



SENIOR'S VISION & EYE HEALTH

Clear Vision. Confident Living.



optometrists.ab.ca

1.800.272.8843

A regular eye exam is an important part of maintaining your overall health.

Eye Exams

Optometrists recommend that seniors 65+ have an annual eye exam. Exams will last approximately 30 minutes.

The Alberta Health Care Insurance Plan (AHCIP) provides partial coverage towards seniors' eye exams.¹

DID YOU KNOW?

- + Many common eye diseases have **no early signs or symptoms**.
- + During an eye exam, your optometrist examines the tissues and structures inside the eye, looking for eye diseases such as cataracts, glaucoma or macular degeneration, as well as tears in the retina, bleeding and tumours.
- + Your optometrist is also looking for **early signs of serious medical conditions**, such as high blood pressure, diabetes and cardiovascular disease.

Based on the results, your optometrist will recommend lenses, treatment, or a referral if needed.



Vision Screening & Sight Tests

Eye exams include more than just testing your vision and prescription, they involve a series of tests to assess your overall eye health.

Many eye problems have no symptoms and rarely any pain. Your optometrist will evaluate the internal and external health of your eyes.

PERCEPTION VS REALITY OF EYE EXAMS



Visual Acuity and Refraction
(Corrective Lens Prescription)



Medical & Case History



Tonometry & Diagnostic Imaging



Visual Fields



Binocular Vision Efficiency



Anterior Segment Assessment



Posterior Segment Assessment



Analysis & Treatment



Senior's Eye Conditions

NEARSIGHTEDNESS (MYOPIA)

Myopia means near objects are seen clearly, but distant objects appear blurred. It is very common and can develop at any age. Higher levels of myopia increase the risk of serious lifelong eye issues.

Treatment

Poor distance vision can be corrected with eyeglasses. An eye exam is important for detecting early eye health issues.

FARSIGHTEDNESS (HYPEROPIA)

Distant objects are easier to see than near objects. With hyperopia, both distance and near vision may worsen with time causing fatigue, muscle tension, discomfort, and headaches.

Treatment

Eyeglasses/contact lenses can correct farsightedness and reduce strain.

ASTIGMATISM

The cornea and/or lens is slightly irregular or cylindrical in shape, causing blurred or distorted vision at all distances and eye strain.

Treatment

Eyeglasses/contact lenses can correct astigmatism.

PRESBYOPIA

An age-related decline in near vision, usually starting in the 40s, causing headaches, eye strain, blurred vision, and a need for more light.

Treatment

Eyeglasses/contact lenses effectively correct presbyopia.

CATARACTS

When the normally clear lens within your eye becomes cloudy, it is called a cataract. Cataracts are a natural part of aging and are most often found in people over the age of 60, although they are occasionally found in younger people, including newborns.

Risk Factors

- + Excessive exposure to UV radiation, either natural or artificial.
- + Smoking cigarettes and secondhand smoke.
- + Use of certain medications.
- + Eye injuries.
- + Eye or systemic disease.

Prevention

There is no proven method to prevent cataracts from forming. However, there are some ways you can lower your risk or slow cataract formation.

- + Wearing quality, UV blocking sunglasses will help protect your eyes from UV-related damage that can speed up cataract formation.
- + A diet rich in antioxidants, such as vitamins A, C, E, zinc, selenium and magnesium.
- + Stopping smoking.

Treatment

- + In the **early stages**, your optometrist may prescribe new lenses for your glasses to provide you the sharpest vision possible.
 - + **Your optometrist may refer you to an eye surgeon** who may recommend the surgical removal of the cataracts.
 - + Some cataracts never progress to the point that surgery is required.
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GLAUCOMA

Glaucoma damages the optic nerve and can cause serious vision loss if not caught early. It's a leading cause of blindness in Canada, mainly affecting those over 40. Risk is higher with age, diabetes, blood pressure issues, eye injuries, or family history.

Symptoms

Glaucoma often involves high eye pressure but can occur with normal pressure too.

- + **Open angle glaucoma** is the most common form of glaucoma, where there are usually no symptoms until glaucoma is advanced, when the individual experiences peripheral vision loss. It is often called ***"the silent thief of vision."***
- + **A rarer form is called closed angle glaucoma** where there is a sudden rise in the pressure within the eye, and the individual may experience pain, blurred vision, and see halos around lights.

Untreated, both forms can lead to complete loss of vision.

Prevention

There is no way to prevent glaucoma. An eye exam with your optometrist is the only way to detect it.

- + Your optometrist will perform a simple and painless procedure during your routine eye exam to measure the internal pressure of your eye. They will also look at the optic nerve and measure your field of vision. Special equipment may be used to monitor the development and progression of glaucoma.

Treatment

- + **If detected and treated early**, eye drops and/or laser procedures can be effective at maintaining your vision. Speak to your optometrist about which treatment is right for you.
- + **If left untreated**, peripheral vision is affected first, followed by central vision loss during late stages of the disease and complete blindness may occur.

MACULAR DEGENERATION

Age-related macular degeneration (AMD) affects the central retina (macula), causing blurred or distorted central vision while the side or peripheral vision remains unaffected. It is the leading cause of blindness in adults over 55. There are two types of AMD—dry and wet. While there is no cure, early detection and management can slow vision loss.

Symptoms

- + In the earliest stages, AMD is entirely symptom free, but can be detected during routine eye examinations by your optometrist.
- + The most common initial symptom is slightly wavy or distorted central vision when performing tasks that require seeing detail.
- + **Dry AMD** is the most common and progresses slowly. It involves the gradual degeneration of the macula (retinal tissues responsible for sharp central vision).
- + **Wet AMD** is less common but more serious. It happens when abnormal blood vessels leak or bleed under the macula, causing rapid vision loss.
- + Dry AMD can sometimes progress into the wet form over time.
- + The damaged area may increase in size and interfere with reading and recognizing faces.
- + People with AMD do not experience any pain.



Prevention

Lifelong UV protection and good nutrition are believed to play key roles in preventing AMD.

- + Living a healthy lifestyle by keeping your blood pressure down, reducing your intake of fatty foods and not smoking are all recommended.
- + A diet high in antioxidants, such as those found in fruits and leafy vegetables, may help prevent AMD.
- + Regular eye examinations by your optometrist are important for early detection and management of AMD.

Treatment

Early detection is crucial as there is currently no cure for AMD.

- + **Dry AMD** is treated with lifestyle modifications like exercise, wearing sunglasses to reduce UV radiation and stopping smoking.
- + Many cases of **wet AMD** can be treated with anti-VEGF injections into the eye, to stop the leaking of blood vessels.
- + New technologies are showing promise at further slowing AMD progression.
- + Ocular vitamin supplements including lutein, zeaxanthin, and vitamins C, E and zinc can also assist in slowing the progression of AMD.





DIABETES

Changes in the eye due to diabetes can be detected during an eye exam and are often the first indication that a person may have the disease, or that a person with diabetes does not have adequate blood sugar control.

Diabetic retinopathy occurs when tiny blood vessels in the retina become damaged by having too much sugar in your blood. This can lead to blood leakage, microaneurysms (small bulges in vessel walls), and reduced oxygen supply, which may trigger the growth of abnormal and weaker new vessels. Without treatment, diabetic retinopathy can lead to vision loss or blindness. Diabetic retinopathy can affect people with both type 1 and type 2 diabetes.

Symptoms

Diabetes and its complications can affect many parts of the eye.

- + **Diabetic retinopathy often has no early symptoms,** regular eye exams are key.
- + Diabetes can affect nearsightedness, farsightedness, and cause early presbyopia (the inability to focus on close objects).
- + Other risks include early cataracts, glaucoma, eye muscle paralysis, and reduced corneal sensitivity which increases the risk of severe dry eye and vision-threatening corneal damage or infection.
- + Visual symptoms may include blurred or fluctuating vision, double vision, vision loss, and flashes or floaters.

Prevention

Stable and well-controlled blood sugar reduces the risk of developing diabetic retinopathy, and all diabetes-related health and vision concerns.

- + Annual eye exams with your optometrist can help identify retinopathy as early as possible, so treatment can minimize damage.
- + See your family physician regularly and follow your treatment plan about diet, exercise and medication.
- + Your optometrist and your physician can work with you and co-manage the disease.

Treatment

Early detection and treatment of diabetic retinopathy is crucial to improve outcomes. People with diabetes should have yearly eye exams or more often if advised.

- + Retinal surgery may be necessary.
- + Your optometrist can co-manage treatment with a retinal surgeon.

If you have diabetic macular edema, this may be treated with injections of anti-VEGF into the eye, a therapy that stops the leaking of blood vessels, or laser therapy.

Protect Your Eyes From the Sun

Just like your skin, your eyes need protection from ultraviolet (UV) radiation year-round. Sun glare off snow can be just as harmful as the glare from water.

Tips for UV protection:

- + Choose appropriate UV400 sunglasses.
- + Wear a wide-brimmed hat or baseball cap for extra coverage.
- + Talk to your optometrist about the best sun protection for you.

Preventing Falls

As we age, our risk of falling increases. **1 in 3 seniors over 70 will fall each year.** Vision plays a big role in balance and safety, and aging eyes need more light to see clearly. Here's how you can reduce your risk:

- + Improve lighting:** Use higher wattage bulbs and make sure rooms are well lit. Use task lighting where needed, like in kitchens or reading areas. Install nightlights in bathrooms and hallways. Use motion-sensor or dusk-to-dawn lights at entrances and on stairs.
- + Support vision changes:** Keep lighting consistent between rooms to help eyes adjust. At night, use soft lighting like nightlights or rope lighting under vanities to avoid harsh glare in the dark.
- + Reduce trip hazards:** Aging affects depth perception. Use handrails on stairs and grab bars in the bathroom. Don't carry objects that block your view. Use brightly coloured tape or paint to mark the edges of stairs, tubs, and shower thresholds.
- + Protect and check your vision:** Wear sunglasses year-round to reduce glare. Some medications may affect vision, so talk to your doctor about any changes. Schedule annual eye exams with your optometrist.

Your Primary Eye Care Doctor

Optometrists are highly trained eye health professionals, completing at least three years of a Bachelor of Science, followed by a four-year Doctor of Optometry degree from an accredited university.

DON'T HAVE AN OPTOMETRIST?

Visit **optometrists.ab.ca** and click "Find an Optometrist" to see providers in your area.

Medically Necessary & Urgent Eye Care

SKIP THE EMERGENCY ROOM OR WALK-IN CLINIC.

Optometrists are your go-to for urgent and medically necessary eye care.

What's covered:

The Alberta Health Care Insurance Plan (AHCIP)¹ provides partial coverage for appointments related to eye health concerns.

Optometrists can help with:

- + Red eye (pink eye infection, allergic conjunctivitis, chemical burn).
- + Infection or inflammation of the eye or eyelid.
- + Eye injury or foreign objects in the eye.
- + Sudden changes in vision.
- + Monitoring for diabetes and glaucoma complications.
- + Retinal detachment, defects and diseases.
- + Pre- and post-operative care for cataract patients.

No referral needed! Most optometrists keep time open each day for urgent care needs. If you experience an eye health concern—**don't wait.**



For information about many other common eye-related conditions, visit our website.

optometrists.ab.ca

¹ Optometrists can charge for insured services that the optometrist deems exceeds the AHCIP benefit and Albertans are responsible for additional costs incurred at the time of treatment. Practitioners are required to discuss fees with their patients before providing the service.