



THE COLLEGE
OF OPTOMETRISTS



A survey of UK contact lens practice for children and young people

Executive summary

Introduction

Developments in contact lens materials have increased the variety of products available and improved the performance and characteristics of those products. This has increased the options available for all patients, and may present new opportunities for those previously thought unsuitable for contact lens use. Children and young people aged up to 18 years old (CYP) are one such patient group. After a review of publications and conversations with contact lens organisations, the College of Optometrists found that there was no current, sound data relating to the scope, scale and nature of contact lens practice for CYP among optometrists in the UK.

This project is the first to provide organised and published information about current practitioner-reported attitudes and behaviours relating to CL use among CYP in the UK. The results of the survey demonstrate that spectacles remain the main form of recommended vision correction for CYP in all age groups, although the frequency with which CL were recommended, either as the primary or secondary approach to vision correction, increased with the age of the child. While more than half of respondents said that their criteria for fitting CL had not changed over the last five years, the results suggest that a percentage of the optometric profession are more likely to fit CL now than they were five years ago. Respondents believed that the maturity of the child was more important than age in deciding suitability (a view supported by recommendations on prescribing in the research literature).

A similar survey was conducted in the US by the American Optometric Association (AOA) in 2010. UK optometrists' responses indicated that they are less likely to prescribe contact lenses as a principal form of correction when compared to US colleagues to CYP in every age group, although both countries are more likely to prescribe CL as the age of the patient increases.

Although the response rates of both this study and its American counterpart are too low to guarantee that the results are wholly representative of the professions, they do provide a sound benchmark of current practice, an opportunity to compare international prescribing habits and a starting point against which to measure future change.

Neither of these surveys provides evidence about which approach (UK or US) to prescribing is the most appropriate or effective. Further research in this area is also required to determine which factors influence patients and their parents in terms of deciding which forms of correction are taken up or preferred.

Key findings

The majority (92%) of respondents currently prescribe contact lenses to patients under the age of 18.

UK optometrists reported that spectacles are their preferred form of refractive correction for all age groups. However, the frequency with which contact lenses are recommended, either as the primary or secondary approach to vision correction, increases in line with the increasing age of the patient age groups defined.

Figure 1: Recommended approaches to vision correction

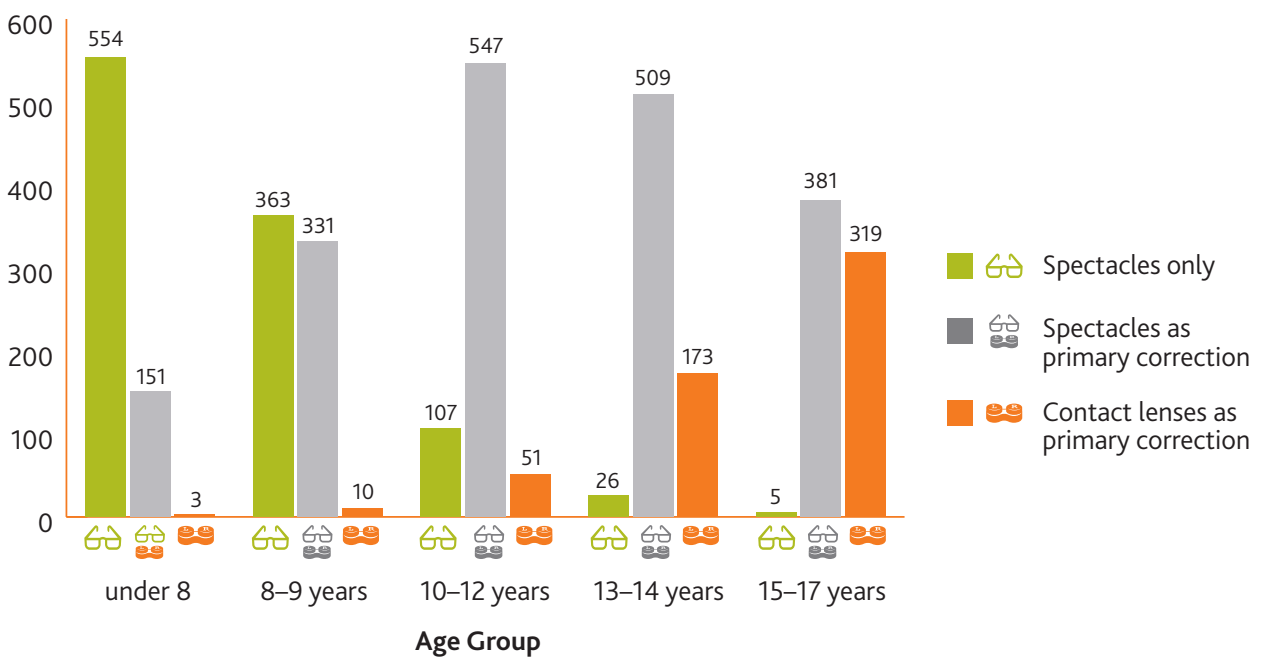


Figure 1 shows that more than three quarters of optometrists (76.2%) indicated that they would be likely to recommend contact lenses as part of the approach to vision correction for children aged 10-12 years. By the time a child reaches 15 years of age, less than 1% of optometrists routinely recommend spectacles only, and 44.6% recommend contact lenses as the primary correction.

Figure 2: Appropriate age to introduce a child to soft contact lenses

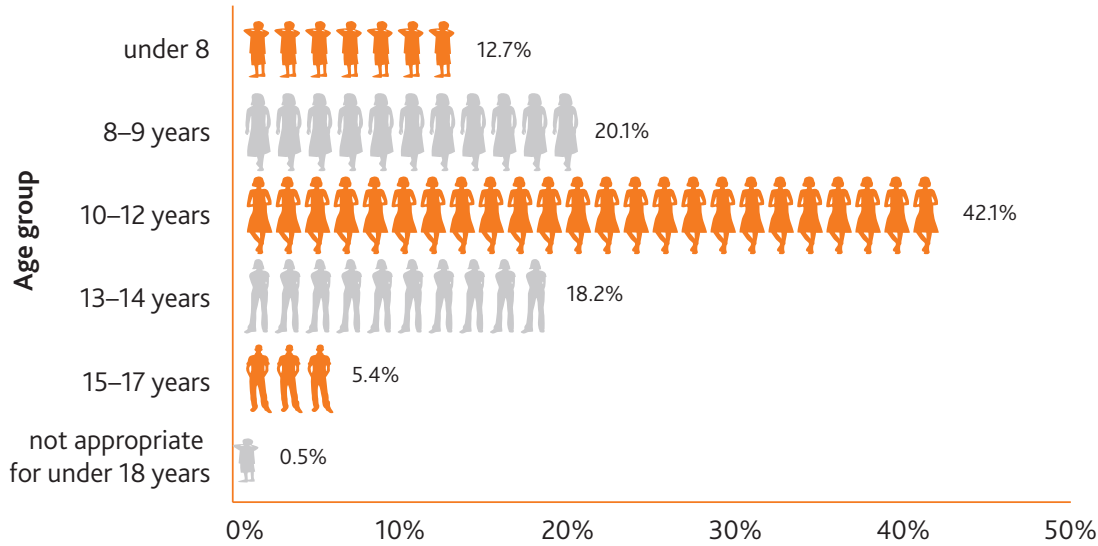


Figure 2 shows the age at which respondents consider it appropriate to introduce children to soft contact lenses. The survey also found that only 13.4% of optometrists consider rigid gas permeable (RGP) lenses to be appropriate for CYP under 18 and only 5.4% would introduce RGP lenses to children under 8.

Figure 3: Reasons given by parents for requesting contact lenses

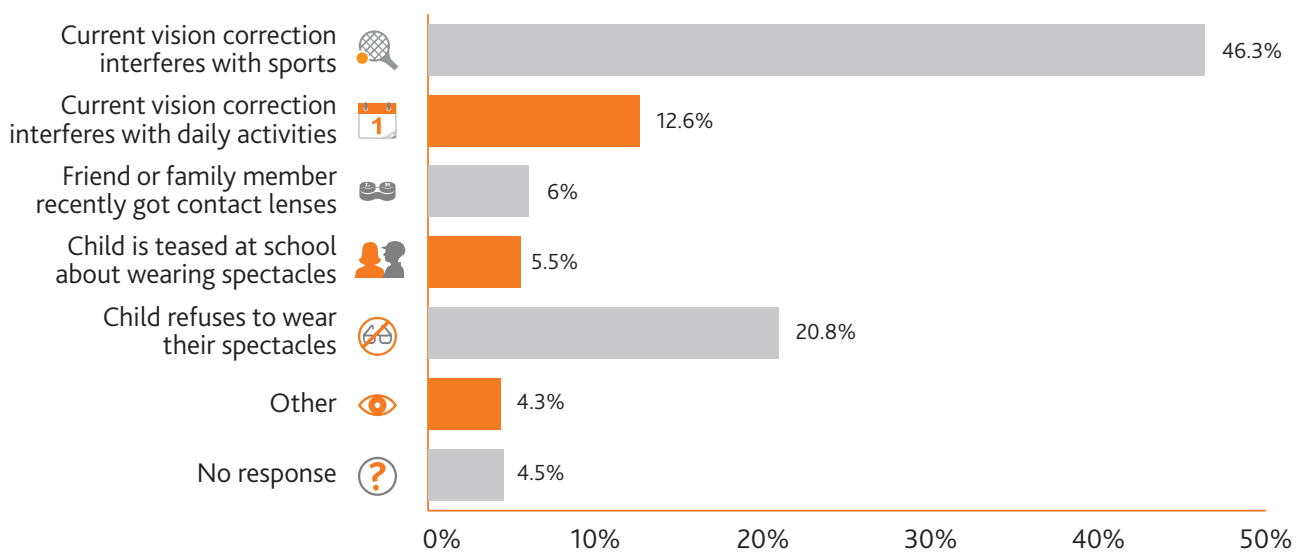


Figure 3 shows that the most common reason for parents requesting contact lenses is that the child's current vision correction interferes with sporting activities. The next most common reason reported is that the child refuses to wear their spectacles.

Table 1: Importance of contact lens properties

	Number		Mean	Median	Mode	Std. deviation
	Responses	No response				
Comfort	733	15	8.77	9.00	10	1.736
Oxygen permeability	733	15	8.79	9.00	10	1.820
Ultraviolet protection	733	15	7.23	8.00	8	2.174
Replacement schedule	733	15	7.96	8.00	10	2.160
Ease of handling	732	16	7.93	8.00	8	1.878
Visual acuity	734	14	8.75	9.00	10	1.497

Table 1 shows that the key properties considered when determining whether to recommend contact lenses for CYP are comfort, oxygen permeability and the quality of visual acuity.

Table 2: Importance of factors when deciding whether to fit contact lenses

	Number		Mean	Median	Mode	Std. deviation
	Responses	No response				
Age	716	32	6.16	6.00	8	2.552
Gender	692	56	2.17	1.00	1	1.946
Child's personal hygiene habits	739	9	8.81	10.00	10	1.893
Child's maturity level	738	10	8.85	10.00	10	1.762
Child's interest/ motivation to wear contact lenses	740	8	8.99	10.00	10	1.765
Child's ability to take care of contact lenses by him/her self	735	13	8.84	10.00	10	1.776
Participation in sports	734	14	7.26	8.00	8	1.897
Impact of contact lens wear on child's self-esteem	734	14	7.77	8.00	8	1.787
Prescription requirement	726	22	7.39	8.00	8	2.044
Frequent frame loss or damage	699	49	4.23	4.00	5	2.346
Frequent spectacle lens damage	704	44	4.24	5.00	5	2.390
Parental interest in having child wear contact lenses	724	24	5.48	6.00	5	2.585
Parental experience with contact lenses	728	20	4.99	5.00	5	2.351
Cost of contact lenses	710	38	4.53	5.00	5	2.611

Table 2 indicates the most important factors considered when determining whether to recommend contact lenses are; the patient's level of maturity, interest in and motivation to wear contact lenses, personal hygiene and the ability to take care of contact lenses. Patient gender is the only factor considered less important than age in this decision making process.

About the survey

The 9,845 practising members of the College of Optometrists represent approximately 71% of the registered optometrists in the UK (13,872). A randomly selected sample of 3,159 College members was invited to take part in the survey and 775 responded (a response rate of 24.53%). However, 27 of the questionnaires submitted were discounted as they contained no data other than a statement that the respondent did not fit contact lenses. This reduced the total number of completed questionnaires to 748.

The largest group of respondents (43.2%) was optometrists working either in independent practices or working for regional/national companies. A quarter of respondents were practice owners and 6.7% identified themselves as franchisees of regional or national optometric companies.

Acknowledgements

This research was jointly funded by The College of Optometrists and Johnson and Johnson Vision Care. It was carried out by The College of Optometrists research team and the results were analysed by Dr Beverley Hancock. The College's research team would like to acknowledge the work of Dr Hancock and the contribution made by Gary Esterow at Johnson and Johnson Vision Care to this project.

