



Medical Director - Michael A. Hecht, O.D

Smoking can have a serious impact on long-term quality of sight

While smoking rates continue to decline, smoking remains the single largest cause of preventable disease and death for Americans. But while smoking's damage to the lungs is well known, its risks to eye health are also severe.

Smokers and former smokers have a much higher risk than non-smokers for age-related macular degeneration (AMD) and cataracts, along with dry eyes and atherosclerosis in the eye. Both AMD and cataracts can lead to decreased vision and lower quality of life.

Smokers are four times more likely to develop macular degeneration, which is the leading cause of vision loss in those 65 years of age and older. The chemicals inhaled while smoking restrict blood flow to the sensitive cells of the retina, particularly affecting the macula.

Meanwhile, heavy smokers have three times more risk of developing cataracts than non-smokers. The crystalline lens of the eye, comprised primarily of water and protein, can be affected by smoking. Toxins in cigarette smoke reach the eye directly, causing damage to both the cell membrane and the lens proteins. As eye care professionals know, cataracts may begin to develop when proteins in the lens are no longer aligned in such a way that light passes easily through.

Eye care professionals are well aware of smoking's link to eye disease, and are uniquely positioned to help their patients understand the impact of smoking on their eyes.

Beyond annual comprehensive eye exams, eye care professionals can help address this issue with their patients in a number of ways. Here are five suggestions:

1. When talking to your patient, ask specifically about smoking:

- "Do you smoke?"
- "Did you ever smoke?"
- "How long ago did you quit?"

Electronic medical records are great tools to prompt doctors to ask questions of their patients. Use this discussion about overall health and lifestyle habits to identify potential dangers to the patient's eye health.

2. Counsel smokers and former smokers on smoking's impact on

the eyes. Don't assume a patient knows the risks. Patients may be used to hearing about the overall risks of smoking, but many are not aware of smoking's impact on their eye health. Educate patients about the serious consequences – cataracts and AMD – and how those eye diseases can have a devastating impact on their quality of life.

Explain that eye diseases can lead to vision loss, which is the leading cause of age-related disability. Compromised sight leads to reduced mobility, reduced productivity in the workplace or loss of employment, and dependence on caregivers. And the emotional and financial stress from vision impairment has a cascading effect from the individual to family and caregivers.

3. Recommend options for quitting smoking as part of a treatment plan for smokers. Smokers can see a significant reduction in risk for cataracts and AMD just by quitting, and the risks continue to decrease with the length of time as a former smoker.

Research from a study of more than 40,000 men published in the Journal of the American Medical Association (JAMA) showed that smokers of more than 15 cigarettes a day had a 42 percent increased risk of cataract surgery compared to men who never smoked. These findings emphasize the importance of early smoking cessation and preferably, never smoking at all.

State and local health departments typically have smoking cessation materials readily available. Request smoking cessation information packages, or "Quit Kits," from the local health department and provide these tools to your patients who smoke.

4. Talk with teenagers and early adolescents. The best way to stop smoking is to never start. Many smokers report that they began smoking in their teenage years, and eye care professionals have an opportunity to educate teenagers and early adolescents on the impacts of

smoking on health. Talking about the risk of vision loss may be an effective way to help a patient decide not to smoke.

Young patients may not answer truthfully to the question, "Do you smoke?" But no matter the answer, educate them on the many ways smoking impacts eye health. This discussion has not been part of usual patient protocol in the past, but it could keep children from starting smoking, or encourage a young patient to quit smoking early in life.

5. Stress the importance of routine screenings. Besides quitting smoking, the most important action that patients who smoke can take is scheduling an annual comprehensive eye exam. Regular eye care screenings monitor a patient's eye health and are necessary for early detection of smoking-related eye diseases. This early detection leads to timely treatment that can lessen the impact of eye diseases. Routine screenings are important for all patients, but for patients who smoke or smoked in the past, these routine screenings could minimize the impact of smoking on their sight.

Smoking's impact on eye health can be devastating. And it's up to eye care professionals to make a difference in the health of their patients who smoke.

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