Society for Women's Health Research

SWHR PATIENT TOOLKIT

A GUIDE TO WOMEN'S EYE HEALTH

February 2022

ABOUT SWHR

The Society for Women's Health Research (SWHR) is a national nonprofit and thought leader dedicated to promoting research on biological sex differences in disease and improving women's health through science, policy, and education. Founded in 1990 by a group of physicians, medical researchers, and health advocates, SWHR is making women's health mainstream by addressing unmet needs and research gaps in women's health. Thanks to SWHR's efforts, women are now routinely included in most major medical research studies and more scientists are considering sex as a biological variable in their research. Visit www.swhr.org for more information.

ABOUT SWHR'S EYE HEALTH PROGRAM

SWHR Science Programs identify research gaps and address unmet needs in diseases and conditions that exclusively affect women or that disproportionately or differently affect women. The Eye Health Program was launched in 2020 to address the impact of sex and gender on women's eye health across the lifespan, including their contributions to disease disparities and inequities experienced by women. The Program engages patients, clinicians, researchers, and health care decision-makers about the burden of vision care and eye diseases and promotes science-based health care policies to improve patient outcomes.

ACKNOWLEDGMENTS

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HORIZON

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Understanding Eye Health and Vision Care

Regular eye exams are important to ensure your eyes are healthy, even if you feel and see well. Many eye diseases do not have symptoms at their onset, so a comprehensive eye exam is the only way to identify them early.

Getting your eyes checked regularly could save your sight.

Primary Eye Care Providers

- Optometrists offer comprehensive eye exams to evaluate and treat common eye disorders and diseases, assess the clarity of your vision, and prescribe corrective lenses.
- Ophthalmologists also provide complete eye care, including comprehensive eye exams, corrective lens prescriptions, sub-specialty care, treatment of complex eye diseases, and surgery of the eye and its surrounding structures.

In addition, there are other eye care professionals that may be able to support your eye health and vision needs. For example, opticians make and supply corrective lenses (e.g., glasses and contact lenses) and vision rehabilitation specialists support individuals that are visually impaired.

Comprehensive Eye Exams

During a comprehensive eye exam, your doctor will conduct a number of tests to check the clarity of your vision, eye muscle function, peripheral (side) vision, pupillary response, external and internal eye health, and eye pressure. These tests help your doctor determine your overall eye health and if you have signs of eye problems such as refractive error (e.g., nearsightedness or farsightedness), eye disease, or a vision disorder.

Your doctor will also perform an examination to look at the eye structures. This exam typically includes a dilated eye exam, in which the doctor uses eye drops to widen your pupil to get a clearer view of the inside of the eye to check for signs of disease.

It is important to get eye exams throughout your life.

- A child's vision will be examined as a newborn and monitored for healthy eye development during well-child examination visits until age 6 years, and then checked periodically through adolescence.
- Adults with no prior vision problems are recommended to get a comprehensive exam every 5 to 10 years during their 20s and 30s.
- All adults are recommended to get a comprehensive eye exam at age 40, when age-related vision changes are more likely to start.

Some individuals may need a comprehensive eye exam more frequently. Individuals who have increased risk for developing eye disease may need regular check-ups as often as every 1 or 2 years.

Characteristics that may increase risk for eye disease:

- Age – over 60 years old
- Race/Ethnicity – African American or Hispanic
- Family history of glaucoma or certain retinal diseases
- Diabetes
- High blood pressure
- Taking medications that have ocular side effects
- Current smoker

Lifestyle factors may also affect eye health and risk for eye disease. See the **Wellness Tips for Eye Health** section of the SWHR Guide to Women's Eye Health.

Eye Health Across the Lifespan

Increased risks for certain eye conditions are a natural part of aging, however, **vision loss should not be considered a natural part of aging**. Parts of the eye may slowly become damaged or less functional over time, resulting in common eye diseases, such as age-related macular degeneration, glaucoma, and cataracts.

As the life expectancy increases for women, these conditions tend to have higher incidence among women compared to men. Many common eye diseases progress gradually over time and may not have symptoms right away. It is important to have regular eye exams as you get older to make sure your doctor has a chance to see early signs of eye damage or disease. Often, when caught early, eye conditions can be significantly delayed or prevented entirely. Once you have an early diagnosis, it is important to talk to you doctor about strategies to treat symptoms and promote your eye health in the long term.

Common Eye Symptoms in Women



Some eye problems are more likely to affect women, so it is important for women to be aware of the risks and take necessary precautions.

Refractive Errors

Refractive errors are disorders in which the eye cannot clearly focus on images up close, far away, or both. They are the most common types of vision problem, and women experience them more frequently than men.

14% more women than men over age 40 have refractive errors[1]
26% more women than men over age 12 have uncorrected visual impairment due to refractive errors[1]

Common refractive errors include:

- Nearsightedness (Myopia) — nearby objects appear clear, but distant objects are blurry
- Farsightedness (Hyperopia)— distant objects appear clear, but nearby objects are blurry
- Astigmatism — distant and nearby objects appear blurry or distorted
- Presbyopia — difficulty focusing on nearby objects that develops with age

What do I do if my vision is blurry?

Refractive error is easily corrected with glasses or contact lenses to help you see clearly. Some types of surgery, like refractive laser eye surgery, can fix the errors directly. It is important to determine the type of refractive error because certain types can be associated with other eye diseases, such as retinal detachment and glaucoma. If you are having vision issues, visit your eye doctor so they can assess your symptoms and recommend how to address them.

Dry Eye

Dry eye can occur when the eyes are not well-lubricated because of deficiencies in tear quantity or quality. While most people experience dry eyes from time to time due to environmental factors, such as wind exposure, extended screen time, or contact lens usage, dry eye can cause lasting issues if it becomes chronic (dry eye disease).

2x more women than men over age 50 have dry eye disease[2]
2 out of 3 contact lens wearers are women, increasing their risk for dry eye symptoms[3]

Common symptoms of dry eye may include:

- Dryness and irritation (scratchy or burning feelings in your eye)
- Redness
- Sensitivity to light
- Blurry vision

How do I know if I should see my doctor?

If symptoms persist over time or interfere with your daily activities, talk to your doctor. There are a number of treatments for dry eye that your doctor may recommend including lifestyle changes, over-the-counter and prescription eye drops, and inserting special plugs into the eyelids. Treatment of severe dry eye is important, as severe dry eye symptoms can reduce quality of life and sometimes can cause further damage to the eye.

Notable Eye Diseases in Women

Age-related Macular Degeneration

The macula is the part of the eye that controls your central vision. As you age, the macula may become damaged, resulting in age-related macular degeneration (AMD). AMD is a **leading cause of vision loss** in the United States.

65% of individuals in the United States with AMD are women[4]

Types of AMD

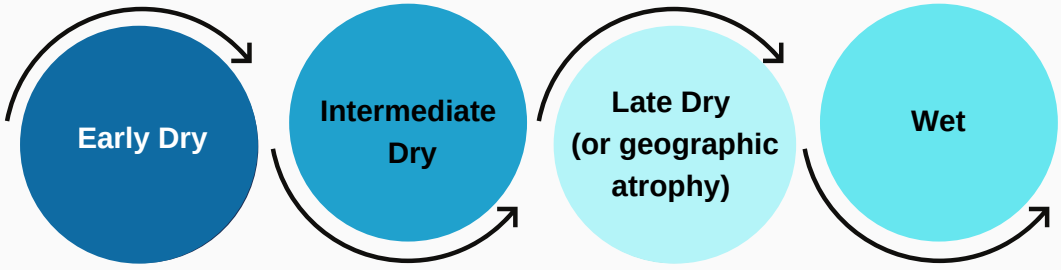
Dry

- Most common (85-90% of AMD cases)
- Occurs as the macula accumulates protein and thins with age
- Can occur in early to late stages
- Progression happens slowly over years, and generally one eye at a time

Wet

- Less common (10-15% of AMD cases)
- Occurs when small blood vessels begin to leak into the macula
- Dry AMD can convert to wet AMD
- Always considered late stage
- Usually leads to faster vision loss

Stages of AMD



Increased risk for AMD is associated with:

- Age – 55 years or older
- Family history of AMD
- Race – White
- Smoking

Common Symptoms

Mild to moderate AMD may have no symptoms, but as the disease progresses, early symptoms may include:

- Blurry or distorted vision
- Trouble seeing in low lighting

Advanced AMD may result in:

- Difficulty reading, driving, or recognizing familiar faces
- Straight lines appearing wavy
- A dark, empty area or blind spot in the center of vision

Diagnosing AMD

Using a dilated eye exam, early AMD can be diagnosed by identifying small, yellow deposits or pigment changes in the retina. Disease progression or the development of wet AMD can be assessed with additional diagnostic tests during the eye exam.

Regular eye exams are crucial to identifying early AMD. Taking early steps to prevent the progression of the disease can help preserve your sight.

Treatment Options

Dry AMD: There is currently no treatment for early AMD, although new therapies are in development, particularly for late dry AMD. Dry AMD occurs on a spectrum, so talk to your provider about the best next steps for you, depending on the stage of your AMD. Certain dietary supplements may be recommended to target vitamins and minerals that may help to slow disease progression (e.g., omega-3, vitamins C and E, lutein, zeaxanthin, and zinc).

Wet AMD: A combination of injections into the eye and laser treatments are available.

- **Anti-VEGF injections** are the most commonly used treatment to slow or stop damage from abnormal blood vessels produced by AMD.
- **Photocoagulation** is a minimally invasive procedure that uses a laser to treat small areas of the macula, sealing off leaky blood vessels.
- **Photodynamic therapy** injects a light-sensitive drug (verteporfin) into the bloodstream that accumulates around the leaky blood vessels in the eye and seals off the vessels when activated by laser treatment.

An AMD diagnosis or the first signs of vision loss can be overwhelming. Professional and peer-to-peer support can be helpful when adjusting to vision impairment. For more information, see the **Resources and Support Groups** section of the SWHR Guide to Women's Eye Health.

Cataracts

A cataract occurs when the lens of your eye, which is normally clear, becomes cloudy. Cataracts are a very common result of aging. Cataracts typically form over time and may eventually lead to vision problems. Although cataracts may begin to develop in a person's 40s, many individuals do not notice symptoms until their 60s or later.

70% of white Americans, 61% of Hispanic Americans, and 53% of African Americans have cataracts by age 80[4]

In addition to age, risk factors for cataracts include:

- Smoking cigarettes
- Heavy alcohol use
- Family history of cataracts
- Obesity or high blood pressure
- Prolonged use of steroids
- Eye surgery or eye injuries
- Severe air pollution
- Extensive sun or UV exposure without eye protection

Some chronic medical conditions, such as diabetes, may also speed up the formation of cataracts.

61% of individuals in the United States with cataracts are women[4]

Common Symptoms

Early cataracts may not display symptoms; however, over time, individuals may experience:

- Cloudy, blurry, foggy, or filmy vision
- Double vision
- Sensitivity to bright lights
- Halos around lights
- Difficulty seeing at night
- Need for brighter light to read
- Changes in prescription glasses, including sudden nearsightedness
- Changes in color perception

Diagnosing Cataracts

Cataracts can be diagnosed during a comprehensive eye exam. Because symptoms may not be evident early on, it is important that individuals who have increased risk factors for developing cataracts get regular eye exams. With regular check-ups, you can manage symptoms and receive treatments to improve vision.

Treatment Options

For mild cataracts, vision problems may be treated with lifestyle changes and prescription glasses or contact lenses. Symptoms can also be managed by increasing the amount of light in your home, wearing anti-glare sunglasses, or using reading aids. If cataracts begin to significantly impact your vision, they can be removed surgically.

Cataract surgery most commonly involves ultrasound, a laser, or a surgical instrument to break up the cataract, which is then removed through a small surgical opening and replaced with an artificial lens implant. Cataract surgery is very safe with a high success rate, making blindness from cataracts uncommon in the United States.

Taking care of your overall health is important for disease prevention. See the **Wellness Tips for Eye Health** section of the SWHR Guide to Women's Eye Health for ideas to manage your risk of eye disease.

Diabetic Retinopathy

Not everyone is aware of the linkage between diabetes and eye health. High blood sugar levels can damage the blood vessels in the back of your eye (retina), resulting in a complication called diabetic retinopathy (DR).

Diabetic retinopathy is the leading cause of new cases of preventable blindness in adults.

DR is a general term for disorders of the retina caused by diabetes, which include nonproliferative and proliferative retinopathy and macular edema.

Individuals with diabetes may have increased risk for developing DR due to:

- High blood sugar levels over the long term
- High blood pressure or cholesterol
- Pregnancy
- Tobacco use
- Race/Ethnicity – African American, Hispanic, Native American

There is a **2.5-fold increased risk** of disease progression during pregnancy[5]

Common Symptoms

Early (nonproliferative) retinopathy may not cause symptoms, but as the condition advances, it may become proliferative or result in macular edema. Individuals with advanced DR might experience:

- Spots or dark strings floating in your vision (floaters)
- Blurred vision
- Fluctuating vision
- Dark or empty areas in your vision
- Vision loss

Macular edema is a complication of diabetic retinopathy where fluid builds up in the macula — the part of the eye responsible for central vision.

Diagnosing DR

DR can be diagnosed using a dilated eye exam. Once diagnosed, additional tests can be performed during subsequent eye exams to monitor disease progression. Since early stages of DR rarely have symptoms, individuals who have diabetes should schedule regular eye exams to monitor for early warning signs of DR.

Treatment Options

There is no cure for diabetic retinopathy. However, early diagnosis will mean treatments are more likely to be helpful.

As DR advances, treatments may include injections into the eye, laser treatment, or surgery to minimize further damage to blood vessels in the eye, slowing progression of the disease.

- **Anti-VEGF injections** directly into the eye can slow or stop damage from DR, including macular edema.
- **Pan-retinal photocoagulation** uses a scatter laser to shrink abnormal blood vessels that have developed over a wider area of the retina.
- **Vitrectomy** is a surgical procedure that removes the vitreous fluid from the middle of the eye, as well as scar tissue on the retina that is impairing vision and replaces it with temporary saline or gas/oil bubble to help repair the eye.

Individuals who experience vision loss due to diabetes may benefit from low vision support services. Refer to the **Living with Impaired Vision** section of the SWHR Guide to Women's Eye Health for more information.

Glaucoma

Glaucoma describes a group of eye disorders that damage the optic nerve, which is an essential part of the eye for transmitting visual information to the brain. Elevated internal eye pressure due to fluid buildup is one of the leading risk factors for glaucoma, but glaucoma can occur without increased eye pressure. There are several different types of glaucoma, but the 2 main types are open-angle and angle-closure glaucoma. **Left untreated, glaucoma can lead to blindness.**

67% of individuals with glaucoma in the United States are women[4]

Individuals may have a higher risk for glaucoma with:

- Family history of glaucoma
- Farsightedness or nearsightedness
- Elevated eye pressure
- High blood pressure Diabetes
- Heart disease
- Sickle cell disease
- Thin corneas
- Eye injury or surgery
- Long-term corticosteroid use

In the United States, Black Americans age 40 and older have the highest risk of developing glaucoma, with 6% having glaucoma by age 69 and 12% having glaucoma after age 80.[4]

Common Symptoms

Most individuals with glaucoma will not experience any symptoms until the late stages of disease. Each type of glaucoma presents with a different variation of symptoms, but some individuals with angle-closure glaucoma may experience:

- Eye pain or pressure
- Headache
- Rainbow-colored halos around light
- Low vision, blurred vision, narrowed (tunnel) vision, or blind spots
- Red eyes
- Nausea or vomiting

If you have sudden and severe onset of symptoms, it could be **acute angle-closure glaucoma**. While this condition is relatively rare, it is a medical emergency that requires immediate treatment, so do not wait to see your eye doctor.

Diagnosing Glaucoma

Your eye doctor will be able to detect signs of glaucoma through a comprehensive eye exam. Routine tests during this exam will measure the clarity of your vision, peripheral (side) vision, eye pressure, and other potential changes to the eye that may indicate glaucoma. Evaluating eye pressure and examining the optic nerve during the eye exam are important for identifying early signs of glaucoma.

Treatment Options

It is critical to catch this disease early because treatments for glaucoma cannot undo damage that has already occurred in the eye. However, once diagnosed, continued treatment regimens may help slow disease progression and prevent vision loss. Treatments may include:

- **Prescription eye drops** (e.g., prostaglandins, beta blockers, alpha-adrenergic agonists, carbonic anhydrase inhibitors, rho kinase inhibitors, and miotic or cholinergic agents) to reduce eye pressure
- **Laser trabeculoplasty** uses a small laser to open the drainage pathway in the eye, reducing fluid buildup and lowering inner eye pressure
- **Eye surgery**, depending on the type of glaucoma:
  - Trabeculectomy opens up the sclera (the white of the eye) and creates a pathway for fluid drainage
  - Tube shunt inserts a small tube into the eye to improve fluid drainage
  - Minimally invasive glaucoma surgeries (MIGS) typically involve using microscopic equipment and tiny incisions to help lower inner eye pressure

Maintaining overall health and keeping up with your regularly scheduled eye appointments are important because most people do not know they have glaucoma until the very late stages of disease when damage has already become significant. See the **Wellness Tips for Eye Health** of the SWHR Guide to Women's Eye Health for tips on staying well and managing your risk of eye disease.

Thyroid Eye Disease

Thyroid eye disease (TED) is an autoimmune condition in which the body's immune system attacks healthy tissue in and around the eye. Although TED is also referred to as Graves' ophthalmopathy, TED can occur as a part of Graves' disease or on its own. **Every year, 1 million Americans are diagnosed with TED.**

TED is **5-6x more common in women** than men[6]

Risk factors for TED:

- Personal history of Graves' disease or other thyroid dysfunction
- Cigarette smoking
- Middle-age
- Female
- Family history of thyroid disease
- Recent radioiodine therapy
- Low blood levels of the dietary mineral selenium

Common Symptoms

- Dry, watery, or red eyes
- Bulging eyes
- Puffy eyelids
- Double vision
- Difficulty closing the eyes
- Pain or discomfort behind the eyes or with eye movement

Diagnosing TED

Your eye doctor can evaluate your vision symptoms during a comprehensive eye exam. If TED is suspected, they will likely recommend consulting your primary care provider or an endocrinologist to assess your thyroid gland function. There are also some eye care providers that specialize in the treatment of TED.

Treatment Options

TED often occurs in individuals with thyroid dysfunction, but it is not caused by thyroid disease itself. If a thyroid disorder is confirmed, restoring proper thyroid function will be a priority, but may not directly treat your eye symptoms. Treatment for TED can occur alongside treatment for your thyroid disorder, if necessary.

TED has an active phase of 1-3 years. Treatment during this phase is focused on preserving sight while inflammation and progression are actively occurring.

Treatments may include:

- Managing dry eye symptoms
  - Eye rest (i.e., sleeping with eyes taped shut or moisture chamber goggles)
  - Lubricating eye drops and ointments
  - Punctal plugs to prevent fluid from draining from the eye
- Reducing inflammation
  - Nonsteroidal anti-inflammatory drugs (NSAIDs)
  - Corticosteroids
  - Monoclonal antibody therapy
  - Orbital radiation therapy
- Surgery
  - Orbital decompression surgery to allow more room in the eye socket to manage swelling and reduce compression on the optic nerve

In the **secondary (remission) phase**, treatment may include surgical procedures (e.g., eyelid, eye muscle, and orbital decompression surgery) to target and reduce symptoms that resulted from changes surrounding the eye and upper face.

TED can cause pain, reduce the clarity of vision, and result in irreversible vision loss. The physical symptoms can also take a toll on self-perception and the mental health and well-being of those who have the condition, particularly women. See the **Resources and Support Groups** section of the SWHR Guide to Women's Eye Health for resources for individuals with TED.

Talking to Your Health Care Provider

Recognizing the risks and symptoms of common eye diseases will help you know when it is necessary to seek care. Individuals who are high-risk for a condition that may begin without symptoms should talk to their eye doctor about how often to come in for routine exams. **If you are currently experiencing eye symptoms, do not wait for them to become severe before seeing your doctor.**

Schedule an appointment with an optometrist or an ophthalmologist if you have concerns about a medical condition related to your eyes. Both of these doctors will be able to review the symptoms and assess your risk for eye disease. If you need extensive medical treatment, you might be referred to a specialist for your eye disease for follow-up care.

Preparing for Your Doctor Visit

To help your provider better understand your eye symptoms and experience, give specific examples of activities that your symptoms prohibit you from doing and remedies you have tried to manage your symptoms.

Consider bringing the following to your appointment:

- Your history of symptoms and, if applicable, past diagnoses or misdiagnoses
- Your most recent prescription or current eye glasses and/or contact lenses
- A record of past eye tests, treatments, and surgeries
- A list of your current medications — *You can also take a picture or bring the bottles with you*
- Family history of eye diseases or undiagnosed symptoms
- Names and contact information for other health care professionals who provide you with care
- A support person (such as a spouse, family member, or friend) who can help you take notes and advocate for you, or transport you home if your vision is impaired — *You may want to call the office in advance to determine if you will need someone to drive you home*

A **Doctor's Visit Worksheet** is provided in the Appendix of SWHR's Guide to Women's Eye Health for you to fill out and take with you when you visit your eye doctor.

Questions to Ask Your Health Care Provider

Compiling a list of questions before your appointment may help you feel more prepared to discuss your eye health and plans for long-term care of your eyes. Questions may vary depending on whether you are going for a routine eye exam or a follow-up appointment to address an eye condition. Some example questions are provided below:

Routine Eye Exam

- What can I expect during this eye examination?
- Can you explain the purpose of the tests you are going to perform today?
- What could be the cause of the symptoms I'm experiencing?
- Do I need additional tests to diagnose an eye condition?
- What other symptoms should I look out for?
- How often should I schedule my routine eye exams?

Ongoing Treatment

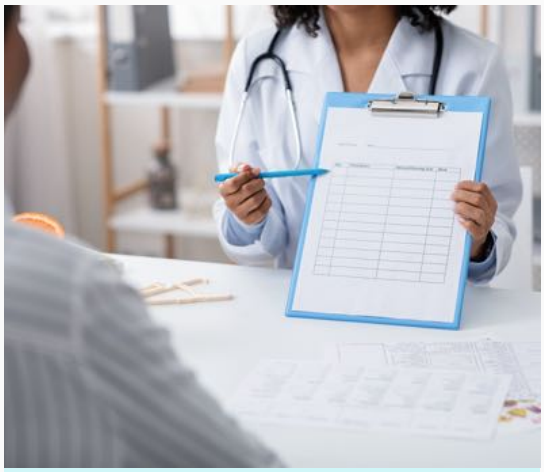
- What treatment options are available to me for my eye condition? What are the risks and benefits of each?
- Could any of my current medications make my eye condition worse? (Have a list of medications and doses prepared to share with your provider.)
- What lifestyle or behavioral changes may help me control my symptoms or slow disease progression?
- Is there another health care provider or specialist that I should consult?
- How often should I schedule follow-up visits?
- If my vision cannot be corrected, can you refer me to a specialist in low vision?
- What resources or programs can you recommend to help me afford my care?
- Can you provide a list of community resources that can help me with my condition?

Deciding on a Treatment Plan

Things to consider when deciding your treatment plan:

- Your age
- Lifestyle and activity levels
- Symptom management
- Treatment efficacy and side effects
- Health insurance

When deciding on a treatment plan with your provider(s), your plan may incorporate a combination of approaches and may change over time. You should discuss with your provider(s) which treatments will address the eye disease itself and which will address your symptoms, as well as your personal needs/goals for treatment now and in the future.



Do not hesitate to seek out a second opinion if you want another perspective on your diagnosis and/or treatment options.

It is also important to find out the details of your health insurance coverage for the treatment options you desire to pursue.

Some other key topics to discuss include:

- How long you should wait before you can expect to experience positive results from your treatment
- Side effects of any medications and/or therapies
- Expectations for the frequency and severity of side effects, and how to handle them
- Recommended resources to help you understand your financial options for paying for treatment(s)

Ask your provider to outline what a follow-up plan for monitoring your eye health looks like – recovery time for any procedures, which specialists to consult, and how often to schedule a visit.

It is helpful to keep a record or journal of your treatment activities and how each affects your symptoms and health. Share this information with your health care provider so that you can discuss any modifications to your plan that may be helpful or necessary moving forward.

Navigating Insurance Coverage

Certain eye diseases may require lifelong monitoring and treatment. You may need to work with both your health care provider and insurance company to ensure your care does not result in undue financial burden. Here are some tips on how to effectively talk with your insurance company.

Medicare covers **22.4 million women** ages 65+[7]

Medicaid covers **25 million women** ages 19 to 64[8]

Employer-sponsored insurance covers **59 million women** ages 19 to 64[9]

Talking with Your Insurance Company

Know the details of your insurance policies.

Coverage for eye care can sometimes be confusing, as many individuals have **both vision and medical insurance.**

- Appointments with an optometrist or ophthalmologist for a routine eye exam or prescription lens renewal often fall under vision insurance coverage.
- Appointments with an optometrist or ophthalmologist to assess or treat eye disease will likely be covered by medical insurance.

For those enrolled in Medicare, routine eye exams for eye glasses or contact lenses are often not covered. Some Medicare Advantage Plan (Part C) offer extra benefits that original Medicare doesn't cover - like vision, hearing, or dental. Contact 1-800-MEDICARE or go to www.medicare.gov for more information.

Request a copy of your insurance policies that explain:

- Services covered
- Referral processes to see various health care professionals
- Prior authorization processes to receive services or medications
- Premium payment amounts
- Policy expiration date

Understand the financial aspects of your policy.
Insurance plans rarely cover 100% of health care costs, requiring patients to pay the outstanding portion. The primary out-of-pocket costs are:

- Deductible — a preset amount you must pay before insurance kicks in
- Coinsurance — an amount (often a percentage) you must pay for services after a deductible has been reached
- Copayment — a preset, flat fee you must pay for services after a deductible has been reached

Be aware of special coverage requirements.
Some insurance companies have prior authorization requirements that must be met before they will cover a specific medication, treatment, or procedure.

Plans may require an eye specialist to evaluate you before you can receive certain medications. Sometimes, an insurance company may require that certain medications are tried and 'failed' first before allowing the patient access to their clinician's preferred treatment method. This is called step therapy. Talk with your eye doctor to determine if required treatment is subject to step therapy, as a delay in treatment may result in further progression of your condition or affect your vision or long-term health.

Step therapy - or "fail first" - is a policy implemented by an insurance company that requires a patient to try and "fail" a lower-cost treatment before the treatment that a clinician originally prescribed or recommended. This policy may delay necessary treatment or further progress disease state.

In most cases, your doctor's office will be responsible for submitting the prior authorization. Work with office staff to ensure the necessary forms are completed accurately and submitted quickly. For additional help navigating the process, you can request the support of a case manager at your insurance company. This is typically a free resource provided by the insurance company. You may also be able to find help through patient advocate or patient navigator programs and support organizations. See the **Resources and Support Groups** section of the SWHR Guide to Women's Eye Health for additional information.

Patient navigators, also referred to as patient advocates, are people who help guide patients through the health care system. Patient navigators may be able to offer a wide variety of services, including setting up doctor's appointments, communicating with insurance, and providing social support while individuals navigate complex medical conditions and care.

Filing Claims & Appeals

If your insurance company denies your claim for your eye care, you have the right to appeal the decision.

Insurers are required to tell you how you can dispute their decisions and have them reviewed by a third party. **If you decide to appeal, it is important to take action immediately**. Carefully review your insurance policy to understand what it covers and outline your argument for why your insurer should honor your appeal.

Your insurance company must notify you why your claim was denied in writing and within specified timeframes, based on the circumstance. Typically, these timeframes are:

- **15 days** for prior authorization of a treatment
- **30 days** for medical services already received
- **72 hours** for urgent care cases

Additional Resources

- Employer – If you receive health insurance coverage through your employer, contact the human resources department. They may have dedicated case managers who can assist with your appeal or connect you with potential state-run external review processes.
- State – Many states offer administrative help with difficult claims. If you need help filing an internal appeal or external review, contact your state's Consumer Assistance Program. States also offer free health benefits counseling services for Medicare beneficiaries and their families or caregivers, such as State Health Insurance Assistance Program (SHIP).
- Federal – Contact the U.S. Department of Labor Employee Benefits Security Administration for more information about employer-sponsored benefits.

Living Well with Eye Disease

The single best thing you can to do to promote eye health and wellness is having regular comprehensive eye exams so signs of eye disease can be caught early.

Wellness Tips for Eye Health

Overall health and good eye habits benefit the health of your eyes. Eating well, exercising regularly, and quitting smoking also minimize risk for diseases that can impact eye health, such as diabetes, cardiovascular disease, or hypertension.

Clean Eye Handling Practices

When handling your eyes, steps should be taken to reduce risk for eye infections.

- Wash your hands before touching your eyes, especially if you are putting in or taking out contact lenses.
- Review proper care of contact lenses, including proper storage and cleaning. Replace lenses with a fresh pair according to the recommendations on the label. Avoid sleeping in any contact lenses unless otherwise specified by your provider.
- Apply eye makeup safely, using products that will not irritate, damage, or expose eyes to bacteria.
- Avoid touching the tip of eye drop bottles or makeup applicators to the eye or eyelashes when using these products.

2 out of 3 contact lens wearers are women[3]

Makeup Application

Many women apply cosmetics near or around the eyes, so it is important to do so safely – taking care to minimize exposure to bacteria and harsh chemicals, and avoiding physical damage to the eye.

Tips to protect your eyes when applying makeup:

- Replace eye makeup frequently (every 3 months) to minimize bacterial growth, particularly in liquid products.
- Avoid sharing eye makeup directly with others to reduce contamination, and use clean applicators for store samples.
- Avoid applying eye liner inside the eye lash line which may block the tear ducts.
- Clean your face and eyelids before applying eye makeup, and always remove makeup before bed.
- Consider the source of your makeup and research the listed ingredients, selecting trustworthy products with few or no harsh chemicals. Chemicals in eyelash enhancing serums and anti-aging creams applied around the eye can contribute to dry eye.

Wearable Eye Protection

Protecting your eyes from damage will promote long-term health and help manage symptoms of eye disease.

- Sunglasses protect your eyes from harmful ultraviolet (UV) radiation
- Safety eyewear shields your eyes from harsh chemicals, dust, debris, or other objects during cleaning, construction, home renovations, lawn and garden work, or while playing sports

Looking at digital screens for extended periods of time can tire and dry out your eyes.

The 20-20-20 Rule: Take a break every 20 minutes to look at something approx. 20 feet away for 20 seconds. This gives your eyes a break and reminds you to blink!

Foods that Promote Eye Health

Eating a balanced diet will provide your eyes with the nutrients they need. Certain foods have added benefits for eye and vision health:

- **Dark, leafy greens** (e.g., spinach, kale) have lutein and zeaxanthin, nutrients known to have eye benefits, including reducing risk for cataracts. Egg yolks are also a great source of these nutrients.
- **Cold-water fish** (e.g., salmon, tuna) have omega-3 fatty acids, which can help with dry eye and reducing inflammation.
- **Fruits and vegetables high in Vitamin C** (e.g., oranges, grapefruit, strawberries, papaya, green peppers, tomatoes) may help reduce risk for cataracts and contribute to slowing the progression of AMD.
- **Vegetable oils, nuts, and sweet potatoes** all have Vitamin E, a nutrient known for its ability to fight free radicals and protect healthy tissue.
- **Oysters, eggs, and whole grains** contain zinc, which is an important nutrient for keeping your retina healthy.

Living with Impaired Vision

A vision impairment or low vision diagnosis can be challenging. Reduced vision has been associated with feelings of frustration, depression, anxiety, and loneliness. However, there are resources and support systems available to empower high-quality living. Many assistive and adaptive devices and aids have been designed to make daily activities, such as reading and cooking, easier with impaired vision. It's important to remember that adapting to low or impaired vision will take time. Be patient with yourself as you navigate new daily routines.

Magnifiers are devices that may use lenses or a camera to make things look bigger. From a simple magnifying glass to advanced electronics that digitally enlarge images, magnifiers can be hand-held or wearable to fit your needs.

Some household products and technologies can be adapted to aid your low vision.

- Applications and accessibility options that enlarge content size or dictate text (e.g., on mobile phones and tablets)
- Large-print or larger-than-normal products (e.g., for playing cards and clocks)
- Adjusted or sharpened color contrast (e.g., with computer monitors)

Low vision aids that can be prescribed by your doctor:

- Anti-glare lenses
- Light-filtering lenses
- Magnifiers

Individuals living with eye disease often need to navigate complexities with insurance coverage, engage with multiple health care providers, and experience difficulties completing everyday activities independently. Don't be afraid to advocate for yourself concerning what you need to successfully manage your personal eye care journey.

70% of adults with significant vision loss are not employed full-time[10]
12.4% of working adults with visual disability are uninsured[10]

Vision rehabilitation programs cover a range of services that can help adjusting to life with low vision such as:

- Training for use of assistive and adaptive devices and technologies
- Coaching on ways to complete daily living skills safely and independently, including indoor and outdoor travel
- Counseling and providing information on resources and support to help cope with vision loss
- Guidance on modifying your home to make it safer and more accessible
- Advice on adapting your work environment or career to a low vision lifestyle

Individuals may find it helpful to utilize mental health resources to adjust to life with impaired vision. Professional counseling and peer-to-peer emotional support during this time can be great tools for developing coping skills and tactics to manage vision loss. See the **Resources and Support Groups** section of the SWHR Guide to Women's Eye Health.

Providing Assistance for People with Impaired Vision

What is a Caregiver?

Anyone who is supporting another person with daily activities and/or medical needs is a caregiver. Some caregivers may be **formal caregivers**, including paid providers, licensed workers, and others associated with a formal service system. Many caregivers are **informal** – friends, relatives, and community members who provide care without compensation.

Up to 20% of the U.S. population serve in a part-time or full-time caregiving role[11]

There are many resources and support systems for both patients and caregivers. Below are some areas to consider when providing formal or informal assistance for someone who has impaired vision:

- Home environment – Assistance may be needed to make changes in the home (or frequently visited spaces) that will make it easier to navigate and improve comfort for those living with impaired vision.

- Daily living activities – Incorporate physical touch and verbal cues to help with executing daily activities, especially in unfamiliar spaces or for activities that are more challenging to do with impaired vision (e.g., encouraging a loved one to hold onto your arm while walking, announcing an approaching staircase or curb, or describing a chair while allowing them to touch it before seating themselves).

- Vision-assistive devices – Invest time into learning how to use vision-assistive services, aids, and medical devices with your friend or loved one. This will offer them support, as well as help you gain a better understanding of their needs.

- Transportation – If a person with low vision can no longer drive, it may not be feasible for you to always give them a ride. Discuss other methods of transportation, such as public transportation or a local ride-share program, as well as pedestrian safety and navigation strategies for traveling on foot. It is important to assess their desire and ability for independence and how it aligns with the features of their transportation options.

- Advocacy at doctor's office – Offer to accompany your friend or loved one to their doctor appointments, so that you may support their care journey. Other ways to support while there include taking notes or asking questions that will ensure they are getting the care they need.

- Find your support – Connect with others who understand and can lend support to you and your loved one as you both navigate their physical and mental health care journey. Low-vision counselors, online communities, and in-person social events are a few examples of some invaluable resources to support caregivers.

It's important to remember that adapting to low or impaired vision will take time. Be patient with the person you are caring for (and yourself) as you navigate new daily routines. Talk with them about their needs and feelings about the care they receive on a regular basis because their needs may change over time.

Caregivers of individuals with impaired vision may also be at risk of mental health conditions, as the burden of providing physical and emotional support can be overwhelming. See the **Resources and Support Groups** section of the SWHR Guide to Women's Eye Health for additional low vision and caregiving resources.

Glossary

Age-related macular degeneration (AMD) - An eye disease that causes damage to the macula as an individual ages, resulting in blurred and diminished sight in the center of the field of vision.

Assistive and adaptive device - Equipment, technology, or software that is specially designed for people with disabilities to learn, communicate, or function better, with the goal of maintaining or improving their independence

Cataract – An eye disease in which the lens of the eye becomes cloudy, resulting in blurred vision

Comprehensive eye exam – An eye exam performed by an optometrist or ophthalmologist that includes a number of tests to assess overall vision and eye health

Diabetic retinopathy (DR) – An eye disease that is a complication of diabetes, in which damage occurs to blood vessels in the back of the eye (retina)

Dilated eye exam – An exam that uses eye drops to widen the pupil of the eye so that the structures in the back of the eye can be viewed more clearly

Dry eye disease (DED) – A chronic condition that can occur when the eyes are inadequately lubricated due to poor tear quality or quantity

Endocrinologist – A doctor specializing in the diagnosis and treatment of disorders of the endocrine glands and hormones

Free radicals – Unstable atoms that can damage cells, causing illness and aging

Glaucoma – A group of eye disorders characterized by damage to the optic nerve, often associated with increased eye pressure

Macula – A the part of the light-sensitive tissue in the back of the eye that is responsible for central vision

Macular edema – An eye disease where fluid builds up in the macula, affecting central vision

Ophthalmologist – A medical doctor who specializes in eyes that can provide complete eye care, including comprehensive eye exams, corrective lens prescriptions, treatment of complex eye diseases, and eye surgery

Optician – A vision care professional who makes and supplies corrective lenses, such as glasses and contacts

Optic nerve – The nerve that transmits visual information from the eye to the brain, allowing sight

Optometrist – A eye care practitioner that can perform comprehensive eye exams to evaluate and treat common eye disorders and diseases, assess the clarity of your vision, and prescribe corrective lenses

Patient navigator – A person who helps guide patients through the health care system; also known as patient advocate

Prior authorization – A process used by some health insurance companies that requires the review and approval of a specific procedure, service, or drug before it is prescribed

Pupil – The hole in the center of the eye that allows light to enter the eye

Refractive error – A common eye disorder in which the eye cannot clearly focus on external images, resulting in nearsightedness, farsightedness, astigmatism, or presbyopia

Retina – The thin layer of cells at the back of the eye that sense light and send the image information to the brain through the optic nerve

Sclera – The white of the eye

Step therapy – A strategy used by health insurers to help contain rising healthcare costs, where prescribed treatment for a medical condition is first authorized for a lower-cost treatment, and then progresses "step-wise" to other therapies, if needed. This approach is sometimes called "fail first" because patients must try and "fail" lower-cost treatments before gaining access to the treatment their clinician originally prescribed.

Thyroid gland – An endocrine gland in the neck that helps regulate the body’s metabolism through thyroid hormone production

Thyroid eye disease (TED) – An autoimmune condition in which the body’s immune system attacks healthy tissue in and around the eye, causing progressive inflammation and damage particularly to the extraocular muscle, connective, and fatty tissue

Vision rehab specialist – An eye care professional that helps people with vision impairments learn how to use assistive technology and develop skills to successfully manage living with impaired vision

Resources and Support Groups

Patient Organizations and Information

- American Foundation for the Blind: www.afb.org
- National Eye Institute: www.nei.nih.gov/learn-about-eye-health/outreach-campaigns-and-resources
- Ophthalmic Edge for Patients: www.ophthalmicedge.org/patient
- Prevent Blindness: www.preventblindness.org
- Women's Eye Health: www.w-e-h.org

Eye Disease Organizations

- American Diabetes Association: www.diabetes.org/diabetes/eye-health
- American Macular Degeneration Foundation: www.macular.org
- Glaucoma Research Foundation: www.glaucoma.org
- Glaucoma Community: www.responsumhealth.com/glaucoma/
- Macular Degeneration Foundation: www.eyesight.org
- Macular Degeneration Support: www.mdsupport.org
- Thyroid Eyes: https://www.thyroideyes.com/
- Graves' Disease & Thyroid Foundation: https://gdatf.org/

Employment & Financial Assistance for Eye Care

- Eye Care America: www.eyecareamerica.org
- Mission Cataract USA: www.missioncataractUSA.org
- National Industries for the Blind: www.nib.org/about
- New Eyes: www.new-eyes.org
- Prevent Blindness: www.preventblindness.org/vision-care-financial-assistance-information/

Navigating Insurance Processes

- A Guide to Preventive & Screening Services Covered by Medicare: https://www.agingresearch.org/app/uploads/2021/07/AAR-Staying-Healthy-with-Medicare-8.18.2021.pdf
- Consumer Assistance Program: www.cms.gov/cciio/resources/consumer-assistance-grants#statelisting
- Employee Benefits Security Administration: www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa
- State Health Insurance Assistance Program: www.seniorsresourceguide.com/directories/National/SHIP/
- Medicare Coverage: www.medicare.gov/coverage
- National Association of Healthcare Advocacy: www.nahac.com/find-an-advocate#!directory/map
- Patient Advocate Foundation: https://www.patientadvocate.org/connect-with-services/case-management-services-and-medcarelines/

Vision Loss Resources

- Administration for Community Living: www.acl.gov/AT
- American Academy of Ophthalmology: www.aao.org/eye-health/diseases/low-vision-resources
- Assistive Technology Industry Association: www.atia.org/home/at-resources/what-is-at/
- National Federation of the Blind: www.nfb.org
- Prevent Blindness: https://lowvision.preventblindness.org
- Social Security Administration: www.ssa.gov/pubs/EN-05-10052.pdf
- Vision Aware: www.visionaware.org

Caregiver Support

- AARP Caregiving Resource Hub: www.aarp.org/home-family/caregiving
- Caring for the Visually Impaired Handbook: https://lowvision.preventblindness.org/wp-content/uploads/2018/10/Caring-for-the-Visually-Impaired-English.pdf
- FDA Office of Women's Health: https://www.fda.gov/consumers/womens-health-topics/caring-others-resources-help-you

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Doctor's Visit Worksheet

This worksheet can help you prepare for consultations with your health care provider.
You do not have to answer every question

What symptoms have caused you to seek medical advice? When did they start? (Try to be specific.)

Describe how your symptoms affect your day-to-day living (work, school, home life, activities, etc.):

The reason I am seeking time with my doctor today is:

- ☐ Gain control over symptoms
- ☐ Identify a diagnosis
- ☐ Monitor disease progression
- ☑ Get a second opinion

Describe your preferred qualities in a health care provider: *(Consider factors such as expertise, cost, age, gender, convenience, etc.)*

Notes from your visit:

Next steps:

Medical History

Date of your last eye exam: _____

Results or special notes:

_____

_____

_____

Reproductive History:

Are you pregnant?
Yes ☐ No ☐ I don't know ☐

Have you undergone menopause?
Yes ☐ In transition (perimenopause) ☐
No ☐ I don't know ☐

Have you received any previous diagnosis for an eye disease? No ☐ Yes ☐

Family history of eye disease or undiagnosed symptoms:

Procedure/Test/Treatment	Date	Notes (provider, results, etc.)

Current medications: (Include prescription and any over-the-counter meds you regularly take)

Medication	Dose & Frequency	Notable Side Effects

Your Health Care Professional Team:

Name	Specialty	Contact Info	Date of Last Visit