

GERIATRICS
by Russell E. Simpson

Many of you, realize, I am sure, that, I have a practical mind. So, I should like to discuss with you, practical, Geriatrial Syntonics, professionally and from an economic standpoint.

To me, we have a combination, in Visual Geriatrics and Syntonics that is unexcelled, in the field of visual care. Both, from the good we can do and the remuneration therefrom; and from a publicity angle, it is par excellent.

We can't hope to make vision function at 70 years of age as at 20, but we can prolong its usefulness, and sometimes the results are sensational. Just recently, a man 78 years of age, with a history of right eye being blind, all his life. However, he had light recognition. Corrected he had L.E. vision 40%. With a new Rx he had 60% vision, but with the blind eye he had 95% vision, I believe that gives him a new lease on life.

The care of visual geriatric patients requires patience to the nth degree, and the determination of systemic diseases affecting vision is of the utmost importance.

While the use of instrumentation is important for the refraction, subjective examination must be the final determinant, and many times is not in agreement. The refraction must be minute, using the "is it just as clear etc". Slight changes sometimes, make or break a Rx, much more than in younger people, due to the lack of reserve nervous energy.

Many times, the subjective is best made at less than 20 feet, as a preliminary step.

Practically, every Geriatric patient we see can be benefited by Syntonics. The chronic conditions of the lids, blepharitis, and catarrh needs Rx #1 vitamin A and or C; the earliest recognition of cataract needs attention and follow-up; the pathological conditions of the fundus needs attention, in conjunction with the care of an Internist (I use Internist advisable); retinal exudates, circulatory disturbances need attention; the imbalances of the neuro-muscular system need more attention paid to them than the younger group, always keeping in mind the body maintenance value of vitamins and minerals and it should be realized, that, every effort should be made to retain, for as long, as possible, whatever vision the patient may have – 5% vision, is better than none. One point, I would like to stress, go easy on using the depressant filters on elderly patients, particularly the anemic, the vaso-motor system may be adversely affected. Elderly patients generally appreciate any help, and one should not overlook the psychological; we not only help them but economically it is sound.

I have one patient with a chronic exudative choroiditis, circling the disc, that periodically over a period of 20 years, has been given Rx 1 as the exudates enlarges. Each time it recedes and we have maintained vision in the good eye, the other eye having long since been blind from the same condition.

Rx #1 Mu Theta, Theta