

PROBLEMS IN GERIATRICS

By

Russell E. Simpson, O.D. F.C.S.O.

Geriatrics, or the study of diseases of the aged or aging, is one of the latest specialties. Medicine has claimed a superiority - not recognized by Optometry - in dealing with children's eyes; but it is a fact that Optometry cares for the eyes of a larger percentage of the people.

Visual Geriatrics or the study of the diseases of vision is a specialty within a specialty. Those who, in Optometry, have specialized in the diagnosis of systemic disease are the potential specialists in Visual Geriatrics.

The population of the United States is rapidly increasing in the number of people above middle age; and as people live longer, the need for better visual care increases. It is not sufficient to live longer - one must live well, or of what good is longer years if one does not have vision?

What is needed all over the United States is for Optometrists to make themselves ready as soon as possible to care for this problem, which is already here. First, these people require a diagnosis. Almost invariably they require the cooperation of the Optometrist and Physician. Most of them require rehabilitation of the ocular functions, and this is where Syntonic Optometry comes in. It is by far the finest means available for use in geriatric cases.

Every Syntonist, and every Optometrist, even those who have never used syntonics should arrange to have Riley Spittler give his course on "Diagnosis of Eye Diseases in Gerontology". Visual Geriatrics is a field rich in service and rich in reward.

As an example of what is possible with folks that have been considered as "too old", I present:

Case No. 1. Woman, age 73. Wearing constantly London smoke +5. Could only read Jaeger #4 with her old glasses. Diagnosis was chronic colitis. At distance 5 P.D. exophoria, at near 15 P.D. exophoria. Positive convergence 10/0. Conjunctiva of lids was chronically hypertrophic, many fat deposits and blepharitis. Patient referred out for treatment of colitis, and syntonic treatment was given three times weekly: Mu-Theta and Theta, 10 minutes of each combined with prism base out incorporated in Rx during treatment. Prisms increased from 2 to 10 base out. After three months treatment, patient wore tinted lenses for constant wear, and Filt-Ray grabs over these for outdoors. She could now read Jaeger #2. She now began to read and sew, and metamorphosed from the family nuisance to the family help - and her family appreciated her to the extent of not shunting her from one member to the other, but made a permanent home for her.

Case No. 2. Woman age 54. Complaint: Blurred vision at distance and near for last 5 years; becoming worse. Last two Rx's as old. All neuromuscular findings irregular for distance and near. Convergence 7"/10". Color fields: Pituitary type of indentation. Patient referred to physician, whose diagnosis was pituitary and ovarian hypofunction and low blood sugar. Medical and syntonic treatment given. No return of symptoms for last 2 1/2 years.