

WORLD WATCH

Contact Lenses Down Under

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Contact lenses have not yet achieved the same degree of acceptance and usage in Australia as they have in North America. Among Australians needing vision correction, about 3 percent choose contacts.

Interest in CLs has been slowed by three significant factors. The first is the shift in population demographics. As more patients become presbyopic, the proportion of single-vision prescription drops. The second factor is government cost-cutting legislation, which halved the scheduled fee for CL consultations. With patient interest already low, this has resulted in a commensurate depression of practitioner enthusiasm.

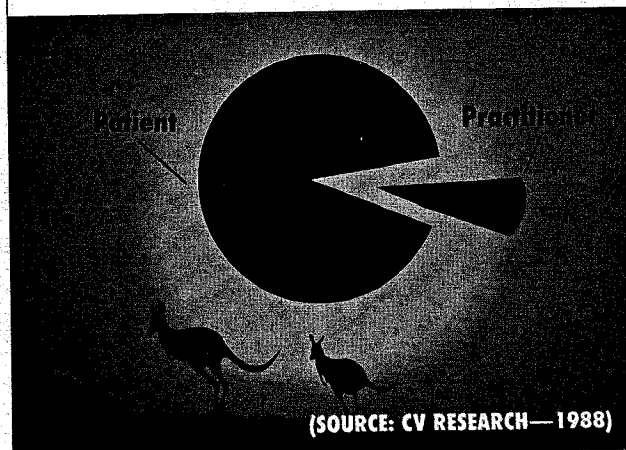
The third factor has been low patient awareness of lens wear and thus a low demand. In Australia, promotion of CLs to consumers is virtually non-existent. In summary, a "closed circle" exists: Practitioners aren't "selling" contacts; patients have to request them. In turn, they will only request them if they are aware of the advantages, and there is no mass promotion to make them aware.

Who Prescribes What

Most contact lenses in Australia are prescribed by optometrists (88 percent). This trend is increasing as ophthalmologists (who now fit 12 percent) move further away from the primary care area and toward surgical alternatives. Opticians who are restricted by law from fitting CLs. Fittings through ophthalmologists are often done by orthoptists or ophthalmic nurses acting "under supervision."

About 87 percent of the lenses prescribed are soft, 11 percent rigid gas

Origin Of CL Demand Practitioner vs. Patient



permeable and 2 percent replacement PMMA. Some haptic fittings are still performed, but the number is insignificant. The activity in soft lenses has recently seen a resurgence with some renewed interest in extended wear. Australia also has a very high use of toric soft lenses compared with the rest of the world (about 25 percent of all soft lenses are toric). The use of RGP lenses is increasing at the expense of PMMA.

Based on 1989 figures reported by Brien Holden and his colleagues at the Cornea and Contact Lens Research Unit in Sydney, the most prescribed category in care systems is those using hydrogen peroxide. This accounts for 42 percent of recommendations. Other cold chemical disinfection systems are used by 30 percent of the patients, while heat has dropped to only 25 percent.

A few recently introduced CL products have generated true "enthusiasm" among practitioners. Disposable lenses have created conversation and interest, but the concept certainly has not been embraced by practitioners, and there have been relatively few fittings. This reluctance has largely been due to prac-

itioner concerns about extended wear and about the disposable lens manufacturers' marketing policies. Patients also have balked at the cost involved.

Instead, the introduction of disposable lenses and their restrictive policies has led to a significant increase in both interest in and acceptance of frequent replacement programs. These have been welcomed as a viable alternative, with the pre-

scribing options and control remaining with the practitioner. In Australia, patients entrust the contact lens decisions to their practitioner.

Thus, few predominant problems exist, for CL fitters. Many newer practitioners feel frustrated by what they see as a lack of detailed CL training in their professional education. A significant number of new graduates are relatively inexperienced with RGP fitting in particular. While schools recognize the problem, covering so many different clinical situations remains a challenge given their limited resources.

Other problems include practitioner confusion over lens care and a general non-promotion of professional clinical practice involving CLs. These areas are now receiving appropriate attention from manufacturers and educators. □

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