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CANADIAN JOURNAL OF OPTOMETRY | REVUE CANADIENNE D'OPTOMÉTRIE

VOL 73 NO 3 SUMMER / ÉTÉ 2011

An exciting new consumer
ADVERTISING CAMPAIGN
to launch this fall

Lancement d'une nouvelle
CAMPAGNE PUBLICITAIRE
palpitante auprès des consommateurs cet automne

OCTOBER IS EYE HEALTH MONTH

IN REUSABLE LENSES

TURN AN UNCOMFORTABLE TRUTH INTO A SATISFYING OPPORTUNITY.

It's a fact many reusable wearers don't know:
Not all lenses protect equally against 4 key symptoms that may contribute to discomfort. So they suffer in silence from the dryness, irritation, stinging, and redness their lenses may cause.

Spread the comforting news: Fit them in ACUVUE® OASYS® Brand Contact Lenses with HYDRACLEAR® Plus

- **Superior comfort** across the wear cycle versus AIR OPTIX* AQUA and Biofinity* in 2 separate head-to-head studies[1,2]
- **ACUVUE® OASYS® Brand wearers and eye care professionals agree:**
  - — **9 out of 10** said these lenses were better than their previous lenses and they were likely to repurchase[3]
  - — **9 out of 10** eye care professionals experienced high initial fit success[4]

Superior comfort, from start to finish.

Better comfort can mean better retention, increased referrals, and reduced chair time

References: 1. Data on file. Johnson & Johnson Vision Care, Inc. 2008. **2.** Data on file. Johnson & Johnson Vision Care, Inc. 2009. **3.** Data on file. Johnson & Johnson Vision Care, Inc. 2009. **4.** Data on file. Johnson & Johnson Vision Care, Inc. 2009. **5.** Dumbleton K, Woods C, Jones L, Fonn D, Sarwer DB. Eye & Contact Lens. 2009;35:164-171. **6.** Data on file. Johnson & Johnson Vision Care, Inc. 2010.

THE #1 REASON PATIENTS OVERWEAR THEIR CONTACT LENSES IS FORGETFULNESS[5]

THE ACUMINDER™ TOOL

The <u>only</u> contact lens reminder tool <u>proven</u> to increase patient compliance

In a recent survey of reusable lens wearers...

WITHOUT ACUMINDER™:

42% of patients were compliant with their wear schedule[6]

WITH ACUMINDER™:

77% of patients were compliant with their wear schedule[6]

183 Growth Index

ACUMINDER™ IN OFFICE

Now you can enroll your patients into **ACUMINDER™** while they are in your office. Visit **jnjvisioncare.ca**

Help patients stay on schedule and in your practice – they join free at ACUMINDER.ca

A FRESH LENS IS A BETTER LENS

CONCERNED WHEN YOUR PATIENTS

burn the midnight oil

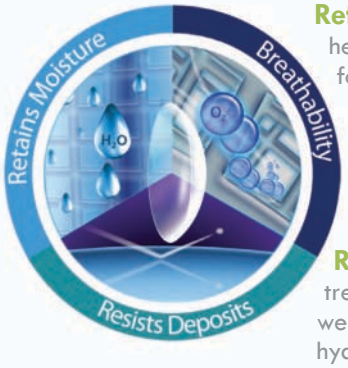
IN THEIR CONTACT LENSES?

AIR OPTIX® AQUA lenses give you peace of mind for patients who push the limits of their contact lenses.

AIR OPTIX® AQUA monthly replacement contact lenses feature **TriComfort™ Technology** for healthy, comfortable, morning-to-night wear.

Learn more at mycibavision.com.

TriComfort™ Technology



Retains moisture. Patented lens material helps minimize the rate of lens dehydration[1] for comfort all day long.

Breathable. State-of-the-art material provides up to 5X greater oxygen transmissibility than HEMA lenses.[2]

Resists deposits. Patented, plasma surface treatment resists deposits through 1 month of wear better than any available 2-week silicone hydrogel lenses worn for 2 weeks.[3]

See how natural they feel.

CIBA VISION™
Shared Passion for Healthy Vision and Better Life

***High oxygen transmissible lenses:** AIR OPTIX® AQUA (lotrafilcon B) contact lenses: Dk/t=138 @ -3.00D. Other factors may impact eye health. **Important information for AIR OPTIX® AQUA contact lenses:** For daily wear or extended wear up to 6 nights for near/far-sightedness. Risk of serious eye problems (i.e., corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur. **References:** 1. In vitro measurements compared with high water content (>50%) hydrogel lenses; significance demonstrated at the 0.05 level; CIBA VISION data on file, 2008. 2. Based on the ratio of lens oxygen transmissibilities; CIBA VISION data on file, 2009. 3. Ex vivo measurement of lipid and protein deposits on lenses worn daily wear through manufacturer-recommended replacement period; Clear Care® used for cleaning and disinfection; significance demonstrated at the 0.05 level; CIBA VISION data on file 2008. AIR OPTIX, CIBA VISION, TriComfort, the AIR OPTIX logo and the CIBA VISION logo are trademarks of Novartis AG.

Rx only

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CANADIAN JOURNAL OF OPTOMETRY REVUE CANADIENNE D' OPTOMÉTRIE

Uniform requirements for manuscripts: login to the member site at opto.ca or contact CAO.

Exigences uniformes pour les manuscrits: voir sur le site des membres à opto.ca ou contacter l'ACO.

A Message from CAO's New President
Un message de la nouvelle présidente de l'ACO

"My motto has been, 'When a group of dedicated individuals agree to work as one, the sky is the limit'."

« Ma devise est la suivante : « lorsqu'un groupe de personnes engagées décident de s'unir, il n'y a pas de limite à ce qu'il peut faire » »

BY / PAR DR. LIL LINTON, OD

I feel honored and privileged to be given the opportunity to represent our profession. I am fully aware of the commitment that is necessary and the many challenges I will face as your president. Many of you have heard me say, 'we are too small a group to be divided'. There are enough outside forces working against us. We can always accomplish more when we all work together. We certainly will not always be in accord, but one thing we must not lose sight of is the need to respect each other.

What can you do to help move our profession forward? Participate locally, provincially and nationally. We need each and every one of you to be accountable; the future of the profession lies in our hands. You are all part of the team, so please stand up and be counted. Behind every success is effort, behind every effort is passion, and behind every passion is someone with the courage to try.

Je me sens honorée et privilégiée d'avoir l'occasion de représenter notre profession. Je suis pleinement consciente de l'engagement qui est nécessaire et des nombreux défis auxquels je ferai face en tant que présidente. Beaucoup d'entre vous m'ont entendu dire que nous étions un groupe trop petit pour être divisé. Il y a suffisamment de forces extérieures qui travaillent contre nous. Nous pouvons toujours en faire plus lorsque nous travaillons tous ensemble. Ma devise est la suivante : « lorsqu'un groupe de personnes engagées décident de s'unir, il n'y a pas de limite à ce qu'il peut faire ». Il est certain que nous ne serons pas toujours d'accord, mais le respect mutuel est une chose que nous ne devons pas perdre de vue.

Que pouvez-vous faire pour aider à l'évolution de notre profession? Participer aux échelons local, provincial et national. Chacun d'entre vous doit être responsable et imputable : le futur de la profession est entre vos mains. Comme vous faites tous partie de l'équipe, prenez position et soyez du nombre. Derrière chaque succès il y a l'effort, derrière chaque effort il y a la passion et derrière chaque passion il y a quelqu'un qui a eu le courage d'agi.

Photo: Dr. Lil Linton with Chloe at the Biennial CAO Congress President's Banquet and Ball. Dr. Linton is the proud 'Mamma' of her new grandchildren, Chloe and Lilly.

Dre Lil Linton tenant Chloe au ball et banquet de la Présidente, au Congrès biennal de l'ACO. Dre Lil Linton est fière grand-mère de ses nouvelles petites-filles, Chloe et Lilly.


NEVER HIDE
Ray-Ban
GENUINE SINCE 1937
ray-ban.com Style: RB 5184
PRODUCED AND DISTRIBUTED BY LUXOTTICA GROUP

Dr Linton received a Bachelor of Science degree from UNB in 1979. She gave birth to twin girls while earning a Doctor of Optometry degree at the Univesity of Waterloo, and graduated in 1984. She has maintained two practices and is now partner in a third.

She has served on many committees for the New Brunswick Association of Optometrists. She was on the NBAO Council from 1988 to 1992 as Secretary-Treasurer, from 1992-1994 as Vice President, and 1994-1996 as President. She was immediate past-president when TPA legislation was passed. From 1999 to 2000, she was an alternate CAO delegate, and returned in 2006, where she has served on the CAO Executive since 2007 in all positions. Most notably, Dr. Linton was Chair of the National Public Education Committee (NPEC) from 2000-2010, guiding this highly successful public education initiative.

She received the NBAO Barnes Bell award in 2003 for her work with NPEC and media/advertising. In 2008, the Ontario Association of Optometrists recognized Dr. Linton with the Certificate of Appreciation for her efforts to build awareness of the importance of regular eye examinations among all Canadians.

Dr. Linton has a passion for optometry and is devoted to furthering the cause of the profession in Canada.

La Dre Linton a reçu son baccalauréat en sciences de l'Université du Nouveau-Brunswick en 1979. Elle a donné naissance à des jumelles pendant ses études à Waterloo, et elle a reçu son doctorat en optométrie en 1984. Elle exploite deux cabinets et est associée dans un troisième.

Elle a siégé à une foule de comités pour l'Association des optométristes du Nouveau-Brunswick. Elle a été secrétaire-trésorière au Conseil de l'AONB de 1988 à 1992; vice-présidente de 1992 à 1994; et présidente de 1994 à 1996. Elle était la présidente sortante au moment de l'adoption de la loi sur les APT. De 1999 à 2000, elle a été déléguée remplaçante à l'ACO. En 2006, elle est revenue à l'ACO et, depuis 2007, elle a occupé tous les postes au sein de l'exécutif de l'ACO. Plus particulièrement, la Dre Linton a été présidente du Comité national d'éducation publique (CNEP) de 2000 à 2010, initiative d'éducation publique qu'elle a dirigée avec beaucoup de succès.

En 2003, elle a reçu le prix Barnes Bell de l'AONB pour son travail au sein du CNEP et dans les médias et la publicité. En 2008, l'Association des optométristes de l'Ontario remettait à la Dre Linton un certificat d'appréciation pour ses efforts à souligner l'importance des examens réguliers de la vue pour la population canadienne.

La Dre Linton a une passion pour l'optométrie et elle s'évertue à en promouvoir la cause au Canada.

Bausch + Lomb Simplifies Ocular Vitamins

For Patients at Risk of AMD

Eye-Specific Formula

For Patients Diagnosed with AMD

AREDS-Based Formula

From the Global Leader *in* Ocular Vitamins*

BAUSCH + LOMB

*Euromonitor, Global Dollar Sales, Eye Health Supplements, 2009.

An exciting new consumer **ADVERTISING CAMPAIGN** *to launch this fall*

On Monday September 26th a new CAO advertising campaign will be launched across Canada to kick off Eye Health Month. Television ads will run on the majority of major networks in English and French markets, including CBC, CTV, Global and Radio-Canada, as well as many specialty cable channels that are popular with our target audience. The campaign is called ***Open Your Eyes*** and will run at high media weights until the end of October.

Based on overwhelming demand from the CAO membership, we also decided to increase our internet presence. In conjunction with the mass media campaign, we will launch an aggressive online advertising campaign featuring web banner ads, an intrusive "take-over" tactic to dominate key portals for a few days, and search engine marketing.

We are also pleased to introduce a new consumer website at **opto.ca/openyoureyes** that has been designed to increase the awareness about eye health care, to provide information on eye health in layperson's terms, plus blogs and Q&A sections. There will be an easy-to-use *Find an Optometrist* tool and feature articles and topics created by CAO members. Tools to enable sharing of information and articles between friends and colleagues have been added, including Facebook.

In conjunction with the media campaign, we expect to garner media coverage through a public relations program. This PR campaign will focus on the same messages as the TV commercials. A number of CAO and National Public Education Committee (NPEC) committee members have already been identified as spokespersons in their regions for media interviews during the month of October.

Those of you who attended the CAO Congress in Winnipeg in late July had a sneak preview of the new campaign created by Ogilvy Healthworld, our new communications agency. The remainder of this article is intended to provide you with background on why it was created, the key messages and to describe some of the tools and programs that will be available to support Eye Health Month.

WHAT LED TO THE *OPEN YOUR EYES* CAMPAIGN?

Earlier this year, the team from Ogilvy conducted interviews with CAO and NPEC committee members from coast to coast. Based on the feedback that they received, it was clear that we needed to generate more impact and to assert the role of optometrists:

- There is growing concern that other provinces may follow British Columbia in deregulation of dispensing glasses and contact lenses.
- The differences between optometrists, opticians and ophthalmologists are not obvious to patients.
- The general public remains unaware about the need for regular and ongoing management of eye health.

OUR MISSION *in moving forward is to expand the perceived role of optometrists in a meaningful way and in a manner that will attract attention.*

The core "promise" that the new campaign communicates is: **Optometrists are the first-line eye health care providers.**

The *Open Your Eyes* campaign delivers three key messages that we believe will motivate Canadians to consult their optometrist more regularly:

- Maintaining healthy eyes is about more than having good vision. This message is communicated by pointing out that **1 out of 7 Canadians could develop serious eye disorders if not diagnosed and treated in time.**
- Your optometrist is the first person you should consult for your eye health.

The campaign focuses on *prevention*. In essence, we felt that people are in the dark about the prevalence of eye disorders – and that they need to *open their eyes*. Using a simple yet memorable device – eyes painted on top of closed eyes – the campaign drives our message home: that although people's eyes appear open, they are in fact closed to an important health issue.

In the TV spot we meet a woman who has eyes painted on top of her closed eyes. Presented as totally normal, she goes through her day (getting up in the morning, drinking her coffee, getting into her car), not realizing that she is living with her eyes closed to an important health issue. At the end of the spot, she arrives for her appointment with an optometrist, and only then do her eyes open. At the same time the voice-over announces the key "1 in 7" fact and we close on the new website address.

The online ads and all other advertising or promotional pieces feature the visual of an open eye painted on the eyelid to tie into the core campaign. All communications tools also feature the key "1 in 7" message and the new website address.

VISIT OUR NEW WEBSITE AT OPTO.CA/OPENYOUREYES

YOUR PARTICIPATION IS IMPORTANT IN COMMUNICATING A CONSISTENT MESSAGE TO PATIENTS ACROSS CANADA

- You play a key role in actively promoting the reasons and benefits of performing regular, more frequent eye health examinations. Explain what you are doing during the examination, what you are looking for and what you are ruling out.
- Promote the campaign and key messages by displaying the posters and patient-oriented brochures in your office.
- Visit the new patient website (opto.ca/openyoureyes) and familiarize yourself with the content and features.
- Please keep in mind that you represent the CAO brand to your patients; you manage the "brand experience" (the patient journey). The media campaign will open the door, but the relationship is in YOUR hands.

OPEN YOUR EYES CAMPAIGN ELEMENTS AND TOOLS AVAILABLE FOR CAO MEMBERS

MEDIA ADVERTISING

- TV commercial (30 seconds – English/French)
- Web banners
- Newspaper ad
- Outdoor/billboard (only available in vertical format)
- Magazine ad
- Website – many of the features and articles are accessible for sharing
- Video (on website) – a new video on the 6 steps of an eye exam will be posted on the website later this fall.

IN-OFFICE TOOLS

- Poster
- Patient pamphlet
- Appointment recall/reminder card
- Updated disease information/fact sheets (will be available later this year)

To order in-office materials or develop an advertisement for your local region, please contact Leslie Laskarin at the CAO office, or send an email to leslie@opto.ca

Lancement d'une nouvelle **CAMPAGNE PUBLICITAIRE** *palpitante auprès des consommateurs cet automne*

Le lundi 26 septembre marquera le lancement pancanadien d'une nouvelle campagne publicitaire de l'ACO, donnant aussi le coup d'envoi au mois de la santé de l'œil. Des messages télévisés seront diffusés sur la plupart des grands réseaux français et anglais, notamment sur Radio-Canada, CBC, CTV et Global de même que sur de nombreuses chaînes spécialisées du câble, populaires auprès de notre public cible. La campagne intitulée ***Ouvrez les yeux*** sera diffusée avec un poids média élevé jusqu'à la fin octobre.

À la demande générale des membres de l'ACO, nous avons aussi décidé d'accroître notre présence Internet. Parallèlement à la campagne dans les médias, nous lancerons une campagne publicitaire en ligne énergique comportant des bannières publicitaires, une tactique intrusive de « prise de contrôle » pour dominer les portails clés pendant quelques jours, et le marketing par moteurs de recherche.

De plus, nous sommes heureux de présenter un nouveau site Web consommateur, opto.ca/ouvrezlesyeux, conçu pour sensibiliser le public à l'égard des soins de santé oculovisuels et vulgariser l'information sur la santé des yeux et la rendre plus accessible. Ce site comporte également des blogues et des FAQ. On y trouvera aussi l'outil « Trouver un optométriste » facile à utiliser ainsi que des articles de fond et des sujets créés par des membres de l'ACO. Des outils permettant le partage de l'information et d'articles entre amis et collègues ont été ajoutés, y compris Facebook.

Parallèlement à la campagne média, nous prévoyons gagner une couverture médiatique par l'entremise d'une campagne de relations publiques. Cette dernière sera axée sur le même message que les messages télévisés. D'ailleurs, de nombreux membres de l'ACO et du Comité national d'éducation publique (CNEP) ont déjà été nommés en tant que porte-parole de leur région pour les entrevues dans les médias durant le mois d'octobre.

Ceux parmi vous qui avez participé au congrès de l'ACO à Winnipeg à la fin juillet ont eu un avant-goût de la nouvelle campagne créée par Ogilvy Healthworld, notre nouvelle agence de communications. La suite du présent article vise à vous fournir l'information sur ce qui a motivé la création de la campagne, les messages clés et une description de certains des outils et programmes qui seront offerts pour appuyer le mois de la santé de l'œil.

QU'EST-CE QUI A MENÉ À LA CAMPAGNE *OUVREZ LES YEUX* ?

Plus tôt cette année, l'équipe d'Ogilvy a mené des entrevues auprès de membres de l'ACO et du CNEP, à l'échelle du pays. Selon les renseignements obtenus, nous avions manifestement besoin de créer un impact accru et de faire valoir le rôle des optométristes :

- Il règne une préoccupation croissante à l'effet que d'autres provinces pourraient suivre la Colombie-Britannique dans la déréglementation de la distribution de lunettes et de lentilles cornéennes.
- Les patients ne discernent pas clairement les différences entre les optométristes, les opticiens et les ophtalmologistes.
- Le grand public n'est toujours pas bien informé sur les besoins d'une gestion régulière et soutenue de la santé des yeux.

NOTRE MISSION, *afin d'aller de l'avant, est d'élargir de manière significative la perception du public sur le rôle des optométristes, et ce, d'une façon qui attirera l'attention.*

Le cœur de « l'engagement » communiqué par la nouvelle campagne est le suivant : **L'optométriste est le professionnel de première ligne en ce qui concerne les soins des yeux.**

La campagne *Ouvrez les yeux* comporte trois messages clés qui, nous le croyons, motiveront les Canadiens à consulter plus régulièrement leur optométriste :

- Une bonne santé oculaire signifie bien plus qu'une bonne vision. Le message est communiqué en précisant que 1 Canadien sur 7 pourrait développer une maladie oculaire grave si elle n'est pas dépistée et traitée à temps.
- Votre optométriste est la première personne que vous devriez consulter pour la santé de vos yeux.

La campagne sera axée sur la « prévention ». Principalement, nous avons ressenti que le public n'avait pas conscience de la prévalence des maladies oculaires, et qu'il avait besoin d'ouvrir les yeux. Faisant appel à un visuel simple mais percutant, des yeux ouverts dessinés sur des paupières fermées, la campagne véhicule notre message de manière claire : bien que les gens semblent avoir les yeux ouverts, ils les ferment sur d'importants problèmes de santé. Dans le message télévisé, on voit une femme avec des yeux ouverts peints sur ses paupières fermées. Présentée comme si tout était normal, elle mène sa routine quotidienne (elle se lève le matin, boit son café, monte dans sa voiture) sans se rendre compte qu'elle ferme les yeux sur d'importants problèmes de santé. À la fin du message, elle arrive à son rendez-vous chez l'optométriste, où elle ouvre enfin les yeux. Au même moment, la voix hors champ énonce le message clé « 1 Canadien sur 7 » et on ferme avec l'adresse du nouveau site Web.

Les annonces en ligne ainsi que toutes les autres pièces promotionnelles mettent en vedette le visuel d'un œil ouvert peint sur une paupière fermée pour faire le lien avec la campagne principale. Toutes les pièces de communication comportent aussi le message clé « 1 Canadien sur 7 » et l'adresse du nouveau site Web.

VISITEZ NOTRE NOUVEAU SITE WEB À OPTO.CA/OUVREZLESYEUX

VOTRE PARTICIPATION EST ESSENTIELLE À LA COMMUNICATION D'UN MESSAGE CONSÉQUENT ET UNIFORME AUX PATIENTS D'UN BOUT À L'AUTRE DU CANADA

- Vous jouez un rôle important dans la promotion active de la raison d'être et des avantages d'un examen oculovisuel régulier. Expliquez ce que vous faites au fur et à mesure que se déroule l'examen, dites ce que vous cherchez et dites ce que vous écartez.
- Faites la promotion de la campagne et des messages clés en disposant les affiches et les dépliants s'adressant aux patients dans votre bureau.
- Visitez le nouveau site Web destiné aux patients (opto.ca/ouvrezlesyeux) et familiarisez-vous avec son contenu et ses fonctionnalités.
- N'oubliez pas que vous représentez la marque ACO auprès de vos patients; vous dirigez « l'expérience de marque » (le parcours du patient). La campagne média ouvre la porte, mais la relation est entre VOS mains.

ÉLÉMENTS ET OUTILS DE LA CAMPAGNE *OUVREZ LES YEUX* MIS À LA DISPOSITION DES MEMBRES DE L'ACO

PUBLICITÉ-MÉDIAS

- Message télévisé (30 secondes – anglais/français)
- Bannières Web
- Annonce dans les journaux
- Panneaux-réclames extérieurs (offerts seulement en format vertical)
- Annonce dans les magazines
- Site Web – de nombreuses fonctions et articles sont accessibles pour le partage
- Vidéo (sur le site Web) – une nouvelle vidéo sur les six étapes d'un examen des yeux sera affichée sur le site Web plus tard cet automne.

MATÉRIEL POUR LE BUREAU

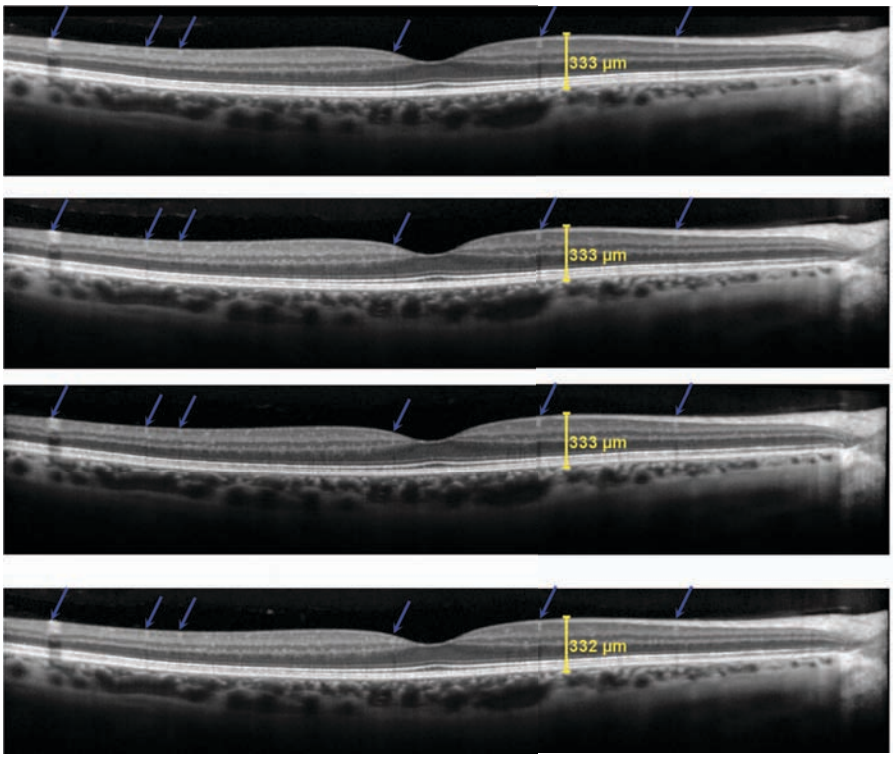
- Affiche
- Dépliant s'adressant aux patients
- Carte de rappel de rendez-vous
- Fiches d'information mise à jour sur les maladies (seront offertes plus tard cette année)

Pour commander le matériel pour le cabinet ou pour créer une publicité pour votre région, veuillez communiquer avec Leslie Laskarin au bureau de l'ACO ou envoyer un courriel à l'adresse leslie@opto.ca.

CONFIDENCE
in what you see.

OCT SPECTRALIS

ACTIVE EYE TRACKING Makes The Difference.



BASELINE
12/16/2009
15:30:38

BASELINE
PLUS
1Minute, 35 Seconds

BASELINE
PLUS
2 Minutes, 13 Seconds

BASELINE
PLUS
2 Minutes, 27 Seconds

- **4 Scans in 150 Seconds** Speedy Acquisition Time
- **Exact Follow-Up Positioning** As demonstrated by repeatable vessel positioning (blue arrows)
- **Repeatable Thickness Measurements**
- **Incredible Detail** Easy identification of all retinal layers Repeatable choroidal imaging

Other OCT systems give you +/- 10 micron repeatability.

Only the Spectralis gives you consistent +/- 2 micron repeatability even on difficult patients.

Your treatment decisions should not be a shot in the dark.

You and your patients deserve the Heidelberg Spectralis.

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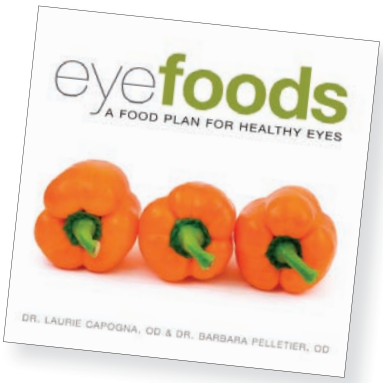
HEIDELBERG ENGINEERING

EyeFoods: A Food Plan for Healthy Eyes



BY PAUL CHRIS, OD

On October 12th, 2001, the results of a major clinical trial sponsored by the U.S. based National Eye Institute (NEI) were released to the public. The findings from this nationwide clinical trial, which became known as AREDS (Age Related Eye Disease Study), demonstrated that high levels of antioxidants and zinc can significantly reduce the vision loss associated with age related macular degeneration (AMD).

According to the NEI press release at the time: "Scientists found that people at high risk of developing advanced stages of AMD, a leading cause of vision loss, lowered their risk by about 25 percent when treated with a high-dose combination of vitamin C, vitamin E, beta-carotene, and zinc. In the same high risk group – which includes people with intermediate AMD, or advanced AMD in one eye but not the other eye – the nutrients reduced the risk of vision loss caused by advanced AMD by about 19 percent. For those study participants who had either no AMD or early AMD, the nutrients did not provide an apparent benefit."

This landmark study started a surge of interest in nutrition and ocular health. In the last ten years, dozens of studies have shown the importance of other nutrients in the prevention of vision loss. In 2004, the Veterans LAST Study (Lutein Antioxidant Supplementation Trial) demonstrated that visual function was improved in a group of patients with AMD using a daily dietary supplementation of 10mg of lutein, a carotenoid found in dark green leafy vegetables, egg yolk and other food sources. A 2011 study reported in Archives of Ophthalmology stated that a dietary intake of omega-3 fatty acids and fish significantly reduced the risk of developing AMD in a group of nearly 40,000 female health professionals.

Other studies have shown that vitamin D deficiency is associated with retinopathy in children and adolescents with type 1 diabetes; that a combination of vitamin B-6, vitamin B-12, and folic acid may protect women against AMD; diets that included excessive amounts of sugars and refined carbohydrates increased the risk of cortical cataracts over a ten year period; that lutein may protect the eyes from the harmful effects of long-term computer display light exposure and improve contrast sensitivity; that the consumption of processed meat, not red meat, is associated with a higher rate of heart diseases and diabetes; and many more similar findings relevant to eye health.

In September 2006, the NEI-sponsored Age Related Eye Disease Study 2 (AREDS2) started and is designed to look at the effects of high oral supplementation of lutein, zeaxanthin and omega-3 fatty acids (EPA/DHA) for the treatment of AMD and cataracts. It is also looking at the role of a reduced zinc concentrations and the elimination of beta-carotene from the original AREDS formula. Scientists are eagerly awaiting the results of this study which will be released in 2013.

Understanding the importance of nutrition in ocular health is now an essential part of an optometrist's role in providing patients with prevention and treatment strategies to preserve and protect vision and eye health.

And now, a newly published book that explores the role of foods in maintaining healthy eyes has been written by two Ontario optometrists, Laurie Capogna, OD, and Barbara Pelletier, OD. Their book, *EyeFoods: A Food Plan for Healthy Eyes*, is an excellent nutrition and eye health primer for optometrists, but an even more important resource for patients and the public. Drs. Capogna and Pelletier have done an extensive review of the existing scientific literature and put together an easy to read and highly informative book that can educate patients about nutrition, the eye and vision, and the age related eye diseases that we are all prone to.

The book is written in three parts. *Part One: The Basics* has two chapters. *Chapter One: Eye Health and Disease* looks at the nature

of AMD, cataracts, dry eye syndrome and eyelid disorders. *Chapter Two: Eye Nutrients* looks at the nature and role of antioxidants, omega-3 fatty acids, fibre and the various relevant vitamins and minerals. In part two, *Chapter Three: Eyefoods* explores the important foods, called eyefoods, which contain the essential nutrients for eye health. *Chapter Four: Lifestyle and General Health* looks at the lifestyle issues that must also be addressed when dealing with any health issue, including smoking, UV exposure and exercise. The final chapter in *Part Three: The Plan* lays out weekly targets for the consumption of eyefoods, some valuable ideas about serving sizes, and guidelines on the lifestyle factors that are as critical to eye health as good nutrition.

With colourful photographs, starting with the smart cover design, well constructed charts and diagrams, and an easy to read font, the book is a treasure trove of science based information for patients about nutrition and ocular health. There are several chapter summaries, an excellent glossary, a comprehensive list of references and a detailed index for searching through the material. The nutrition information is accurate and up-to-date. Their food tips, meal ideas and quick and easy recipes are great.

The authors have not shied away from challenging Canada's Food Guide. On page 101, they point out that the Food Guide recommends that half of all grain choices be whole grain foods. The truth is that there really is no place in our diet for any refined grains and Drs. Capogna and Pelletier appropriately recommend eliminating refined grains entirely from the diet. If there is any criticism to make of the contents of the Eyefoods book, it may be that they have not gone far enough in challenging Canada's Food Guide to which they make numerous references. The 2007 version of the guide, despite its improvement over the 1992 version, has been criticized as placing too much emphasis on grains, dairy products and processed vegetable oils. This over emphasis is a result of the considerable involvement of the food industry, without evidence-based support, in the guide's content. Many scientists believe that our western grain and dairy based diet is a major cause of our epidemics of obesity, diabetes and related chronic diseases.

However, the *Eyefoods* book is an excellent guide to nutrition and ocular health and I would recommend that optometrists make it available in their offices for their patients.

Dr Paul Chris is the Executive Director, Vision Institute of Canada and a founding director of the Ocular Nutrition Society.

The story behind the book *Eyefoods: A Food Plan for Healthy Eyes*

Dr. Laurie Capogna, OD &
Dr. Barbara Pelletier, OD

In today's optometric practice, we face several challenges on a daily basis. Our patients are increasingly educated. Sometimes their source of information is not necessarily reputable and we need to set the facts straight. It is our role to be more knowledgeable than our patients on several topics, including the role of nutrition for eye health. We get questions regularly regarding different supplements available at health food stores and about what to eat to help maintain healthy eyes.

Three years ago we decided to use our common passion about healthy living and optometry to create a tool to answer our patients' questions and to educate the public about what they could do to help preserve their vision. At the time we didn't know what form this tool would take, or for that matter, exactly what information it would include. However, we did know that new studies were continually emerging regarding the connection between nutrition, lifestyle and the prevention of eye disease. We also knew that in order to pass this information along we'd have to present it in a simple, practical and fun way.

After attending several optometry conferences that focused on nutrition and ocular health, we realized that there was

an overwhelming amount of information that we needed to understand before we could educate our patients thoroughly. We decided to review the literature on nutrition and eye health, summarize it and come up with an easy-to-follow plan for our patients. We soon realized that this was going to be an enormous task. After a year of research, a year of analysis, recipe search and plan developing and another year of editing, consulting, reviewing, translating and book design, *Eyefoods: A Food Plan for Healthy Eyes* was born.

Our mission is to empower our patients and the public with the knowledge they need to prevent eye disease and vision loss.

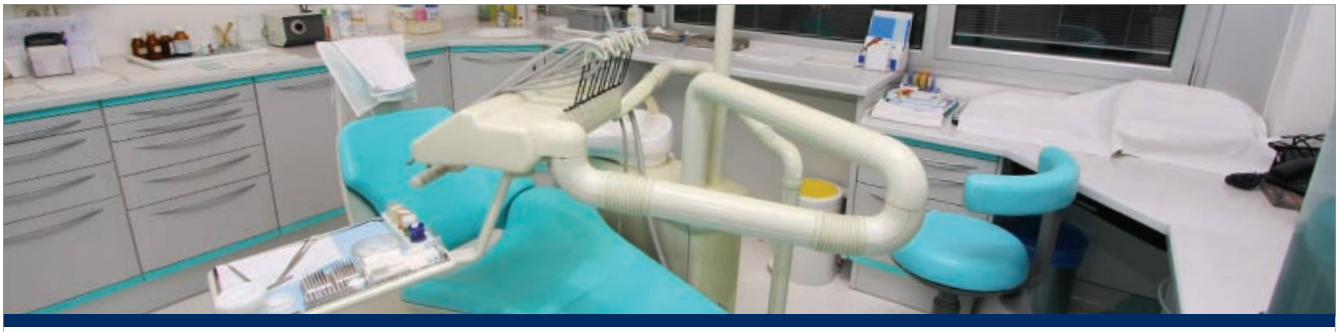
We launched *Eyefoods* at the OAO Symposium in April and introduced it to the attendees of the CAO Congress in Winnipeg in July. The support of our profession was overwhelming. Many optometrists told us this book fills a need for their patients and saves chair time.

We have also had an enthusiastic response and support from various ophthalmologists, and from Dr. Larry Alexander, Dr. Melton and Dr. Thomas.

We want to thank all optometrists who have showed interest in eyefoods and are contributing to spreading the message to their patient base. Our goal is simple: help patients realize they can make a difference in their ocular health with easy everyday choices.

This fall we will be speaking at the CNIB conference in Toronto and exhibiting at the Alberta Association of Optometrists Conference, the Association des optométristes du Québec, the Vision Institute Conference and the American Academy of Optometry Conference.

Eyefoods is available in both English and French. For more information on *Eyefoods* or to order the book please visit **www.eyefoods.com**.



Infiltrative Keratitis
Then and Now

JOE'S VIEW
with Joe Barr, OD, MS, FAAO
Bausch + Lomb

During my graduate-fellowship training in cornea and contact lenses in the late 1970s and then as a clinician and clinical researcher in the early 1980s, I had the opportunity to observe corneal infiltrative events due to extended wear hydrogel lenses, thimerosal, and chlorhexidine. Cause and effect was clear with the preservative events because after the offending agent was removed, better results were found with the same lens type. The early FDA study extended-wear events (these were steep base curve, relatively small lenses that we were required to heat-disinfect during follow-up visits) were less understandable and had individual variation. In those days, treatment often consisted of withdrawal of the offending agent, and the eye healed itself.

Today's infiltrative events are not always as clear in etiology and numerous hypotheses exist for the most common events. These include inflammatory reaction from preservatives or wetting agents/humectants, and perhaps even resistant microorganisms. Some observers believe there has been a dramatic increase in the incidence of infiltrative events in the past few years. Some eye care professionals (ECPs) agree that this is a different clinical entity than seen with extended wear or microbial keratitis and other infiltrative events of the past, and that currently there is no specific diagnostic term for it. I have heard ECPs use the term contact lens-associated infiltrative keratitis (CLAIK) to describe this new phenomenon. Another description of the condition I have heard used is infiltrative keratoconjunctivitis associated with silicone hydrogel lenses and multi-purpose solutions.

We need to shine a light on this issue and begin to unravel the etiologies.

Patients typically present with diffuse, small, superficial, granular/crystal infiltrates, which are distinct from the more focal or ring infiltrates seen in microbial keratitis or round discrete infiltrates seen with contact lens peripheral infiltrates (CLPI). The severity may vary from asymptomatic, as some clinicians have recently related to me, with a white eye and little corneal staining, while others have reported moderate staining plus pain, redness, and photophobia.[1]

Suspected risk factors include the use of multi-purpose solutions, some more than others perhaps,[1] and possibly some silicone hydrogel lenses more than others.[1,2] Lens bacterial bioburden (perhaps due to poor compliance, not rubbing lenses, or old lens cases), hand washing, swimming, lens overwear (extended, too many hours, or past replacement schedule), and being a male or a smoker may be risk factors.[3,4] It seems that true corneal staining or transient hyperfluorescence are not related, according to some investigators.[2,5]

We need to shine a light on this issue and begin to unravel the etiologies. The patients we serve will benefit from successful contact lens wear when we do. Thanks for reading. I'm looking forward to your comments at JoesView@bausch.com.

Joe Barr

Joe Barr, OD, MS, FAAO
Vice President
Global Clinical & Medical Affairs
and Professional Services
Vision Care, Bausch + Lomb

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That's why **renu® fresh™** by Bausch + Lomb is removing the phrase "no rub" from the product labelling and instead will promote an optimal lens wear experience by providing a "rub and rinse" regimen in its instructions.

renu® fresh™ will still continue to be the same great formula that provides your patients with unsurpassed disinfection efficacy combined with excellent protein removal.

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For optimal lens wear experience, recommend **renu® fresh.™**

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in association with
The Canadian Association of Optometrists

TP7035

Partner Profile

Nikon's Balance Digital Progressive Lens is Now Available in a 10 mm Corridor

Using Nikon's proprietary Equi-View Technology applied to the back surface of the lens, Balance Digital minimizes astigmatism and power errors, the two most detrimental factors affecting the optical performance of progressive lenses. Balance Digital progressive lenses is now available in a 10 mm corridor in clear and Transitions® for indices 1.50, 1.60, 1.67 and 1.74 from total sphere -15.00D to +8.00D, cylinder -6.00. Balance Digital 10 mm corridor has a fitting height of 13 mm and despite its shorter progressive design, the width of the visual field remains uncompromised while maintaining the low level of astigmatism in lens periphery. Balance Digital 10 mm corridor is available up to a +4.00 addition and is available with renowned Nikon coatings SeeCoat Plus, SeeCoat, HCC ICE and HCC.*

With highly-tuned aspheric back surfaces, Balance Digital stabilizes power distribution in the horizontal plane, resulting in viewing zones that are extra smooth and wide, minimum blur and distortion, and an up to 12% improvement in sharpness compared with first-generation back-surfaced progressives. What's more, with Balance Digital, unnecessary accommodation effort and eye strain is greatly reduced.

Balance Digital is also available in 12 mm and 14 mm corridor lengths in a choice of index 1.50, 1.60, 1.67 and 1.74 in both clear and Transitions®, with 1.60 also available in polarized.

For more information, please contact your Nikon Territory Manager at 1-800-663-8654 or visit www.nikonlenswear.ca.

**Available in 1.50 index*

Canadian donation helps Malawi School of Optometry
Des dons canadiens aident une école d'optométrie au Malawi

Calgary, August 10, 2011: Malawi has a population of more than 13 million people. Ninety percent of those live in rural areas, with 55% estimated to be living below the poverty line. The economy depends on financial assistance from the IMF, World Bank and other donor agencies. As one of the least developed countries in the world, gender equality, sustainable management of natural resources, private sector development and institutional capacity building are concerns for those focused on Malawi's future.

A high point in the country has been the establishment of a School of Optometry, which is co funded by Optometry Giving Sight. There are currently more than 30 students enrolled in the degree course at the University but the development of their practical skills has been constrained by the lack of an Optometry training clinic located on campus.

Dr. Allan Jones from Calgary visited Malawi last year and immediately sought to help rectify this problem through a guarantee of an extraordinarily generous donation of $96,000 to help fund the construction of a clinic, which is now scheduled to open in September 2012. Dr. Jones said the donation was made in honour of his parents.

Jane Ebbern, Country Manager for Optometry Giving Sight in Canada, said the donation would have a huge impact on the lives of the students and thanked Dr. Jones for his generosity.

Cont'd on p. 21

Target Seasonal Allergic Conjunctivitis with Alrex®

Treat the Signs and Symptoms

- ALREX® for temporary relief of the signs and symptoms of seasonal allergic conjunctivitis[1]
- Proven efficacy with an excellent safety profile[1]
- Available in 5 mL bottles

ALREX® (loteprednol etabonate) Ophthalmic Solution 0.2% is indicated for temporary short-term relief of the signs and symptoms of seasonal allergic conjunctivitis.

Alrex® is for ophthalmic, short-term use only (up to 14 days). If Alrex® is used for 10 days or longer, intraocular pressure should be monitored.

Alrex® is contraindicated in suspected or confirmed infections of the eye: viral diseases of the cornea and conjunctiva including epithelial *herpes simplex* keratitis (dendritic keratitis), vaccinia, and varicella; untreated ocular infection of the eye; mycobacterial infection of the eye and fungal diseases of ocular structures; hypersensitivity to this drug or any ingredient in the formulation or container, or to other corticosteroids.

Reactions associated with ophthalmic steroids include elevated intraocular pressure, which may be associated with optic nerve damage, visual acuity and field defects, posterior subcapsular cataract formation, secondary ocular infection from pathogens including *herpes simplex*, and perforation of the globe where there is thinning of the cornea or sclera.

In clinical studies, adverse events related to loteprednol etabonate were generally mild to moderate, non-serious and did not interrupt continuation in the studies. The most frequent ocular event reported as related to therapy was increased IOP: 6% (77/1209) in patients receiving loteprednol etabonate, as compared to 3% (25/806) in the placebo treated patients.

BAUSCH + LOMB

Pr Alrex®
loteprednol etabonate
ophthalmic suspension 0.2%

PAAB

Bausch & Lomb Canada Inc., Vaughan, Ontario L4K 4B4

References: 1. ALREX Product Monograph, December 22, 2008

See prescribing summary on page 20

Pr Alrex®

(loteprednol etabonate ophthalmic suspension 0.2% w/v)

Prescribing Summary

Patient Selection Criteria

THERAPEUTIC CLASSIFICATION

Corticosteroid

INDICATIONS AND CLINICAL USE

Alrex® (loteprednol etabonate) Ophthalmic Suspension is indicated for temporary short-term relief of the signs and symptoms of seasonal allergic conjunctivitis

CONTRAINDICATIONS

Suspected or confirmed infection of the eye: viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella; untreated ocular infection of the eye; mycobacterial infection of the eye and fungal diseases of ocular structures; hypersensitivity to this drug or any ingredient in the formulation or container, or to other corticosteroids.

SPECIAL POPULATIONS

Use in Pediatrics (< 18 years of age):

Alrex® should not be used in pediatric patients.

Use in Geriatrics:

Alrex® should not be used in geriatric patients. The safety and efficacy of Alrex® have not been established in patients > 65 years of age.

Pregnant Women:

Alrex® should not be used in pregnant women, unless the benefit clearly outweighs the risks. Studies in pregnant women have not been conducted.

Nursing Women:

Alrex® should not be used in lactating women, unless the benefit clearly outweighs the risks.

Safety Information

WARNINGS AND PRECAUTIONS

General

For ophthalmic, short-term use only (up to 14 days).

The initial prescription and renewal of Alrex® should be made by a physician only after appropriate ophthalmologic examination is performed. If signs and symptoms fail to improve after two days, the patient should be re-evaluated. If Alrex® is used for 10 days or longer, intraocular pressure should be closely monitored.

Prolonged use of corticosteroids may result in cataract and/or glaucoma formation. Alrex® should not be used in the presence of glaucoma or elevated intraocular pressure, unless absolutely necessary and close ophthalmologic monitoring is undertaken. Extreme caution should be exercised, and duration of treatment should be kept as short as possible.

Alrex® should not be used in cases of existing (suspected or confirmed) ocular viral, fungal, or mycobacterial infections. Alrex® may suppress the host response and thus increase the hazard of secondary ocular infections. The use of Alrex® in patients with a history of herpes simplex requires great caution and close monitoring.

Alrex® contains benzalkonium chloride.

Alrex® has not been studied in pregnant or nursing women, but has been found to be teratogenic in animals. Alrex® should not be used in pregnant or nursing women unless the benefits clearly outweigh the risks.

Carcinogenesis and Mutagenesis

Long-term animal studies have not been conducted to evaluate the carcinogenic potential of loteprednol etabonate. Loteprednol etabonate was not genotoxic *in vitro* in the Ames test, the mouse lymphoma tk assay, or in a chromosome aberration test in human lymphocytes, or *in vivo* in the single dose mouse micronucleus assay.

Ophthalmologic

Alrex® should be used as a brief temporary treatment. If Alrex® is used for 10 days or longer, intraocular pressure should be closely monitored. The initial prescription and renewal of Alrex® should be made by a physician only after appropriate ophthalmologic examination is performed, ie. slit lamp biomicroscopy or fluorescein staining if appropriate. If signs and symptoms fail to improve after two days, the patient should be re-evaluated.

Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision, and in posterior subcapsular cataract formation. Alrex® should not be used in the presence of glaucoma or elevated intraocular pressure, unless absolutely necessary and careful and close appropriate ophthalmologic monitoring (including intraocular pressure and lens clarity) is undertaken.

Corneal fungal infections are particularly prone to develop coincidentally with long-term local steroid application. Fungus invasion must be considered in any persistent corneal ulceration involving steroid use. Fungal cultures should be taken when appropriate.

Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical steroids. In acute purulent conditions of the eye, steroids may mask infection or enhance existing infection.

Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex). Employment of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution.

Formulations with benzalkonium chloride should be used with caution in soft contact lens wearers.

ADVERSE REACTIONS

Overview

Reactions associated with ophthalmic steroids include elevated intraocular pressure, which may be associated with optic nerve damage, visual acuity and field defects, posterior subcapsular cataract formation, secondary ocular infection from pathogens including herpes simplex, and perforation of the globe where there is thinning of the cornea or sclera.

In nineteen clinical trials ranging from 1 to 42 days in length, 1,209 patients received various concentrations of loteprednol etabonate in topical ocular drops (0.005%, 0.05%, 0.1%, 0.2%, 0.5%). Adverse events related to loteprednol etabonate were generally mild to moderate, non-serious and did not interrupt continuation in the studies. The most frequent ocular event reported as related to therapy was increased IOP: 6% (77/1209) in patients receiving loteprednol etabonate, as compared to 3% (25/806) in the placebo treated patients.

With the exception of elevations in IOP, the incidence of events in the LE group was similar to, or less than that of the placebo control groups. Itching was reported as related to therapy in 3% of the loteprednol treated eyes, injection, epiphora, burning/stinging other than at instillation, foreign body sensation, and burning/stinging at instillation were each reported for 2% of eyes. The most frequent non-ocular event reported as related to therapy was headache, reported for 1.2% of the loteprednol treated subjects and 0.6% of the placebo treated subjects.

To report an adverse event, contact your Regional Adverse Reaction Monitoring Office at 1-866-234-2345 or Bausch & Lomb at 1-888-459-5000

Administration

One drop instilled into the affected eye(s) four times daily for up to 14 days. If scheduled dose is missed, patient should be advised to wait until the next dose and then continue as before.

SHAKE VIGOROUSLY BEFORE USING. Alrex® should be stored upright between 15°–25°C for up to 28 days after first opening.

The preservative in Alrex®, benzalkonium chloride, may be absorbed by soft contact lenses, and can discolour soft contact lenses. Therefore, Alrex® should not be used while the patient is wearing soft contact lenses. Patients who wear soft contact lenses and whose eyes are not red should wait ten to fifteen minutes after instilling Alrex® before they insert their contact lenses.

Patients should be advised not to wear a contact lens if their eye is red. Alrex® should not be used to treat contact lens related irritation.

SUPPLEMENTAL PRODUCT INFORMATION

WARNINGS AND PRECAUTIONS

Sexual Function/Reproduction

The effects of Alrex® on sexual function and reproduction have not been studied in humans. Treatment of male and female rats with up to 50 mg/kg/day and 25 mg/kg/day of loteprednol etabonate, respectively, (1000 and 500 times the Alrex® clinical dose) prior to and during mating, was clearly harmful to the rats, but did not impair their copulation

performance and fertility (i.e., ability of female rats to become pregnant). However, these doses were highly toxic and had significant toxic effects on the pregnancies, and the survival and development of the offspring. Maternal toxicity, possible occurrence of abnormalities and growth retardation started at 10 times the Alrex® clinical dose.

Neurologic
Disturbances and suppression of the Hypothalamic-Pituitary-Adrenal (HPA) axis can occur with systemic exposure to corticosteroids. However, given the very low systemic exposure to loteprednol etabonate when using Alrex® as directed, these possible effects are not likely.

Endocrine and Metabolism
Glucocorticoids, mostly when systemic exposure occurs, decrease the hypoglycemic activity of insulin and oral hypoglycemics, so that a change in dose of the antidiabetic drugs may be necessitated. In high doses, glucocorticoids also decrease the response to somatotropin. The usual doses of mineralocorticoids and large doses of some glucocorticoids cause hypokalemia and may exaggerate the hypokalemic effects of thiazides and high-ceiling diuretics. In combination with amphotericin-B, they also may cause hypokalemia. Glucocorticoids appear to enhance the ulcerogenic effects of non-steroidal anti-inflammatory drugs. They decrease the plasma levels of salicylates, and salicylism may occur on discontinuing steroids. Glucocorticoids may increase or decrease the effects of prothrombopenic anticoagulants. Estrogens, phenobarbital, phenytoin and rifampin increase the metabolic clearance of adrenal steroids and hence necessitate dose adjustments.
However, given the very low systemic exposure to loteprednol etabonate when using Alrex® as directed, these possible effects are not likely.

Immune
Cortisol and the synthetic analogs of cortisol have the capacity to prevent or suppress the development of the local heat, redness, swelling, and tenderness by which inflammation is recognized. At the microscopic level, they inhibit not only the early phenomena of the inflammatory process (edema, fibrin deposition, capillary dilation, migration of leukocytes into the inflamed area, and phagocytic activity) but also the later manifestations, such as capillary proliferation, fibroblast proliferation, deposition of collagen, and, still later, cicatrisation.

Clinical Trial Adverse Drug Reactions
Possibly or probably related adverse events from two Phase III studies are listed below:

	Alrex® 0.2% N = 133	Placebo N = 135
SPECIAL SENSES (EYE DISORDERS)		
Intraocular Pressure		
- elevation of 6 to 9mm Hg*	2% to 12%*	0% to 6%*
- elevation of ≥10mm Hg	1 (1%)	1 (1%)
Chemosis	6 (5%)	7 (5%)
Vision, Abnormal or Blurred	4 (3%)	5 (4%)
Burning/Stinging, on instillation	3 (2%)	6 (4%)
Itching Eye	3 (2%)	3 (2%)
Dry Eye	2 (2%)	4 (3%)
Burning/Stinging, not on instillation	2 (2%)	2 (1%)
Epiphora	1 (1%)	9 (7%)
Discharge	1 (1%)	3 (2%)
Foreign Body Sensation	1 (1%)	1 (1%)
Discomfort Eye	1 (1%)	0 (0%)
Injection	1 (1%)	0 (0%)
Eye Pain	1 (1%)	0 (0%)
Sticky Eye	0 (0%)	7 (5%)
Erythema Eyelids	0 (0%)	2 (1%)
Eye Disorder	0 (0%)	2 (1%)
BODY AS A WHOLE		
Face Edema (Head)	1 (1%)	0 (0%)
Allergic Reaction	1 (1%)	0 (0%)
MUSCULOSKELETAL SYSTEM		
Twitching	0 (0%)	1 (1%)

* for IOP increase of 6 to 9 mm Hg, please see below

One patient in the Alrex® group and one patient in the placebo group experienced increases in IOP of ≥10 mm Hg. Among these, one in each group had an IOP increase of ≥15 mm Hg, reaching IOP values over 30 mm Hg.
In both studies, there were more patients with IOP increases of 6 to 9 mm Hg in the Alrex® group than in the placebo group (see table below). In study A, among the patients with IOP increases of 6 to 9 mm Hg, four reached an IOP value of 22 to 23 mm Hg, and one patient reached 29 mm Hg and was discontinued (clinically significant increase in IOP). All these five patients were from the Alrex® groups.

Incidence of IOP increases of 6 to 9 mm Hg from baseline
(number of patients and percentages)

	Duration of treatment Day 7	Day 14	Day 28
Alrex®			
Study-A	6 (9%)	6 (9%)	8 (12%)
Study-B	3 (5%)	1 (2%)	4 (6%)
Placebo			
Study-A	0 (0%)	4 (6%)	1 (2%)
Study-B	0 (%)	0 (%)	0 (%)

Due to the sample size for each arm of the two phase III studies in SAC, all events captured are greater than 1% of n.

SYMPTOMS AND TREATMENT OF OVERDOSAGE
For management of suspected accidental oral ingestion or drug overdose, consult your regional poison control centre.
No cases of overdose have been reported.
Full Product Monograph available for health professionals at: http://www.bausch.ca

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PAAB

Calgary, le 10 août 2011 – Le Malawi compte plus de 13 millions d'habitants; 90 % résident en milieu rural et on estime que 55 % vivent sous le seuil de la pauvreté. L'économie repose sur l'aide financière accordée par le Fonds monétaire international (FMI), la Banque mondiale et d'autres bailleurs de fonds. Le Malawi étant un des pays les moins développés au monde, l'égalité des sexes, la mise en valeur durable des ressources naturelles, le développement du secteur privé et le renforcement des capacités institutionnelles constituent une source de préoccupation pour son avenir.

L'établissement d'une école d'optométrie cofondée par Optometry Giving Sight a représenté un point fort dans le pays. Plus de 30 étudiants sont inscrits au programme d'études menant à un diplôme à l'université, mais la mise en pratique des techniques apprises était limitée vu l'absence d'une clinique de formation sur le campus.

L'an dernier, le Dr Allan Jones, de Calgary, s'est rendu au Malawi et a tout de suite cherché à régler le problème en garantissant un don extraordinairement généreux de 96 000 $ pour aider à financer la construction d'une clinique, qui devrait ouvrir en septembre 2012. Le Dr Jones a fait ce don en l'honneur de ses parents.

Jane Ebbern, directrice nationale d'Optometry Giving Sight au Canada, a affirmé que ce don aura des répercussions immenses sur la vie des étudiants, et elle a remercié le Dr Jones de sa générosité.

For more information about Optometry Giving Sight® or to make a donation, please call 1-800-585-8265 ext. 4 , or by visiting our website: **givingsight.org**

Pour plus d'information sur Optometry Giving Sight® ou pour verser un don, il suffit de téléphoner au 1-800-585-8265, poste 4, ou consulter : **givingsight.org**

CAO BIENNIAL CONGRESS IN PICTURES

Top: Congress Registrants ready for top calibre continuing education.

Middle left: Dr. Kirsten North presents the President's Cup Golf Tournament to this year's winner, Dr. Doug Cote, CAO Councillor from Newfoundland and Labrador. Congratulations!

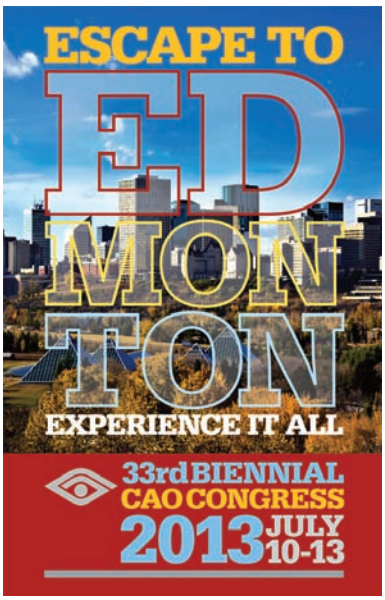
Middle right: Incoming CAO President, Dr. Lil Linton and outgoing CAO President, Dr. Kirsten North, carry the Canadian flag in the Congress Opening Ceremonies. Provincial association presidents were flag bearers, carrying provincial flags with pride. The Opening Ceremonies were held at the Manitoba Museum.

Left: Staff at Henderson Vision Centre , left to right, Lara Otaki, Beverly Sadlowski, Samantha Markevich, Carolyn Reidiger, Sharon McAulay, Debbie Klepatz, Rose Boda, and Regina Konn.

Photos courtesy of Dr. Michelle Georgi

Top: Drs. Jack Huber and Len Koltun, with the author, Susan Swedberg-Kohli, promote the sale of the history book of CAO and Canadian Optometry, Lucto et Emergo. Sales of the book were brisk and are now available from the CAO national office at Claudette@opto.ca.

Left: Drs. Irene Dao-Mestito and Michael Nelson, co-chairs, Congress Planning Committee, acted as masters of ceremony throughout Congress and were the consummate hosts!



A gallery of Congress photos are available on the CAO member portal. A quick link may be found on the home page. Member login at opto.ca. Also bookmark the 2013 CAO Congress page as one of your favourites. Information about the Congress program will be added as it becomes available. Mark the date! **Escape to Edmonton, Experience it All** – July 10-13, 2013. Visit: opto.ca/en/cao-2013-congress.html.

A New Director at École d'optométrie — Université de Montréal

CHRISTIAN CASANOVA, PHD, FAAO

On June 1st, 2011, Christian Casanova succeeded the outgoing Jacques Gresset in the directorship of the School of Optometry at the University of Montreal. The term of office is for four years. Dr. Casanova is Professor at the School of Optometry and Associate Professor in the Faculty of Medicine, University of Sherbrooke. Since 2004, he has headed the Research Group in Vision Science at U of M and served as Associate Director for Research and Graduate Studies at the School of Optometry. He played a decisive role, in cooperation with the Department of Ophthalmology, in creating the first Ph.D. program in Vision Science in the francophone world. Deputy Director (advertising, communication and promotion) of the FRSQ Vision Research Network, Dr. Casanova is also a member of several international research associations, including the Vision Sciences Society, the American Academy of Optometry, and the Society for Neuroscience.

"Casanova combines solid research experience and proven skills in academic management", said the Rector, Guy Breton. "An excellent communicator and team player, he combines good listening skills with the ability to take action. I am confident that with all of our faculty members at the School, he will be able to adapt our programs to the new realities of Optometry in North America, ensuring the development of the Clinic, the advancement of the School along the lines of basic and applied research, and the promotion, beyond our walls, of a profession that is currently evolving in Quebec."

The Rector also wished to express his appreciation to the outgoing director, Jacques Gresset. "The academic optometry community in Quebec, which celebrated its 100th anniversary last year, was privileged to have the informed, dynamic contribution of Jacques Gresset. During his two terms, Jacques has done much to develop programs in rehabilitation and visual impairment and was able to provide the School with the impetus that pushed it forward in the research domain and allowed it to gain international recognition. I thank him very sincerely on behalf of the university community."

The School of Optometry is the only of its kind in Quebec and the oldest university department of optometry in North America. It has about 30 teachers and hosts 270 students, in addition to housing the University Vision Clinic that serves as a practical training for future optometrists.

Eighth Science Day | Eyes, Vision and Neurosciences
La huitième journée scientifique | Œil, Vision et neurosciences

BY /PAR CLAUDE J GIASSON OD, PhD

Dr Leonard Levin, one of the day's guest speakers, with Dr Jacques Gresset, Director of the School of Optometry. / Dr Leonard Levin, un des conférenciers invités de la journée en compagnie du Dr Jacques Gresset, directeur de l'École d'optométrie

On April 1, 2011, the School of Optometry of the University of Montreal held its eighth Science Day. This year, the event emphasized the establishment of the doctoral program in vision sciences at the University of Montreal. The program was awarded last November by the provincial Minister of Education, Recreation and Sport. The University of Montreal shared with the University of Alabama the unique distinction of having a school of optometry and a department of ophthalmology on the same campus. Optometry and ophthalmology have now come together at the University of Montreal to offer a combined doctoral program in vision sciences. In addition to partnering with ophthalmology, the program brings together professors with an interest in vision sciences, mainly from the Department of Psychology.

The day began with speeches by Joseph Hubert, Vice-Rector, Research and International Relations; Jacques Gresset, then Director of the School of Optometry; and Christian Casanova, director of the vision sciences research group (Groupe de Recherche en Sciences de la Vision – GRSV). With the theme "Eyes, Vision and Neurosciences", the Science Day was organized jointly with the GRSV. The group includes a nucleus of professors from the School of Optometry, plus researchers from the pediatrics, cell biology and pathology, psychology, kinesiology and biomedical engineering units of the University of Montreal, and researchers from the Chemistry-Biology Department of the University of Quebec at Trois-Rivières, and the Department of Ophthalmology of McGill University.

Guest speaker Lotfi Merabet, OD, PhD, is an assistant professor of ophthalmology at Harvard Medical School and the Massachusetts Eye and Ear Infirmary in Boston. Dr. Merabet feels at home in Montreal. Not only is he a guest professor in the School of Optometry, but he completed a doctorate in neurosciences there under the supervision of Christian Casanova. He then went to Boston to study optometry. Funded by the National Institutes of Health, his research focused on the compensatory and neuroplastic mechanisms associated with loss of vision, and the development of rehabilitation strategies for people who are blind or visually impaired.

In his lecture on a clinical and neuroscientific approach to the development of compensatory abilities by people who are blind (Développement des habiletés compensatoires chez l'aveugle:

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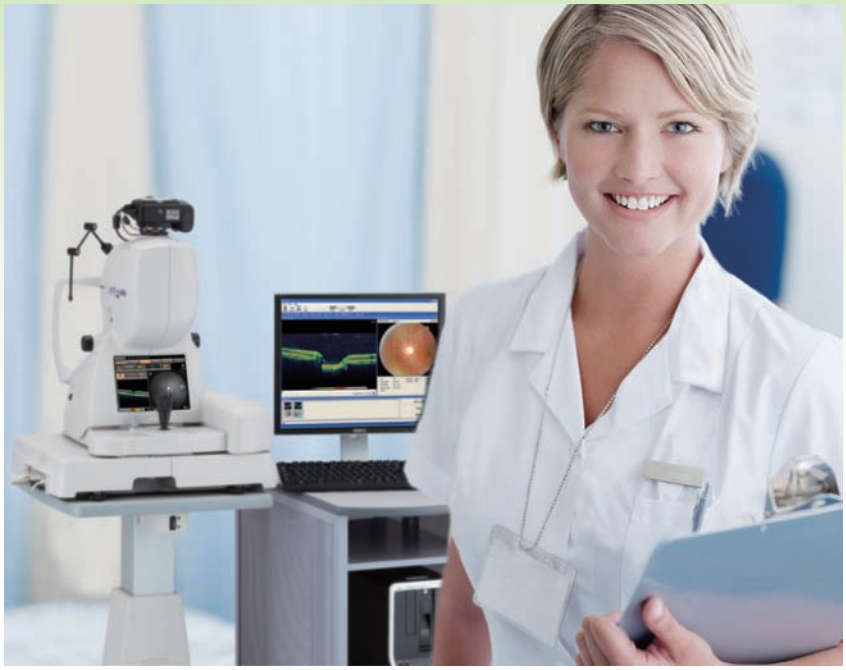

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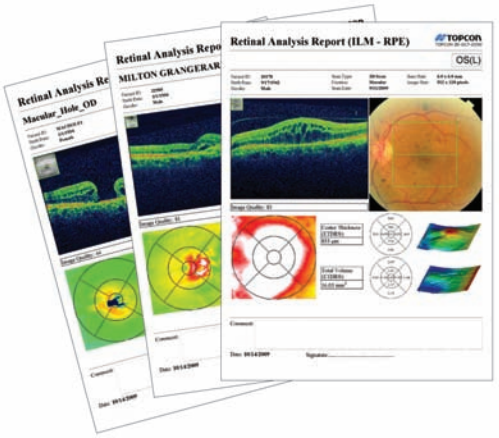

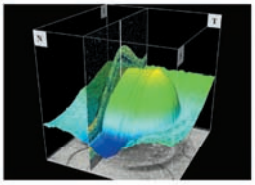

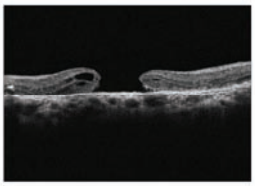

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CONNECTING VISIONS

General view of students presenting their posters in the Hall of Honour of the Roger-Gaudry Building (Pavillon Principal) at the University of Montreal. / Vue d'ensemble des étudiants présentant leurs affiches dans le hall d'honneur de l'immeuble Roger-Gaudry (Pavillon Principal) de l'Université de Montréal.

une approche clinique et neuroscientifique), he described an approach that uses video games to develop the navigation skills of blind children. He concluded his presentation by showing a teaser for the film *Do You Dream in Color?* (www.doyoudreamincolor.org), for which he was a scientific consultant. The film is an attempt to understand the dreams of six blind teenagers who, despite their disability, show great courage in achieving their dreams, which are no different from those of other young people of their age. Obviously, however, they face many more obstacles in realizing their dreams.

The second guest speaker, Dr. Leonard A Levin, MD, PhD, spoke as the representative of the ophthalmological partners in the launch of the PhD program in vision sciences. Dr. Levin is holder of the Canada Research Chair in Ophthalmology and Vision Sciences at the University of Montreal. He completed his bachelor's degree, MD and related research at Harvard University, and a residency in ophthalmology and neuro-ophthalmology at the Massachusetts Eye and Ear Infirmary. His clinical practice specializes in patients with neuro-ophthalmological problems, particularly those affecting the optic nerve. A special challenge for Dr. Levin consists in the development of effective clinical treatments based on knowledge generated by basic research. His research program relates to retinal ganglion cell death mechanisms at the molecular, tissue culture and whole-animal levels. This includes the role played by axonal injury in inducing ganglion cell loss, and the type of trauma that affects the axons. These issues are of interest naturally to both ophthalmologists and neurologists. Dr. Levin's research is funded by the Canadian Institutes of Health Research and the US National Institutes of Health. He has to his credit over 150 articles in peer-reviewed periodicals, journal articles and book chapters, as well as three patents. He has edited five manuals, including the recent *Ocular Disease: Mechanisms and Management* and the brand-new 11th edition of Adler's *Physiology of the Eye*. He is a permanent member of the special interest group on diseases of the anterior segment of the eye of the US National Institutes of Health, and has been an ad hoc reviewer for the Canadian Institutes of Health Research, and funding agencies in a number of countries.

In his remarks, he presented a vision of what treatment for glaucoma will be like in 2025. He pointed out that a doctor treating glaucoma today can help the patient only by relieving intraocular pressure. He expects that by 2025, neuroprotection and protection of the axons of ganglion cells will have progressed sufficiently to offer clinical treatments for patients.

In addition to Professor Casanova, who went over the features of the doctoral program in vision sciences, the 11 other lectures and 30 posters on the program for the day were introduced by optometry students or graduate students. *Tables 1*, *2* and *3* list the presentations, depending on whether it was a lecture or a poster presented by a graduate or undergraduate student in optometry.

The event was made possible through the generous contributions of the following societies

and organizations: Novartis, the National Bank of Canada, the vision health research network of the Quebec government's health research fund (Réseau FRSQ de Recherche en Santé de la Vision), and the GRSV. The generosity of the sponsors also made it possible to present awards for excellence to nine students. The winners were chosen by consensus of the various juries for each student category, except for the people's choice award, presented for the presentation attracting the most votes from the audience.

Master's student Bruno Cécyre received the Réseau FRSQ de Recherche en Santé de la Vision award for his poster "The cannabinoid receptor type 2 modulates the development of the visual nervous system". The awards from the GRSV went to doctoral students: in the oral presentation category, to François Duhamel for "The role of Krebs cycle metabolites in retinal angiogenesis: involvement of alpha-ketoglutaric acid and its receptor, GPR99" and to Zhuo Shao in the poster category for "Choroidal Involution is a Key Component of Oxygen Induced Retinopathy". The National Bank prize for the best clinical research poster (doctorate in optometry, OD) went to Geneviève Brassard and Marie-Andrée Morin for their presentation "Do videogames affect tearing?" (Figure 3); the National Bank award for excellence for the best scientific poster by an optometry undergraduate went to Vanessa Bachir, Lisa-Marie Rubino and Richard Wardé for their presentation on "The influence of panretinal photocoagulation on the human eye in diabetics". Finally, the people's choice award for the presentation receiving the most votes went to Hocine Slimani for a presentation on "The influence of congenital blindness on heat perception".

TABLE / TABLEAU 1

Oral presentations by graduate students / Communications orales réalisées par des étudiants gradués

Title/ Titre de la présentation	Student/ Étudiant
Influence of congenital blindness on heat perception / Influence de la cécité congénitale sur les perceptions thermiques	Hocine Slimani (MSc)
Impact of endocannabinoid CB1 receptors on the functional organization of the primary visual cortex / Impact des récepteurs CB1 aux endocannabinoïdes sur l'organisation fonctionnelle du cortex visuel primaire	Reza Abbas Farishta (Ph.D.)
Functional activity of the retina adapted to darkness blindness in Lewy body disease patients / Activité fonctionnelle de la rétine adaptée à l'obscurité chez la personne atteinte de maladie à corps de Lewy	Guillaume Carcenac(Ph.D.)
Retinal Fundus: An open window to the coronary microcirculation	Hadi Chakor (Ph.D.)
The impact of stromal stem cells from marrow in a model of oxygen-induced retinopathy in mice / L'impact des cellules souches stromales issues de la moelle dans un modèle de souris de rétinopathie induite par l'oxygène	Martine Blais (MSc))
The role of GPR55 in axonal guidance during the development of the neurovisual system / Rôle de GPR55 dans le guidage axonal lors du développement du système neurovisuel	Hosni Cherif (MSc)
The role of the hippocampal complex in navigation for those with congenital blindness / Le rôle du complexe hippocampien dans la navigation chez l'aveugle congénital	Léa Gagnon (Ph.D.)
Normal aging and the perception of natural stimuli / Le vieillissement normal et la perception de stimuli naturels	Rémy Allard (Post-doc)
Axonal varicosities density as an index of local neuronal interactions / Axonal varicosities density as an index of local neuronal interactions	Zi-Wei Zhang (Ph.D.))
The regulation of blood oxygenation in retinal vessels and the optic nerve / Régulation de l'oxygénation sanguine dans les vaisseaux rétiniens et du nerf optique	Pierre-Jean Bernard (Ph.D.)
The role of Krebs cycle metabolites in retinal angiogenesis: involvement of alpha-ketoglutaric acid and its receptor, GPR99 / Rôle des métabolites du cycle de Krebs dans l'angiogénèse rétinienne : implication d'a-cétoglutarate et de son récepteur, GPR99	François Duhamel (Ph.D.)

TABLE / TABLEAU 2

Posters by graduate students / Affiches réalisées par des étudiants gradués

Title / Titre de la présentation	Student / Étudiant
1- The modulation of synaptogenesis mediated by the CB1 cannabinoid receptor is dependent on the netrin-1 guidance molecule and its receptor, DCC / 1- La modulation de la synaptogenèse médiée par le récepteur CB1 aux cannabinoïdes est dépendante de la molécule de guidage nétrine-1 et de son récepteur DCC	Pascal Fleury (MSc))
2- The endocannabinoid system within the non-human primate retina	Joseph Bouskila (Ph.D.)
3- Blindness from birth does not seem to benefit olfactory location / 3- La cécité de naissance ne semble pas avantager la localisation olfactive	Mylène Blanchette (MSc)
4- Functional retinal imaging: the contribution of the internal retina / 4- Imagerie rétinienne fonctionnelle : contribution de la rétine interne	Laurent Bussières (MSc)
5- Choroidal Involution is a Key Component of Oxygen Induced Retinopathy	Zhuo Shao (Ph.D.)
6- The cannabinoid receptor type 2 modulates the development of the visual nervous system / 6- Le récepteur CB2 aux cannabinoïdes module le développement du système nerveux visuel	Bruno Cécyre (MSc)
7- Long-term increase in neuronal reactivity of the rat primary visual cortex by visual training paired with basal forebrain electrical stimulation	Marianne Groleau (MSc))
8- People with Retinitis Pigmentosa: Are They Really that Different?	Nathalie Duponsel (Ph.D.)
9- The role of stereoscopic depth information in form consistency / 9- Le rôle de l'information de profondeur stéréoscopique dans la constance de forme	Mercédès Aubin (Ph.D.)
10- The elderly are more vulnerable to visually induced postural instability when performing complex cognitive tasks / 10- Les personnes âgées sont plus vulnérables à l'instabilité posturale induite visuellement lors de tâches cognitives complexes	Jean-Marie Hanssens (Ph.D.)
11- Assessing an ingenious approach to record and analyze clinical electroretinograms	Mathieu Gauvin (MSc)

TABLE / TABLEAU 3

Poster presentations by fourth-year optometry students / Présentations par affiches réalisées par des étudiants de quatrième année en optométrie

Title / Titre de la présentation	Students / Étudiants
12- Comparative study of the measurement of central corneal thickness by ultrasound pachymetry, optical coherence tomography and corneal topography pachymetry / 12- Étude comparative de la mesure de l'épaisseur cornéenne centrale par la pachymétrie par ultrasons, la tomographie par cohérence optique et la pachymétrie par topographie cornéenne	M Deshaies, M Gareau-Forget
13- Tobacco-cessation counselling: what are the practices of Quebec optometrists? / 13- Counselling en abandon du tabac : quelles sont les pratiques des optométristes québécois?	C Abboud, É Deschambault
14- The effect of visual transition on posture control: comparison of young and elderly subjects / 14- L'effet d'une transition visuelle sur le contrôle postural : comparaison entre des sujets jeunes et âgés	S Déziel-Gagnon, B Millette
15- Tactile labyrinth learning by the congenitally blind / 15- Apprentissage de labyrinthes tactiles chez les aveugles congénitaux	S Aumond, A Huppé
16- Patient knowledge and perception of the eye examination: by whom, when and why? / 16- Connaissances et perceptions des patients à l'égard de l'examen oculo-visuel : par qui, quand et pourquoi?	C Duguay, J Larouche
17- The influence of panretinal photocoagulation on the human eye in diabetics / 17- Influence de la photocoagulation panrétinienne sur l'oeil humain diabétique	V Bachir, LM Rubino, R Wardé
18- Questionnaire and visual tracking in a population of children with hearing disabilities / 18- Questionnaire et dépistage visuel chez une population d'enfants présentant une déficience auditive	MP Girard, K Thériault

19- Comparative study of the measurement of the optic nerve by biomicroscopy of the back of the eye (BBE) and by optical coherence tomography (OCT) / 19- Étude comparative de la mesure du nerf optique entre la biomicroscopie du fond d'oeil (BFO) et la tomographie par cohérence optique (OCT)	J Bainbridge-Bérubé, JF Nault
20- Comparison of the optical aberrations of keratoconus with and without the usual method of correction / 20- Comparaison des aberrations optiques de kératocônes avec et sans le mode de correction habituel	A Hains, I Toupin-Giroux
21- Spatial integration and spatial geometry: 3D training for the brain / 21- Intégration spatiale et la géométrie de l'espace : entraîner le cerveau en 3d	G Deschênes, F Fernet-Leclair
22- The influence of eye condition on Schirmer's text / 22- L'influence de la condition oculaire sur le test de Schirmer	MC Forget, MP Landreville
23- Comparative study of measurement of the iridocorneal angle by students from all three years of the optometry program, and clinicians from the School of Optometry / 23- Étude comparative de l'évaluation de l'angle irido-cornéen par les étudiants des 3 dernières années du programme d'optométrie et par les cliniciens de l'École d'optométrie	E Bédard, S Leroux
24- Post-zona acquired Bell's palsy: management of the ocular symptomatology / 24- Paralysie du Nerf Facial Acquise Suite au Zona : gestion de la symptomatologie oculaire	Yunjung Hong
25- The effect of observation distance on the measurement of stereoscopic acuity in intermittent exotropia / 25- Effet de la distance d'observation sur la mesure de l'acuité stéréoscopique chez les exotropes intermittents	S Bélanger, AC Le Sieur
26- Comparative evaluation of subjective comfort and the wetting angle of corneal lenses treated with two maintenance systems / 26- Évaluation comparative du confort subjectif et de l'angle de mouillage de lentilles cornéennes traitées par deux systèmes d'entretien	G Lafleur, D Samaha
27- Do video games affect tearing? / 27- Est-ce que les jeux vidéo affectent les larmes ?	G Brassard, MA Morin
28- The perception of colour under LED lighting as compared with halogen lighting / 28- La perception de la couleur en éclairage LED versus en éclairage halogène	J Larocque, S Sutton
29- Comparative study of the suppression zone using the Worth dot test and binocular perimetry with a group of subjects with microstrabismus and a control group / 29- Étude comparative de la zone de suppression aux points de Worth et à la périmétrie binoculaire chez un groupe de sujet avec microstrabisme et chez un groupe contrôle	Ah Yuk Diane Chan, Lulu Li
30- Comparison of correction with eyeglasses and with corneal lenses in the severely shortsighted (>5.00 D) / 30- Comparaison de la correction en lunettes et en lentilles cornéennes chez des forts myopes (>5.00 D)	AA Lessard, A Martel
31- Comparison of visual fields in degrees measured with Goldmann perimetry and Octopus 900 in a monitored low-vision population / 31- Comparaison des champs visuels en degrés mesurés avec les périmètres Goldmann et Octopus 900 dans une population suivie en basse vision	J Cloutier, M Ruel
32- An atypical case of uveitis associated with HLA-B27 / 32- Un cas atypique d'uvéite associée à l'HLA-B27	T Qili Xie

L'École d'optométrie de l'Université de Montréal a tenu le 1 avril dernier sa huitième journée scientifique. Cette année, la journée soulignait la naissance du programme de doctorat (Ph.D.) en Sciences de la Vision de l'Université de Montréal. Ce programme a été accordé en novembre dernier par la ministre de l'Éducation, du loisir et des sports du Québec. L'Université de Montréal partageait avec l'Université de l'Alabama l'unique distinction d'avoir sur un même campus une École d'optométrie et un département d'ophtalmologie. Voilà maintenant qu'optométrie et ophtalmologie de l'Université de Montréal se sont regroupées afin d'offrir un programme commun de Doctorat (Ph.D.) en Sciences de la Vision. En plus du partenaire d'opthalmologie, le programme rassemble des professeurs intéressés par les Sciences de la Vision, principalement du département de psychologie.

La journée a débuté par des allocutions de M. Joseph Hubert, Vice-recteur à la recherche et aux relations internationales, puis de M. Jacques Gresset, alors directeur de l'École d'optométrie et, enfin de M. Christian Casanova, directeur du le Groupe de Recherche en

Sciences de la Vision (GRSV). Sous le thème, « Œil, Vision et Neurosciences», cette journée était organisée conjointement avec le GRSV. Ce groupe comprend en plus du noyau de professeurs de l'École d'optométrie, des chercheurs des unités de pédiatrie, pathologie et biologie cellulaire, psychologie, kinésiologie et de génie biomédical de l'Université de Montréal, des chercheurs du département de Chimie-biologie de l'Université du Québec à Trois-Rivières ainsi que du département d'ophtalmologie de l'Université McGill.

Le conférencier invité, Lotfi Merabet, O.D., Ph.D. est professeur adjoint d'ophthalmologie au Harvard Medical School et au Massachusetts Eye and Ear Infirmary de Boston. Dr. Merabet se sent chez lui à Montréal. Non seulement, il est professeur invité à l'École d'optométrie, mais il y a fait un doctorat en neurosciences sous la supervision de Christian Casanova. Il s'en est allé ensuite à Boston afin d'étudier l'optométrie. Ses travaux de recherche, financés par les National Intitutes of Health, portent sur les mécanismes compensatoires et neuroplastiques associés à une perte visuelle et sur le développement de stratégies de réhabilitation pour les personnes aveugles ou présentant un déficit visuel.

Dans sa conférence intitulée, Développement des habiletés compensatoires chez l'aveugle: une approche clinique et neuroscientifique, il a décrit une approche qui utilise les jeux vidéos afin de développer chez des enfants aveugles des aptitudes de navigation. Il a

Cheques being presented to the winners of the National Bank award for the best clinical research poster (doctorate in optometry, O.D.). Left to right: Dr Claude Giasson, principal organizer of Science Day, Marie-Andrée Morin, student prizewinner, Mr Loriot from the National Bank (sponsor), and Geneviève Brassard, student prizewinner. / Remise du chèque aux lauréates du prix de la Banque Nationale pour la meilleure affiche de recherche clinique (doctorat en optométrie, O.D.). Dans l'ordre habituel, Dr Claude Giasson, organisateur principal de la journée scientifique, Mme Marie-Andrée Morin, étudiante lauréate, M. Loriot de la Banque Nationale, commanditaire, Mme Geneviève Brassard également étudiante lauréate.

terminé sa conférence en présentant la bande-annonce du film « Do You Dream in Color? » (www.doyoudreamincolor.org) pour lequel il a joué un rôle de consultant scientifique. Ce film est une tentative afin de comprendre les rêves de six adolescents aveugles qui malgré leur handicap, démontrent beaucoup de courage à atteindre leurs rêves, qui ne sont pas différents de ceux des autres jeunes de leur âge. Mais, ils ont évidemment beaucoup plus d'obstacles à surmonter afin de pouvoir les vivre.

Le second conférencier invité, le Dr Leonard A. Levin, M.D., Ph.D. , a pris la parole à titre de représentant des partenaires ophtalmologiques en cette journée de lancement du programme de Ph.D. en Sciences de la Vision. Le Dr Levin est titulaire de la Chaire de recherche du Canada en ophtalmologie et en Sciences Visuelles à l'Université de Montréal. Il a complété des formations de premier cycle, de chercheur et de médecin à l'Université Harvard, de même qu'une résidence en ophtalmologie et en neuro-ophtalmologie au Massachusetts Eye and Ear Infirmary. Sa pratique clinique est spécialisée avec des patients aux prises avec des troubles neuro-ophtalmologiques, en particulier les problèmes du nerf optique. Un défi particulier du Dr Levin consiste à développer des traitements cliniquement efficaces à partir de

connaissances générées par des recherches fondamentales. Son programme de recherche porte sur les mécanismes de la mort des cellules ganglionnaires de la rétine à la fois aux niveaux moléculaire, de la culture tissulaire et de l'animal dans sa globalité. Cela comprend le rôle que la lésion axonale joue dans l'induction de la perte des cellules ganglionnaires et le type de traumatisme que subissent les axones. Bien entendu, une telle problématique intéresse à la fois l'ophtalmologie et la neurologie. Les recherches du Dr Levin, sont financées par les Instituts Canadiens de Recherche en Santé et les National Institutes of Health des États-Unis. Il a à son actif plus de 150 articles dans des revues arbitrées par les pairs, des articles de révision, et chapitres de livres, de même que 3 brevets. Il a été éditeur de cinq manuels parmi lesquels, le récent Ocular Disease: Mechanisms and Management et la toute nouvelle 11ème édition de Adler's Physiology of the Eye. Il est un membre permanent de la section d'étude des maladies du segment antérieur de l'œil des Instituts nationaux de la santé des États-Unis et a été un examinateur ad hoc pour les Instituts Canadiens de Recherche en Santé, et les organismes de financement de plusieurs pays.

Dans sa conférence, il a présenté une perspective sur ce que sera le traitement du glaucome en 2025. Il a indiqué que le médecin qui traite le glaucome ne dispose de nos jours que de la réduction de la tension oculaire afin d'aider son patient. Il prévoit qu'en 2025, les stratégies visant la neuroprotection et la protection des axones des cellules ganglionnaires auront progressé suffisamment pour offrir des traitements cliniques à la disposition des patients.

Outre le professeur Casanova qui a résumé les particularités du programme de Ph.D. en Sciences de la vision, les 11 autres conférences et 30 affiches au programme de la journée ont été présentées par des étudiants en optométrie ou des étudiants gradués. Les *tableaux 1*, *2* et *3* énumèrent ces présentations selon qu'il s'agit d'une conférence ou d'une affiche présentée par un étudiant gradué ou par un étudiant de premier cycle en optométrie.

Cet évènement a été rendu possible grâce à la généreuse contribution des sociétés ou organisations suivantes : Novartis, la Banque Nationale, le Réseau FRSQ de Recherche en Santé de la Vision du Québec et le Groupe de Recherche en Sciences de la Vision (GRSV). De plus, la générosité des commanditaires a permis de distribuer des prix à neuf étudiants pour l'excellence de leur travail. La sélection des gagnants a été exécutée par consensus auprès de différents jurys pour chaque catégorie d'étudiants, sauf dans le cas du prix du public qui était décerné à la présentation recueillant le plus de suffrages de l'auditoire.

Bruno Cécyre, étudiant à la maîtrise; s'est mérité le prix Réseau FRSQ de Recherche en Santé de la Vision pour son affiche : « Le récepteur CB2 aux cannabinoïdes module le développement du système nerveux visuel ». Les prix du Groupe de Recherche en Sciences de la Vision ont été gagnés par des étudiants au doctorat (Ph.D.). Dans la catégorie présentation orale, François Duhamel pour le « Rôle des métabolites du cycle de Krebs dans l'angiogénèse rétinienne : implication d'a-cétoglutarate et de son récepteur, GPR99 » et Zhuo Shao dans la catégorie affiches pour « Choroidal Involution is a Key Component of Oxygen Induced Retinopathy ». Le prix de la Banque Nationale pour la meilleure affiche de recherche clinique (doctorat en optométrie, O.D.) a été remis à Geneviève Brassard et Marie-Andrée Morin pour leur présentation « Est-ce que les jeux vidéo affectent les larmes?» ; le prix d'excellence de la Banque Nationale pour la meilleure affiche scientifique, catégorie premier cycle en optométrie a été remporté par Vanessa Bachir, Lisa-Marie Rubino et Richard Wardé pour leur présentation intitulée, « Influence de la photocoagulation panrétinienne sur l'oeil humain diabétique; enfin, le prix du public de l'École pour la présentation recueillant le plus de suffrage a été accordé à Hocine Slimani pour sa conférence intitulée, « Influence de la cécité congénitale sur les perceptions thermiques ».

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** On average.

† Based on subjective ratings of quality of vision during the night, day, and overall.

†† Based on subjective ratings of consistenc of vision throughout the day and from lens to lens.

References: 1. In a randomized, sponsor masked clinical study among wearers of Focus® Dailies® contact lenses, at 10 sites with 177 patients; significance demonstrated at the 0.05 level. CIBA VISION data on file, 2009. 2. Based on contact angle measurement in vitro on unworn lenses and ex vivo on worn lenses; significance demonstrated at the 0.05 level. CIBA VISION data on file. 2008. 3. Ex vivo analysis of worn lenses; significance demonstrated at the 0.05 level. CIBA VISION data on file, 2008.


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