Why Annual Eye Exams Matter After 40

So an annual eye exam is a must for anyone over 40, anyone, whether you're diabetic or not diabetic, whether you're male, female, it doesn't matter. Just like, you know, we all go see, we have our health maintenance schedule, right?

We see our primary care doctor once a year. We get our labs done once a year. We get our dental visits twice a year. We go for mammograms, colonoscopies.

just like we have those health checkups in place. Our eyes need to be examined. And not just for glasses. I think a lot of people don't understand the importance of the eye exam because they just think it's a glasses problem.

Oh, if I see well and my vision's 2020, why do I need to go see the eye doctor? I don't have any problems. But the truth is, a lot of the conditions that can happen, especially as we get older, like early cataracts, like glaucoma, like macular degeneration, and I can explain more about those as well.

Have you made it past menopause, or are you going through it now? I'm Dr. Pat McShane, and on the Women's Health Span Voices podcast, I'll guide you through the health challenges of the menopausal years and beyond, guiding the way to thriving in this powerful era of your womanhood.

Hello and welcome. I'm delighted to have with me today Dr. Rani Banik, who is an ophthalmologist and an author as well. And I'm going to let her tell you a little bit more about her practice, and then we'll launch into some of the questions that I think are most relevant for our senior women audience.

Good luck to all of you, and Dr. Vanek, welcome. Thank you so much. Thank you so much, Dr. McShane, for having me on your podcast. It's an honor to be here.

So a little bit about me. I am a board certified ophthalmologist. I'm also fellowship trained in neuroophthalmology, which is all the connections between the brain and the eyes.

And then I also have certification in functional medicine and integrative medicine. So I bring the best of all worlds together. So I have my traditional eye training, which is medical and surgical.

And then I couple that with the integrative functional medicine aspects, so root cause analysis, and then a lot of protocols that are based in nutrition, in lifestyle modification mindset.

Sometimes we use botanical supplements. It's really a combination of various modalities, but I do think that it's best to merge the two. So it's not one or the other, it's together.

And so I'm based in New York City, where I've been most of my life, and I have a dual appointment. So I have an academic teaching appointment. So I'm with Outside Eye School of Medicine here in New York, where I teach residents and fellows and medical students.

And I also do my research there. And then I have a private practice where I see patients. And I really, in my private practice, I really want to give my patients the really holistic view.

So I do spend a lot of time with every single patient. And I get to the nitty gritty to figure out what's going on and what can we do to change the trajectory of their eye health.

So that's what I do in a nutshell.

Meet Dr. Rani Banik and Her Practice

That's excellent, and I love the merging of the functional medicine and the traditional Western medicine side of things because I'm sure there are conditions that you see in people that are beyond anything that functional medicine could really make a big difference in that some of these people are going to need surgical intervention or medical medications and so on.

Hopefully today most of our listeners are not in need of any of these things truly, but are rather trying to prevent issues with their eye health or possibly work around some earlier problems.

So I'd like to have you give me some comments on the common situations that many of us will encounter as we are aging. And I guess I'd start with nearsightedness, presbyopia, and you can give us a little definition of what that is.

And what if there is a functional medicine approach to try to keep it from getting worse as we get older? Yeah, yeah. So, wow, that's a lot of things I can cover here.

So I'll try to condense it down into some simple understanding of the eye and then some actionable strategies. So first of all, the eye is really complex.

And there are things that can happen to us as we get older. For example, presbyopia, which you mentioned, which I'll explain about. Also cataracts. Almost everyone will develop presbyopia and cataracts as we get older.

That was my next question. That doesn't necessarily mean you have to rush to do anything urgent about it or do surgery. Definitely not. And there are things we can do for prevention.

But let's talk first about presbyopia. And I often find that it's helpful to show a visual model of the eye because I think then people really understand what parts of the eye are involved with what the different conditions that we're talking about.

So when we look at the eye, most of us just kind of think about the very front part of the eye. We see the white part of the eye that's called a sclera.

The front of the eye is a clear area called the cornea. It's curved. And then there's the colored part of the eye, which is the iris that changes shape.

And the middle part of that is dark. It's the pupil that also, again, changes shape as the iris is changing. But if I open this up and I give you a sneak peek into the back of the eye, you can see that there is a lot going on inside this little structure.

So there are over 40 different parts of the eye. And when we're talking about presbyopia, I'm going to just take apart some of this here, because we're talking about the front part of the eye here.

This structure here is a lens. And this is a human lens. And while it's plastic in the eye model, but it sits right behind the colored part of the eye.

So you don't see it. When you're looking at someone, you don't see it. It's behind the iris. But what the lens does is it's very vital in our vision, because it allows us to focus.

And it's like having glasses inside the eye. And so when we're looking at something at distance, our lens takes on a certain shape. It's a little bit thinner.

And when we're looking at something up close, it widens a little bit. It becomes a little thicker in the middle, and it allows us to focus up close. It's constantly shifting our focus based on its shape.

And what happens is when we're young, this lens is clear. Like what I'm showing you here in this plastic model, it's

clear. It's like looking through a clear window.

Understanding Presbyopia and Lens Flexibility

As we get older, the lens, number one, starts to stiffen, so it's not as flexible, so it doesn't change shape as easily when we're looking at distance or up close or even in between, and also becomes a little bit cloudy.

So when it gets stiff and it can't change shape anymore, that's called presbyopia. And the manifestation of that is basically when you're trying to read, you just can't focus and you have to hold things further and further and further away.

Exactly. So it's my arms aren't long enough syndrome. That's what I call it. You're just holding things. Yeah, I'm sure we've all been there. If we're in our 40s, 50s, we're, you know, struggling.

And then that's at that point where there are a couple of solutions that can be explored. I mean, the traditional solution is getting reading glasses, getting over the counter reading glasses.

That's perfectly fine for many people getting a little magnification so they can see up close. But in terms of functional approaches or functional medicine approaches to this condition presbyopia.

We need to keep the lens flexible and so sometimes there can be exercises one can do called shifting focus where you're looking at something at the distance for about 20 seconds and you look at something at intermediate distance whether that be or something on your computer screen or some other object kind of at like 20 inches away from you and then you're looking at something up close for about 20 seconds and then you go back.

So looking at distance an object at distance, intermediate distance, and then up close, and then going back. And if you do this a few times every day, really, you know, dedicate some time to doing this, dedicate a few minutes to doing these types of exercises, it can help you to keep your lens flexible.

Now, that being said, eventually, we're all going to have this problem. And for some people, we may need reading glasses earlier, like in our early 40s.

For other people, we can wait until we're in our 50s or even early 60s before we need reading glasses. But you can try to delay this presbyopia issue or change by trying these exercises.

Also, diet is very important. And there's some early work that shows that There are plant compounds called anthocyanins. These are dark compounds found in berries, for example, that give berries their dark color.

And these anthocyanins may be able to know. We're not there yet with all the studies, but early research shows that these pigments may be able to keep the lens supple and to alleviate some eye strain.

So those are just some things that people can do from a functional medicine perspective for presbyopia. Great. And as far as cataracts, again, it's an inevitable process is what I understand, but there are certainly some risk factors that you can avoid, notably smoking is what I have read.

You can tell us if there's other things that we can do to try to slow down the occurrence of the cataracts. Yeah, I mean, smoking is key. Actually, smoking for any eye disease is a no-no.

So for overall eye health, it's best to reduce or cease smoking and even vaping can be problematic. UV exposure is another big one. So studies have shown that people who are exposed to high amounts of UVA and UVB light, which come from the sun, these powerful rays can cause oxidative stress in the lens.

And again, cataract is a lens issue. So I mentioned earlier with presbyopia, the lens gets stiff. In cataract, the lens becomes opaque. So instead of it being clear, it starts to get a little yellowish and then a little bit deeper yellow.

And in the most advanced stages, it can become pure white or even black in the worst types of cataracts. And that's really pretty rare that someone would get to that stage.

But imagine like you're looking through a window and over time it's become more and more cloudy. That's the cataract. And the cataract develops because the lens fibers, the proteins in the lens undergo oxidative stress.

And the way I like to explain oxidative stress is like biologic resting. When you expose something to the elements, whether that's sun, water, oxygen, it starts to rust, metals mainly, but what happens in the lens is a type of rusting where the lens fibers become kind of quote unquote rusted and it becomes opaque.

And that's what a cataract is. And the best way to prevent it is UV protection. Again, sunglasses that 100% UVA, UVB protection, maybe a white hat if you don't like to wear sunglasses, especially between the hours of 10 and four.

And then antioxidants are really important. Going back to diet, we know that a diet rich in plants, fruits and vegetables that are rich in vitamin C and vitamin E and vitamin A and glutathione can be very helpful for cataract prevention.

I recall that your book that you authored recently has carrots in the title. I believe it's Beyond Carrots. So carrots are a good starting point, but not the final word on these nutritional supplements.

Title my book Beyond Carrots, Best Foods for Eye Health A to Z for a reason, because carrots are at the tip of the iceberg. when it comes to nutrition for our eyes.

We benefit from them, absolutely. They're a great source of beta-carotene that our bodies can convert into vitamin A, but there's so much more we need.

And if you have these types of nutrients, this diversity of nutrients in your diet and diversity of foods, you can prevent a lot of eye diseases. So if anyone's interested, please check out my book, Beyond Carrots.

Wonderful. Something that I know very little about, and maybe you can help us a little bit, which is night vision, which is a common issue in older individuals.

Cataracts, Night Vision, and Prevention

Are there dietary or other interventions that we can do to forestall that situation? Yeah, so I'll just start off by saying that vitamin A deficiency is a cause of night vision problems, even night blindness.

And fortunately, we don't see that that often in this country. But in developing nations, yes, vitamin A deficiency is a leading cause of night blindness around the world and also permanent blindness.

In this country, the most common cause of night vision problems is actually cataract. what I was saying earlier when this lens becomes a little bit opaque.

And basically what people may notice is that they have trouble driving at night. They have trouble reading street signs when they're out and about. Or even in their home, they're just not adapting to dimly lit situations very well.

or they're needing more light when they're reading, particularly at nighttime or in the evening. These are all examples of decreased contrast sensitivity, which, again, in many cases, when it happens, especially as we get older, it's because the lens is not clear and we need more light coming in to be able to see well.

Again, using those strategies for cataract prevention is so, so important for all types of vision, really, night vision, but also our reading, our ability to see fine details, to see faces.

All of that can be linked back to our lens, the health of our lens inside of our eye. That's great information. Thank

you. A lot of folks with diabetes or blood pressure are told by their physicians that they must have their eyes checked on a regular basis.

But what about the rest of us who don't have those things necessarily? What would you advocate, instruct people vis-a-vis getting an annual exam or less than an annual exam?

What can be determined with that kind of an exam? Yeah, that's a great point. Thank you so much, Dr. McShane, for bringing that up. So an annual eye exam is a must for anyone over 40, anyone, whether you're diabetic or not diabetic, whether you're male, female, it doesn't matter.

Just like we all go see, we have our health maintenance schedule, right? We see our primary care doctor once a year. We get our labs done once a year.

We get our dental visits twice a year. We go for mammograms, colonoscopies. just like we have those health checkups in place. Our eyes need to be examined.

And not just for glasses. I think a lot of people don't understand the importance of the eye exam because they just think it's a glasses problem. Oh, if I see well and my vision's 20-20, why do I need to go see the eye doctor?

I don't have any problems, but the truth is a lot of the conditions that can happen, especially as we get older, like early cataracts, like glaucoma, like macular degeneration, and I can explain more about those as well.

But these conditions, in the very onset, they're completely asymptomatic. You would not know that you have early macular degeneration unless you went to see an eye doctor and they took a look in the back of your eye and they detected the changes and they told you this is your diagnosis.

You would not know that you have glaucoma. The vast majority of people have no idea that they have glaucoma because again, it's typically a silent disease until it gets to the end stages.

And so that's why an eye exam is so important. And also, it's a dilated eye exam. So I know a lot of people dread having those drops put in their eyes because they're blurry.

They see blurry for a few hours. They can't read. They may be light sensitive. But it's so important to get the complete eye exam, including dilation, because that's how we can pick up a lot of these things.

We can pick up diabetes also. We can pick up high blood pressure. So we can pick up eye diseases, but we can also pick up systemic diseases because the eye is a window to your health, not just your soul.

Yes, it's great to say that. It's a beautiful saying, but the eye is really a window to our overall health. And so don't skip that eye exam. Everyone over the age of 40 needs to go.

Thank you. That's great reinforcement. Would you care to comment on the connection between our eyes and our microbiomes in various parts of our body? Yes.

There's more and more that I'm seeing about this also. Yeah, this is really an exciting field of the link between the gut and the eye, the gut-eye connection, I guess you can call it.

And we're realizing that just like the gut microbiome, if it's off, if there's dysbiosis, if it's not healthy, it can affect other organ systems. It can affect our brain.

It can affect our neurologic and cognitive function. It can affect our immune system. It can be linked to autoimmune diseases. Just like the gut is so intimately linked to all these other organ systems, the gut is also linked to the eye.

And you may say, well, how can that be? There are two different organ systems. They're in two places. But the gut modulates a lot of neurotransmitters.

It actually creates neurotransmitters. It produces them. And those neurotransmitters are important for our vision and brain health. And then also the gut is always connecting with the immune system.

It's always speaking, having this communication with our immune system. And so if the gut, if there's gut dysbiosis, let's say you have a particular bacteria that is not supposed to be there and it grows in overabundance, it can cause gut dysbiosis and then it can trigger the immune system to cause an autoimmune response.

And we know that in the eye, the eye is very, very susceptible to inflammation. and typically the eye is a sterile closed system, but it can be affected by the immune system.

So when the immune system attacks, it can cause eye inflammation. It's a condition we call uveitis. So we know that going back to the gut, we know that bacteria in the gut, particularly gram-negative bacteria like Shigella, Salmonella, Yersinia, these bacterial species have been linked to ocular inflammation.

Why Everyone Over 40 Needs a Dilated Eye Exam

That's been known for a long time, but now we're also realizing that other disturbances in the gut microbiome may be linked to conditions like macular degeneration, which is kind of like, wow, you know, we thought macular degeneration was purely an eye issue, but now it may be linked to something in the gut, or perhaps dry eye.

There may be microbial dysbiosis. Now, again, this research is very early, so we can't say, well, this specific species causes this. We're not there yet.

Like I was saying earlier with those specific species and uveitis, we're far from that. But I think probably over the next five to 10 years, we're going to understand this relationship a lot more and be able to modulate the gut microbiome to benefit our eyes.

So I'm really, really looking forward to that. You will be, I'm sure, right at the forefront of that kind of information with your background in the other fundamental issues of eye health like neurosciences as well.

Speaking of right hot off the presses information, I just read something about eye drops for nearsightedness for presbyopia. Pylocarpine being the one ingredient that I recall from, you know, third year of medical school, which was a while back.

Care to comment on that? Do you think there's a possibility that within the lifespan of and health span of some of our senior listeners that we might have eye drops for nearsightedness?

Actually, there already are a few that are FDA approved. So the first one, you may have seen ads for this, it's called VUITY, V-U-I-T-Y. And that came out a few years back, maybe like three, I'm guessing three, four years ago.

And it does exactly what you said. It's a form of pilocarpine. It's a dilute form of pilocarpine. And what it does is it constricts the pupil here. So it makes the pupil really, really small.

and it creates the pinhole effect. So, you know, when you go to the eye doctor, they may have you check glasses with a little handheld instrument and then you put down the little pinholes and it helps you to see better.

That's the purpose of using Pylacarpine is when you restrict the pupil size to really, really small, the image is better focused on to the back of the eye.

And so that's the first drop that was introduced. There's one other drop that was also recently introduced called, I want to pronounce this correctly, CLOSI.

It starts with a Q. It's spelled with a Q, but it's called CLOSI. And that's also pilocarpine, very dilute, and a similar mechanism. And there's a new drop that I don't know if it's yet been released, but it's definitely FDA approved.

It's called VIZ, V-I-Z-Z. And my guess is that anyone listening to this is going to be hearing about VIZ in ads, on TV, on the radio, lots of health podcasts are going to be talking about this.

But it's a slightly different mechanism of action where it works more on the receptors in the iris sphincter muscle and dilator actually dilator muscle and so it's a slightly different mechanism of action but we'll see we'll see what happens with it but yes you can request prescription eye drops for presbyopia.

Now what I would say is nothing is without a risk. And so if you choose to use any of these drops, I would not recommend it for a daily kind of use. I would recommend it only as needed.

Gut Microbiome Connections to Eye Health

If you had a special event, you're going out to dinner, it's a, you know, some, you know, event where you have a business meeting, you need to be able to see clearly, or maybe you're being interviewed for something, you need to be on camera.

Yes, you can use the drop. But it's not something I would recommend on a daily basis. Also, just as an aside, these drops are not covered by insurances.

They are out-of-pocket expenses. So just keep that in mind. Good to know. Thank you. Are there any other conditions that are of note for older women to know about that you might give us some insight into?

Sure. Now, I just want to first say that this is a very sad statistic, is that most women are at higher risk for all age-related eye diseases than men, almost every single one.

whether that be cataract, glaucoma, dry eye, macular degeneration, every single one of those conditions we as women are more susceptible to, especially as we get into this stage of life, midlife, paramenopause, menopause, postmenopause.

All of us are at risk. So I think the most important thing is, before I talk about some tips for each of those conditions, go see your eye doctor. Get on top of it early.

Get diagnosed. If you have something, get diagnosed early so you can start implementing strategies. But just be aware of these. Now, dry eye is so common.

I don't know, Dr. McShane, if you've ever had dry eye. I certainly have. Almost everyone I know has. Even my daughter, who's a teenager, she's had dry eye.

Anyone can get dry eye. But it can be really uncomfortable if you have dry eye. Your eyes feel scratchy and they burn and they can get red and your vision's blurry.

So it's very, very common, especially in women as we get older. And yes, it has to do with hormonal changes. And interestingly, It's not just you would think, oh, it's estrogen or it's progesterone.

It's actually more so testosterone. Drops in all three of these sex hormones, including testosterone, can affect the glands that produce the oils for our tears.

And these glands can degenerate, they can get clogged, and that can lead to dry eyes. We need to add some extra support for the glands. And I'll just show you, I happen to have this another show and tell item.

We have glands in our eyelids, so hopefully you can see this, but this is the bottom of someone's eyelid. These little finger-like projections, these are the glands.

We have about 25 to 30 glands in each, and these are healthy glands. They kind of look like little columns, white columns. This is someone with gland loss.

This person has about 30% gland loss. You can see some of these glands are getting short. There's missing glands. These are really dilated glands. So these glands are at risk for dying off.

And this is someone with very severe gland loss. So when we're talking about dry eye, we need to look at the glands. We need to see how we can support the glands.

New Eye Drops for Presbyopia

Once you lose the glands, you can't get them back. They don't grow back. So we need to keep what's there, keep them healthy. And I have a regimen that I recommend.

I use myself, including a three-part kind of eyelid hygiene regimen for dry eye, which is first a moist heat compress, which you put on your eyes for about five, 10 minutes.

He heats up the glands, heats up the any clogged glands and secretions. And then you can use an eyelid cleansing wipe to remove any of the debris, unclog any of the glands.

And the one I like actually has tea tree oil in it, which helps to support. We're talking earlier about the microbiome. The gut microbiome, there's actually an ocular surface microbiome.

So this tea tree oil helps to support the ocular surface microbiome to keep pathogens at bay and keep healthy bacteria thriving. And then finally, a spray, which is like a hypochlorous acid spray, which also fights inflammation and bacterial infection.

I like that three-part regimen kind of like, you know, when you're talking about dental hygiene, you brush, you floss, you rinse. Same thing with that with your eyelids.

You do the warm compress, you clean them off with the wipes, and then you do the spray for maintenance. And then going back to nutrition, omegas are very, very important.

And studies have shown that omega-3 consumption, especially for women, especially for women in this stage of life, having a good source of omega-3s if you eat fish, fish like salmon, tuna, mackerel, sardines, herring, at least two to three times a week.

If you don't eat fish, you can get your omegas from seeds like chia seeds, flax seeds, hemp seeds, also nuts. And if you really feel like you're not getting your omegas, then take a supplement to fill in the gaps.

But that's been shown to help with dry eye. And then there's some other omegas as well that are important. GLA, which is gamma-linolenic acid, which is an omega-6, has been shown to help with dry eye as well.

And there's an omega-7 and omega-9, which is oleic acid. So I like to do all the omegas, not just like omega-3 only. I like to include these in my diet, but I also recommend a supplement that has a full spectrum omega, especially if someone's having dry eye issues and they're really suffering.

And eye drops, like lubricating drops over the counter, they're just providing moisture. That's really a bandaid. It's not solving the problem. And if you want to get to the root cause of the problem, you need to support your glands in your eyelids.

That's the best way to do it.

Dry Eye, Hormones, and Eyelid Care

Comments about false eyelashes or eyelash extensions. I know that's not such a big thing in our, and I should say in my demographic, but I certainly see this tremendous amount.

And I'm wondering, is this unhealthy for our eyes or not? Yeah, I have to say, Dr. McShane, I cringe every time I see someone come in with those false eyelashes.

And I think the trend has hopefully been coming down. There was a time when everyone was doing them, you know, with the glue and the lash extensions. I think people are recognizing that it's maybe not the best thing for our eyes and They can cause, well, first of all, the glue.

A lot of the glue that's used has not just a lot of chemicals, but chemicals that can be toxic. Some of the glues have formaldehyde, and that can cause a lot of irritation.

It can even damage the glands I was talking about. I've seen that happen in patients. I've seen one young person in their 30s who was doing eyelash extensions for years.

She had zero glands left, like none. Wow, that's impressive. Yeah, because of the glue for the extensions. I've also seen people actually lose their natural lashes because of the extensions.

Because when they take them off, their natural lashes just come out. and they don't grow back for whatever reason. Maybe the follicle has been damaged as well from the glue.

I'm not a fan of them, as you can tell. If you absolutely must do them, let's say again, it's a special occasion, it's an event, it's a birthday anniversary, I would recommend getting magnetic lashes instead.

So with magnetic lashes, it's basically like a little tube of like an eyeliner that's magnetic. And you put it on just like you would put on eyeliner, just on the upper part of the lid, not on the on top of the gland orifices.

You can actually see the glands. If you pull your eyelid down, you can see where the glands open, not to block those, but just on the outside. And then you can use a magnetic lash.

It'll just snap right into that magnetic eyeliner. It's pretty cool. And then when you're done, we just take it off. And again, not for everyday use, but if you really needed to, I would do the magnetic false eyelashes or just regular mascara.

That's great advice. Thank you. Anything else that we should be mentioning for our audience of senior women? We covered a lot of territory. Yeah, we touched upon a few things like diet, lifestyle, getting movement is really, really important.

So just, you know, keeping, it's important to do weight training. Absolutely. And we're learning that, you know, it's important for our muscle strength, et cetera, but also aerobic activity.

Studies have shown that people who engage in some kind of aerobic activity Several times a week have lower risk of macular degeneration, have lower risk for glaucoma damage, so it's good for multiple reasons and it's also just good for overall health.

I don't like to use the word exercise because I think some people feel intimidated by it, but I would say movement. Activity or movement, yeah. Yeah, even if it's like doing deep breathing, getting your lungs expanded, getting oxygen to the base of your lungs, even that's movement.

So incorporate that and walk a little bit more, go up a few more flights of stairs during the week. You know, whatever you feel most comfortable doing, include that and slowly increase your amount of time.

I just did a post on this on social media this past weekend. The American College of Cardiology, the ACC, actually recommends, in terms of aerobic activity, 150 minutes per week.

False Eyelashes and Lifestyle Tips for Eye Health

That's a lot. That's two and a half hours of aerobic activity during the week, and that's for heart health. So if you extrapolate that, yes, it's good to try to shoot for that.

I know a lot of people would have a lot of trouble getting to 150 minutes, but whatever you can do, even if you can only do 30 minutes a week, twice a week, that would be great.

So a lot of the data from other fields, not, I don't, I'm not familiar with the ophthalmology field, but says even weekend warriors is better to do something, you know, on the weekend, if that's all you have.

And I call activity basically the secret sauce for health. If I had to make one pronouncement to keep everybody as healthy as they can be into their older years, that that would be the secret sauce.

Stronger than statins and antihypertensives and so on. Well, this has been fantastic information. It's so great to get to know you a little bit better too.

hear your thoughts on these important subjects. And if something wonderfully new comes along, we'll have to redo our talk here. So thank you so, so very much.

And to you listeners and viewers, I hope you found this useful and hope to see you again soon. Thank you. Thanks for listening to the Women's Health Span Voices podcast.

If today's episode spoke to you, follow the show and share it with a friend ready to take charge of her health and please leave a review. It helps more women find us.