Who’s a Good Candidate for Contact Lens, When to Choose Glasses over Contact Lenses, and Who Decides?
Original Author: Linda Ward
Edited by: Dr. Kimberly Friedman

The decision for a patient to wear contact lenses or glasses is an important one, for both the patient and the practice. There are many things to take into consideration when choosing which option is best for the patient.
Personally, I have tried to successfully wear contact lens for the past six years. I have tried many different brands of soft contact lenses and have encountered challenges with most of them. I have such a strong desire to wear contact lenses that I am willing to keep trying until I find the right one for me. Contact lenses are convenient, easy to use, and a nice change from wearing glasses all the time. I take several medications that cause dry eye and blurriness. I have tried all kinds of solutions, drops, and different types of material, but nothing gives me the comfort I need to wear contact lens on a full time basis. When I do find a pair that will work, I end up wearing them for no more than a half a day before I am ready to get them out. I have such a small distance correction and can function well with part-time reading Rx, for these reasons, my optometrist does not consider me a good candidate for contact lens wear.
Many patients may experience some or all of the same challenges that I have faced when using contact lenses. It is through ongoing communication with my optometrist that I find solutions to some of the challenges. My desire to wear contact lenses is the reason I continue the search.
Before discussing how to determine if a patient is a good candidate for contact lenses, the paraoptometric will need to know the different types of contact lens options.

Soft Contact Lens
Soft contact lenses are made of soft, flexible plastics. They pass oxygen easily to the cornea. Some of the newer materials are made of silicone-hydrogel. This allows even more oxygen to be passed to the cornea.

Gas Permeable Contact Lens (GP)
Gas Permeable contact lenses tend to last longer than soft lenses do. They are more resistant to deposit buildup and more durable. They tend to give clearer and crisper vision. They are easy to handle and less likely to tear, however they are less comfortable than soft contact lenses. It generally takes a few weeks longer for the eye to get used to wearing GPs compared to the immediate comfort with soft lenses. We have had many patients in our office switch over to soft lenses because of comfort.
**Extended Wear Contact Lenses**
If a patient does not like to change their contact lenses often, then this may be the lens for them. It is available for continuous or overnight wear that ranges from one week to thirty days. These are usually soft contact lenses that allow plenty of oxygen to get to the cornea, however there are a few rigid gas permeable lenses that are designed and approved for overnight wear. The eye care professional will evaluate the patient’s tolerance for overnight wear as sleeping in contact lenses can be associated with an increased risk with ocular health concerns and is not appropriate for all patients.

**Disposable Contact Lens (Replacement Schedule)**
Most contact lens wearers are prescribed some type of replacement schedule. The FDA defines disposable as meaning one use and then discarded. With daily wear disposable contact lenses, a new pair of lenses are worn and discarded each day. There are some contact lenses that are referred to as “disposable”. They are frequent or planned replacement lenses. With these lenses, they may be worn seven to thirty days and then thrown away. These lenses are often removed each night and must always be cleaned and disinfected before reinserting them.

**Uses for Specialized Contact Lenses**
Orthokeratology, or Ortho-K, is a specially designed rigid gas permeable (RGP) contact lens that changes the curvature of the cornea. This temporarily improves the eye’s refractive error. This is a procedure used primarily for myopia correction (nearsightedness). The most common Ortho-K lenses are for overnight use. There are some Ortho-K lenses that are only prescribed for daytime wear. The overnight Ortho-K lens is prescribed to be worn at least eight hours each night while sleeping. They are to be removed upon waking and not worn at all during the day. Many patients can go all day without wearing any vision correction. Other patients find that their vision diminishes as the day passes.
The visual effect with the Ortho-K lens is only temporary. When the Ortho-K lens is discontinued, the original curvature of the cornea returns the same amount of nearsightedness as before the lens was prescribed. These lenses can be prescribed to be worn every night or on some other maintenance schedule decided by the eyecare professional to maintain the treatment effect.

**Decorative/Cosmetic Contact Lens (Plano)**
Some contact lenses are only intended to change the appearance of the eye. They do not have a prescription in them and are called plano or zero-powered lenses. Some examples of these lenses change a blue-eyed person’s eyes to brown, or make a person’s eyes look strange for Halloween or movie themes. Even though these lenses do not correct vision, they are still regulated by the FDA. They carry the same risks as corrective lenses do. The risks involved include corneal ulcers, corneal abrasions, conjunctivitis or pink eye, and blindness or vision impairment. Decorative or cosmetic contact lenses do come in prescription as well.
Hybrid Contact Lenses
This is a specialized lens that has a gas permeable center and a soft lens periphery or skirt. It provides the same crisp vision that the rigid permeable lens does, while providing the same comfort as the soft lens. Foreign debris does not usually get under the soft skirt like a regular gas permeable lens does. This type of lens is particularly good for some keratoconus patients.

There are many factors that can cause problems with contact lens wear such as:
- Allergies
- Medications
- Old lenses
- Viral infections (illness)
- Pregnancy
- Dry Eye Syndrome
- Contact lens overwear or noncompliance with wearing schedule or cleaning

Allergies and colds can cause dry, irritated eyes or very watery eyes. Eye care professionals sometimes prescribe allergy or moisture drops for the eyes. This seems to relieve symptoms in many patients. As an assistant, it is important to explain proper insertion of drops if the patient has trouble putting them in. It is also important to explain the proper dosage so patients know how much to use and how many days to use them.

Medications can cause problems with contact lenses. Reading the side effect list that comes with the medication will inform the patient if the medication will cause symptoms and side effects, such as dry eye and blurred vision. Remember to ask patients what medications they are taking because they do not always remember to list all of their medications on the history form. The age of the lenses is important and should always be documented. Do not assume that patients are compliant with their wearing schedule.

Pregnancy, pre-and post-menopausal patients can have problems with wearing contact lenses due to fluctuating hormones that can cause dry eye and prescription changes. Our doctors prefer not to change a woman’s contact lenses until a few months after the baby is born.

A paraoptometric assistant should ask patients what type of solutions they are using. Some solutions keep the contact lens moist longer than others. There are patients that are sensitive to certain solutions and this sensitivity can cause discomfort. Giving pertinent information to the doctor who is there to fit the patient with contact lenses is important. The more information we obtain from patients, the better outcome they will have.

Teenagers can be our biggest challenge when trying to determine if they are good candidates for contact lenses or not. Some teenagers exchange lenses with their friends because they like the color of their friend’s contact lens. There may also be patients in this age group that sleep in lenses not approved for overnight wear, without taking them out. You may even encounter patients who experience major eye irritation because they never wash off their eye makeup. The makeup gets in their eyes and causes irritation. Afterwards they come to see the doctor with eye infections. The paraoptometric needs to gather as much information about the patients’ contact...
lens wear and care habits. Briefing the doctor with this information will assist the optometrist in providing thorough eye care and communicating proper contact lens use. Contact lens wear and care instructions should be reviewed with patients on regular intervals. Lifestyle, medical history, eye examination results, hygiene habits and personal tolerance are all factors to consider when determining if a patient is a good candidate for contact lens wear. Together doctors and patients will be able to determine if contact lenses are the right choice.

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Who’s a Good Candidate for Contact Lens, When to Choose Glasses over Contact Lenses, and Who Decides?

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Select the option that best answers the question.

1. Taking medications that cause dry eyes and/or blurriness can cause a patient to be an unsuccessful contact lens wearer.
   a. True
   b. False

2. Soft Contact Lenses are made from:
   a. Gas Permeable Material
   b. Soft Plastic Material
   c. Silicone-Hydrogel Material
   d. Both B & C

3. Gas Permeable Contact Lenses tend to last longer than soft contact lenses.
   a. True
   b. False

4. Gas Permeable lenses are more resistant to deposit buildup and are more durable then soft contact lenses.
   a. True
   b. False
5. Which lens type is usually available for continuous or overnight wear?
   a. Gas Permeable Lenses
   b. Soft Contact Lenses
   c. Extended Wear Contact Lenses
   d. Sclera Contact Lenses

6. Only the Eye Care Professional can evaluate the patient’s tolerance for overnight contact lens wear.
   a. True
   b. False

7. The FDA defines disposable contact lenses as meaning one lens used then discarded.
   a. True
   b. False

8. Which type of contact lenses temporarily changes the curvature of the cornea to reduce refractive error?
   a. Soft Contact Lenses
   b. Extended Wear Contact Lenses
   c. Disposable Contact Lenses
   d. Specially Designed RGP Lenses

9. The overnight Ortho-K lens is prescribed to be worn at least how many hours each night while sleeping?
   a. 6 hours
   b. 8 hours
   c. 10 hours
   d. 12 hours

10. The visual effect caused after wearing the Ortho-K lens is permanent.
    a. True
    b. False

11. Decorative contact lenses have a plano or zero power, but they are still regulated by the FDA Regulations.
    a. True
    b. False

12. Decorative contact lenses do not carry the same health risks as corrective contact lenses do.
    a. True
    b. False

13. Which of the following is not a risk factor caused from wearing contact lenses?
    a. Corneal Ulcers
    b. Corneal Abrasions
    c. High Blood Pressure
    d. Conjunctivitis
14. The Hybrid CTL is a specialized lens that has a soft lens center and a gas permeable
periphery or skirt.
   a. True
   b. False

15. This type of contact lens is particularly good for the Keratoconus patient.
   a. Soft Contact Lens
   b. Gas Permeable Lens
   c. Disposable Contact Lens
   d. Decorative Lenses

16. Identify any factors that can cause problems with contact lens wear.
   a. Cold & Allergies
   b. Medications
   c. Pregnancy
   d. All the above

17. It is important to explain proper instillation of eye drops, dosage and wearing schedule to
   the patient before they leave the clinic.
   a. True
   b. False

18. Pregnancy, Peri and Post-Menopausal patients can have problems with wearing their
    contact lenses because of:
    a. Fluctuating Blood Pressure
    b. Fluctuating Hormones
    c. Fluctuating Weight
    d. Fluctuating Moods

19. It generally takes how long for the eye to get use to wearing RGP contact lenses?
    a. A few hours
    b. A few days
    c. A few weeks
    d. None of the above

20. Decorative or cosmetic contact lenses come in prescription?
    a. True
    b. False