Some primary care optometrists dread the day when they see that a very young child is scheduled for an appointment. It often awakens images of various horror movie genre titles such as: “Pre-school Aliens,” “Total Toddler Destruction,” and “Infants Gone Bad!” Those of us involved in the care of infants, toddlers, and pre-school children however, know that most of the time the movie titles brought to mind should be more like “The Sound of Music,” “Happy Feet” and “Dora the Explorer.”

One of the American Optometric Association’s (AOA) main goals for the InfantSEE™ program is to alert the public that 1) vision disorders are the 4th most common disability in the United States and the most prevalent handicapping condition in childhood, 2) only about 14 percent of children younger than 6 years are likely to have ever had a vision examination and that 3) pediatricians merely provide a basic vision screening that just detects gross eye abnormalities. The AOA also states that a comprehensive eye assessment by an optometrist involves much more and is an important part of any well baby care program. They also noted that the American Public Health Association (APHA) passed a resolution recognizing the shortcomings of vision screenings and recommended eye examinations at 6 months, 2 years, and 4 years of age. The APHA also urged pediatricians to recommend that all children receive comprehensive eye examinations.1

The AOA states that during InfantSEE™’s first year, an estimated 50,000 infants were seen by 7,300 optometrists.2 Although there have been stories in the AOA News and other news media about optometrists saving a child’s life or eyesight from undiagnosed glaucoma3 and retinoblastomas, what has been less reported are the number of children saved from a life of visual impairment from amblyopia, strabismus and uncorrected refractive error. What has not been as frequently reported is how children who are now under the care of an optometrist benefit through-out their lives. What has not been as frequently reported is how we improve the lives of these individuals every day.

Were you aware that 10% of all children are at risk because of undiagnosed eye and vision problems, 3% of children suffer the devastating affects of amblyopia (a major cause of visual impairment in individuals less than 45 years of age), and that 4% of our children will develop strabismus? Did you know that 1 in 33 of our offspring will have significant refractive error and that 1 in 100 will exhibit an eye disease?4 Since even simple percentages can mask the toll that can result from undiagnosed eye and vision problems, we should put this in more human terms. In 2005, there were 73.5 million children under age 18 in the United States.5 The true meaning of the above percentages is that 7.35 million children were at risk for eye and vision problems and that more than 2 million had amblyopia. It means that almost 3 million of our children have an eye turn and that some 2 million plus of our offspring has major amounts of refractive error.

Every time I see a single child in my examination chair that has undiagnosed eye and vision problems that if treated early would have allowed the child to avoid a life of visual impairment, discomfort and frustration; I often shake my
head with sad wonder. I wonder why ophthalmology doesn’t support optometry when we recommend full eye examinations for our nation’s young children. I wonder why pediatrics don’t refer young children for well-baby eye examinations. I wonder why parents do not routinely bring their infants in for comprehensive eye examinations. I wonder why all optometrists aren’t a part of InfantSee™.

If you also shake your head in sad wonder, here’s what I’d suggest you do:

1. Join InfantSee™ if you haven’t already done so.
2. Ask all the optometrists you know to join InfantSee™.
3. Ask your national, regional and state associations to provide ongoing continuing education programs in the areas of child development, child examination, and the treatment of children with eye and vision problems.
4. Read all the articles in this infant themed issue of Optometry and Vision Development and then put them into action when you evaluate young children.
5. Talk to other professionals about the many services you provide for children.
6. Tell the patients you already serve that you offer eye and vision care for the young child.

Several years ago I conducted an informal survey as to why parents bring infants and toddlers in for an eye examination. The number one reason was a suspected eye turn, but the second most common reason was because we told the parents that we had the knowledge and skill to provide eye care for little ones.

Tell them. They will come.

As always, I want your feedback and comments not only on this editorial, but on all we offer in every issue of the OVD. Please email your comments, praise (and yes, even criticism) to dmaino@ico.edu. After all, this is your journal.

Acknowledgement

The title for this editorial comes from a lecture given by friend, colleague, COVD Fellow and former OVD Journal Review Board member, Dr. Mary Beth Woehrle.

References


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