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## Dr Trevor Gray's Updates - April 2011

Contributed on April 6, 2011  
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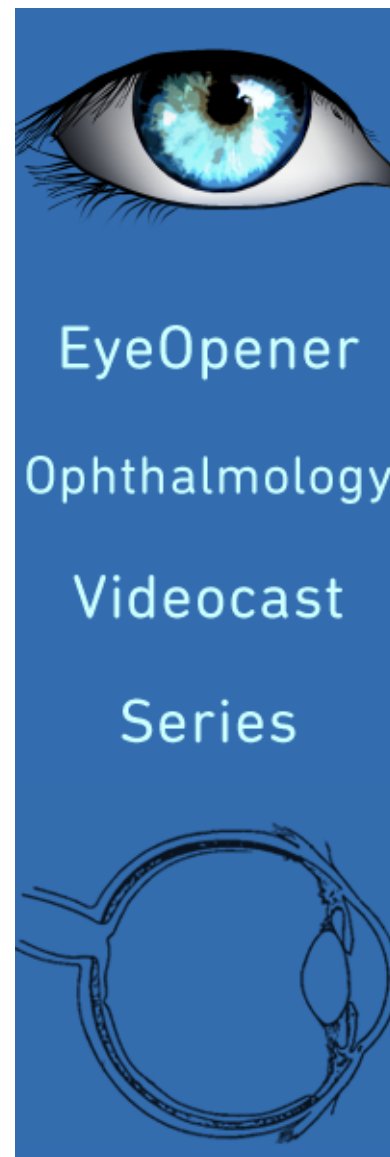


Dear Colleagues

Firstly, congratulations to Malcolm McKellar and his Council Members who put together a fabulous education programme (and social programme) at last weekend's Cornea & Contact Lens Society's Conference in Queenstown! The quality of the lectures and they way in which they were professionally and entertainingly delivered made it a stand-out success. For those of you who have not been to one of these meetings - you do not know what you are missing!

As usual, I have collected a few more interesting and varied summaries/abstracts from the literature (both optometry and ophthalmology) for you. Hopefully something will catch your attention ....

If you have difficulty accessing any of the full articles, please let me



know and I will endeavour to source the complete reference article for you.

Cheers

Trevor 😊

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## **Diet, vegetarianism, and cataract risk**

**OBJECTIVE:** We investigated the association between diet and cataract risk in a population that has a wide range of diets and includes a high proportion of vegetarians.

**DESIGN:** We used Cox proportional hazards regression to study cataract risk in relation to baseline dietary and lifestyle characteristics of 27,670 self-reported nondiabetic participants aged  $\geq 40$  y at recruitment in the Oxford (United Kingdom) arm of the European Prospective Investigation into Cancer and Nutrition (EPIC-Oxford) by using data from the Hospital Episode

Statistics in England and Scottish Morbidity Records.

**RESULTS:** There was a strong relation between cataract risk and diet group, with a progressive decrease in risk of cataract in high meat eaters to low meat eaters, fish eaters (participants who ate fish but not meat), vegetarians, and vegans. After multivariable adjustment, incidence rate ratios (95% CIs) for moderate meat eaters (50-99 g meat/d), low meat eaters (<50 g meat/d), fish eaters, vegetarians, and vegans compared with high-meat eaters ( $\geq 100$  g meat/d) were 0.96 (0.84, 1.11), 0.85 (0.72, 0.99), 0.79 (0.65, 0.97), 0.70 (0.58, 0.84), and 0.60 (0.38, 0.96), respectively ( $P < 0.001$  for heterogeneity). Associations between cataract risk and intakes of selected nutrients and foods generally reflected the strong association with diet group.

**CONCLUSION:** Vegetarians were at lower risk of cataract than were meat eaters in this cohort of health-conscious British residents. Appleby PN, Allen NE, Key TJ; American Journal of Clinical Nutrition (Mar 2011)

**BACKGROUND:** Age-related cataract is a major cause of morbidity. Previous studies of diet and cataract risk have focused on specific nutrients or healthy eating indexes but not on identifiable dietary groups such as vegetarians.

**Microbial Keratitis as a Foreseeable Complication of**

### Cosmetic Contact Lenses

A recent study shows that the relative risk of contact lenses (CL)-related microbial keratitis (MK) is highly increased with cosmetic contact lenses (CosCL). The aim of this study is to illustrate the implications of the CosCL on the occurrence of MK and to describe the subpopulation of CosCL wearers. A prospective multicenter study was conducted in twelve French University Hospitals on all lens wearers presenting with MK between July 2007 and July 2009, including CosCL wearers. Patients had a complete ophthalmological examination and were interviewed by a 50 items anonymous “questionnaire” to determine subject demographics and lenses wear history. The CosCL-related MK subpopulation (case) was described and compared to (non-cosmetic) CL-related MK (control).

A total of 256 patients were included for contact lenses-related MK and 32 of them (12.5%) were seen for MK after wearing CosCL. Compared with CL, CosCL wearers are younger (21 versus 27 years of age) and recent wearers (3 versus 9 years).

CosCL were rarely dispensed by eye care professionals increasing the risk of MK (OR, 12.3). Education about lens care and handling was deficient for most of CosCL wearers (OR, 26.5). Sixty percent of CosCL cases versus 13% of CL-related MK had a final visual acuity less than 20/200.

Patients who acquire CosCL are less likely to be instructed on appropriate lens use and basic hygiene rules.

Consequently, CosCL wearers are experiencing acute vision-threatening infections. SOURCE: Sauer A, Bourcier T; the French Study Group for Contact Lenses Related Microbial Keratitis. Microbial keratitis as a foreseeable complication of cosmetic contact lenses: a prospective study. Acta Ophthalmol. 2011; Mar 15 [Epub ahead of print]. DOI: 10.1111/j.1755-3768.2011.02120.x.

### **Repeat endothelial keratoplasty after DSAEK is associated with improved visual outcomes**

This retrospective review of 1,050 consecutive primary Descemet's stripping automated endothelial keratoplasty (DSAEK) procedures found that the most common reason for repeat endothelial keratoplasty (REK) for secondary graft failure was unsatisfactory vision, caused by wrinkles and folds in the graft. They also note that mean corneal thickness was relatively high in eyes with unsatisfactory vision. The remaining 24 percent of eyes were re-grafted for endothelial decomposition. Repeat endothelial keratoplasty resulted in improved vision in 97 percent of eyes. Ophthalmology, February 2011

**Consensus Findings On Meibomian Gland Dysfunction**

### Published In Investigative Ophthalmology & Visual Science

The first global consensus report on meibomian gland dysfunction - a major cause of lid disease and evaporative dry eye - has been published in a special issue of the Investigative Ophthalmology & Visual Science (IOVS) journal. The report is the result of findings from a two-year-long workshop composed of more than 50 leading clinical and basic research experts from around the world.

The workshop participants used an evidence-based approach to develop a worldwide definition: meibomian gland dysfunction (MGD) is a chronic, diffuse abnormality of the meibomian glands, commonly characterized by terminal duct obstruction and/or qualitative/quantitative changes in the glandular secretion. This may result in alteration of the tear film, symptoms of eye irritation, clinically apparent inflammation, and ocular surface disease.

Using the same methodology, the participants developed a universal classification system - based on pathophysiology, rather than anatomical changes or the severity of disease - to meet the needs of clinicians and researchers alike. The consensus paper further proposes recommendations for diagnosing MGD and MGD-related disorders and presents a sequence of diagnostic tests to be performed in an order that will minimize the extent to which one test influences those that follow.

Also included in the report are recommendations for the evaluation and grading of the severity of MGD, management of and therapy for the disease and norms for clinical trials designed to evaluate pharmaceutical interventions for treatment.

The International Workshop on Meibomian Gland Dysfunction was conducted by the Tear Film & Ocular Surface Society (TFOS). While the breadth and depth of the consensus findings are expected to have a far-reaching impact on the clinical care of patients, the group of experts concur that additional research be conducted to further study other aspects of MGD. These include its association with dry eye disease and standardized and validated ways to identify symptoms and signs of MGD.  
IOVS 01 Apr 2011

**Pseudophakic monovision may offer better intermediate vision than multifocal IOLs**

Researchers prospectively compared visual function and patient satisfaction in 21 patients implanted with bilateral diffractive multifocal IOLs (AcrySof ReSTOR SN60D3) and 22 patients with monofocal IOL monovision (AcrySof SN60WF). Visual exam at three months showed bilateral uncorrected distance vision and near vision were slightly better in the multifocal group, but the

difference was not statistically different.

Monovision patients had significantly better intermediate vision and less difficulty using computers without glasses. Monovision patients also had a slightly higher overall satisfaction score and significantly fewer complaints of glare and halos.  
*Journal of Cataract & Refractive Surgery*, March 2011

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