at 6.8 percent, on top of 10.3 percent and 12.7 percent in the previous two years, respectively.

Mary Ann Neuman of New Hope, Minn. will see her health premium rise from \$124 a month this year to \$222 per month in 2007, a 79 percent increase.

Neuman, 60, retired five years ago as a communications manager at Qwest. She's one of

about 9,000 retirees whose benefits the Denver-based company has capped.

"This scares the bejeebes out of me," Neuman said. "I'm frightened as to what the future might hold, and can I afford it? I have no feeling of security. It's gone."

Qwest spokesman Bob Toevs, in Denver, acknowledged that moving to a cap was "a difficult decision. All businesses are experiencing health care costs rising at an alarming rate," he said.

Dick Johnson of Blaine, Minn. was a technician — a union job — at Qwest.

The company still pays his retiree health premiums, but that can be part of negotiations for a new union contract in 2008, he said.

Now 71, he's nervous.

"You just have to watch what's going on around you ... and it might give you a bad feeling for what might be coming," he said.

The report, by the Kaiser Family Foundation and Hewitt Associates consultants, also showed that 3 percent of companies are introducing to retirees 65 and older "account-based" plans, also known as consumer-driven health plans or by their acronyms: HSAs (health savings accounts) and HRAs (health reimbursement arrangements).

Ford Motor Co. will take that step in 2008, for salaried retirees 65 and older, Ford spokeswoman Marcey Evans said. In an additional effort to restrain rising costs, Evans said, the company will pay each retiree and spouse \$1,800 toward an HRA.

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Marry Ann Neuman, 60

◆ Eyes

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over 60 and can cause tunnel vision and blindness. Symptoms can be nonexistent or can include seeing halos of light, pain, throbbing and headaches. These are also symptoms of migraine headaches, which is why an eye exam is important to rule out glaucoma for people with these symptoms, McCormick said.

The more common form, open angle glaucoma, is treatable with drugs, lasers or incisions to relieve the pressure. Marijuana has been discussed as a way to alleviate the symptoms since it dilates the blood vessels in the eye. However, the drug is illegal, causes lung damage and mental impairment.

"It's not really the best treatment; it's not as good as the prescription drugs," McCormick said.

Macular degeneration

The macula is the part of the retina responsible for the sharp, central vision needed to read or drive. The macula can either dry out and whither away or develop extra blood vessels that begin to ooze and scar. The "dry" form can be treated with vitamin supplements. The "wet" form is much worse, but there are injectable drugs that can slow the progress of the disease.

It can be hereditary and research has shown that

Caucasian people with light colored eyes are most susceptible.

Diabetic retinopathy

According to the National Eye Institute, diabetic retinopathy is the most common diabetic eye disease and a leading cause of blindness in American adults. It is caused by changes in the blood vessels of the retina.

The disease may not have symptoms at first, but over time, diabetic retinopathy can get worse and cause vision loss. It usually affects both eyes.

The Vision Council of America recognized that diabetes and eye health are closely related, McCormick said. The council started the "See Clearly, Check Yearly" program to encourage diabetics to get an annual eye exam.

"It set a new paradigm for diabetic care," McCormick said.

A new Eli Lilly drug inhibits the growth of blood vessels on the eye. Laser therapy can also help, but the best way to prevent diabetic retinopathy is to control and monitor blood sugar, he said.

Cataracts

Cataracts affect half of all Americans over age 80. A cataract is the clouding of the lens, which causes blurred or cloudy vision, halos of lights, double vision or poor night vision.

Replacing the lens with an artificial one is the most common solution to a cataract.

Keeping eyes healthy

Some problems, such as

presbyopia, are unavoidable. But you can decrease your chances of getting other eye diseases by taking good care of your body and your eyes.

Obesity can contribute to a host of eye problems and can bring on diabetes and hypertension, which also contribute to eye diseases. McCormick said high cholesterol levels have also been shown to contribute to macular degeneration. So, keeping yourself physically fit is not only good for your overall health, but can also contribute to eye health.

Dr. Keely Allen, an optometrist at Indiana Eye Clinic, said diet can promote eye health, too.

"Eat a good diet with lots of green, leafy vegetables like spinach and take a good multivitamin," she said. "A lot of people think carrots are good for eyes. But the green, leafy vegetables are actually better."

McCormick said people should also protect their eyes. Eye trauma, such as a sports or work related injuries, can contribute to a cataract even if you sustained the injury in your youth. Wear proper protection in situations where your eyes could be hit with flying objects. Also, pick out a high quality pair of sunglasses and wear them.

"Sun is the big poison pill. Cataracts are more prevalent in the Sun Belt, among smokers, diabetics and those with trauma to the eyes," he said.

Between-meal snacks can be good thing for the elderly

Associated Press

Researchers say regular snacking can be good for older people.

An Auburn University study of the diets of 2,000 people aged 65 and older found that snackers ate more calories at a time in their lives when they are susceptible to weight loss and poor nutrition. Snacking provided significantly more protein, carbohydrates and fat.

So while snacking might fuel obesity for the young, it may ensure that seniors are eating enough calories, said Claire Zizza, an assistant professor of nutrition at Auburn and lead author of the study published in this month's Journal of the American Dietetic Association.

She said several factors, including health problems, medication and changes in taste could lead to poor appetite and weight loss in seniors.

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