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CHANGES

THE OFFICIAL CONSUMER MAGAZINE FOR THE NORTH AMERICAN MENOPAUSE SOCIETY



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The Eyes Have It



For Liz Golub, menopause held an unpleasant surprise: scratchy, irritated eyes from dry eye syndrome, a common yet annoying condition that often surfaces in peri- and postmenopausal women, possibly due to internal androgen levels falling below the threshold necessary to support tear function. "Now everywhere

I go I carry a lipstick—and eyedrops," says the 55-year-old from Wellington, Fla. Golub is one of 3.2 million American women with dry eye syndrome, a group of disorders affecting the film of tears over the eye. While it can be a nuisance, it rarely threatens sight. However, it is just one of several eye-related changes that can occur with aging.

Not all are as benign as dry eye syndrome. Some, like macular degeneration and glaucoma, can lead to vision loss, even blindness. And the issue is particularly relevant for women, who are nearly three times as likely as men to lose their sight. Worldwide, studies show, women make up two-thirds of those who are blind.

But you can protect your vision with good eye care and some healthy lifestyle changes.

"Women reaching menopause should have a complete eye exam," says Janine Smith, M.D., deputy clinical director of the National Eye Institute in Bethesda, Md. "You can't take your eye health for granted just like you can't take any other part of your body for granted."

Perhaps the biggest issue for perimenopausal women is dry eye, she says. Hormonal changes during this time of life reduce tear production and subtly increase inflammation in the eye. The eyes dry out and become irritated, then suddenly produce a large amount of tears to compensate, explains Steven Pflugfelder, M.D., professor of ophthalmology at Baylor College of Medicine in Houston.

So you may experience dry eye as an overly watery eye, or you may feel stinging, burning, scratchiness and the feeling that there's something in your eye.



NAMS
An Educational Publication
Endorsed by
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Luckily, lifestyle changes help. Craig Skolnick, M.D., an ophthalmologist at Bascom Palmer Eye Institute in Palm Beach, Fla., recommends:

Avoid blowing air from fans and air conditioning.

Use a humidifier, particularly during the winter months when indoor air is drier.

When using a computer, make sure you blink often and take frequent breaks. Keep your computer screen at or above eye level, so your eyes don't have to open quite so wide to see the screen. That way they'll be less likely to dry out.

Most women can successfully treat dry eye with over-the-counter artificial tears, says Skolnick. Make sure you choose a product specifically designed for dry eyes, not just to get the redness out. And if you're using drops frequently, try a preservative-free brand, which may be less irritating.

If over-the-counter drops don't work, a prescription drug called Restasis (cyclosporine) could be the next step. Restasis dampens the inflammation in the eye that causes irritation and tearing. Although the drug is expensive (between \$50 and \$100 a month), it's fairly effective for most people, says Skolnick.

Another option is punctal plugs, tiny silicone plugs that block the drain that normally allows tears to flow down the nose, keeping tears in the eye. This simple in-office procedure is relatively inexpensive, says Skolnick, costing about \$600, and is usually covered by insurance. If the plugs fall out, your doctor may decide to cauterize the drains to permanently close them.

Golub skipped Restasis because of the expense (her insurance, like many, didn't cover the cost). Instead, she opted for plugs, which helped a lot—except when it comes to her contact lenses. "If I put contacts in, I'm putting in eye-drops every half-hour," she says "it's such a relief to get them out at night."

The Aging Eye

Although dry eye possibly has a hormonal basis, other eye conditions related to aging are simply the result of, well, age. For instance, as we get older, the lens of the eye, which helps focus images, loses its flexibility. This results in presbyopia, making it difficult to see objects close up. Many of us reach midlife already using glasses or contacts for seeing objects far away.

The solution: reading glasses or bifocals, although newer laser surgeries are available that may give you back your pre-fortyish vision, at least for a while.

Floaters—those shadowy squiggles and dots that drift into your field of vision—also increase as we age. They're the result of changes in vitreous gel, liquid inside the eye that helps give it its shape. You usually don't have to worry about floaters, says Skolnick. They're just the outlines of debris drifting along in the liquid. However, if they suddenly increase, see an eye specialist immediately. They could be a sign of a detached or detaching retina.

Then there are the big guns of aging eyes—glaucoma, cataracts and macular degeneration—leading causes of blindness and vision loss in older Americans.

Cataracts, or a clouding of the lens in the eye, used to be the primary thief of eyesight in the elderly. Today, however, a simple, outpatient procedure to remove the cloudy lens and replace it with an artificial lens is one of the most commonly performed surgical procedures in the country.

Your risk of cataracts increases with age, sun exposure, smoking, a family history of the condition, diabetes or steroid use.

Age-related macular degeneration, or ARMD, destroys the cells in the macula, the part of the eye responsible for central vision. It can begin in middle age, with the risk increasing as you age. As a woman, your risk of ARMD is higher than a man's. It's also higher if you're white, smoke or have a family history of the disease.

Glaucoma is usually caused by increased pressure from the buildup of fluid in the eye, which can slowly damage the optic nerve. You are at risk if you are over 60, African-American, Mexican-American, have a family history of the disease, have ever had an eye injury, have diabetes or have taken steroids. If caught early, drugs can keep glaucoma under control, preventing vision loss.

This list of age-related eye conditions is why early eye exams are so important, says Skolnick.

It's also important to think about lifestyle changes that can help stave off serious eye disease, says Smith. For instance, smoking damages your eyes, because the chemicals in cigarette smoke travel to every cell in the body through the blood, she notes. In fact, studies find that about one-third of macular degeneration cases may be caused by smoking.

Additionally, a healthy diet and regular exercise appear to reduce the risk of serious eye disease. For one, they help manage your weight—reducing your risk of diabetes, which is a major risk factor for cataracts, glaucoma and a nerve-destroying condition called diabetic neuropathy, in which the tiny blood vessels within the eye are damaged.

Several studies suggest that diets rich in fruits and vegetables may reduce the risk of cataracts and macular degeneration by providing valuable antioxidants to prevent age-related damage. Antioxidants can also be obtained through supplements bought over the counter.

And don't forget the shades: too much sun exposure can lead to cataracts and macular degeneration, says Smith. Look for sunglasses that block 90 percent to 100 percent of both UVA and UVB light.

About three-quarters of all vision loss is preventable or correctible, Smith says. So these healthy lifestyle changes, along with regular eye screenings and early treatment, can make a big difference in your future quality of life.

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