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Dr. Larry T. Hartung, O.D. uses a phoropter (left) and biomicroscope to examine his clients' eyesight. Optometrists can diagnose vision problems, prescribe glasses, fit contact lenses, treat external eye disorders and make referrals to an ophthalmologist, if necessary.

EYE on LARRY HARTUNG

Doctor of optometry

BY BARBARA RAVAGE

Even if you made it to middle age without needing glasses, it's a sure thing you've started to notice the blur of words on the page. You may be able to compensate by holding your book at arm's length, but it's a losing battle against time.

The technical name for what's happening is presbyopia, explains Larry Hartung, an Eastham optometrist who runs a self-described mom-and-pop practice with his wife, Debbie. A normal part of aging, presbyopia affects

close vision only and occurs when the focusing muscles and the lens inside the eye no longer work together to deliver a clear image. We can't control the focusing muscles, unlike the external muscles that move our eyeballs around. Over time, the lens becomes increasingly rigid and thus more difficult for the focusing muscles to bend. Most people begin to notice presbyopia in their 40s. Near-focusing ability typically worsens over the next decade or two. By our mid 50s to 60s, we've lost it entirely.

You may have tried reading glasses

from a drugstore, flea market, or discount emporium. These inexpensive magnifiers may be a good solution during the years when near vision is gradually diminishing. Although off-the-shelf reading glasses work for many people, Larry says, "the magnification is equal in each eye, so if your eyes aren't the same – and they often aren't – you won't get the clarity you want."

Moreover, they don't correct for near-sightedness, far-sightedness, and

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Hartung

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astigmatism, which distorts both near and far vision. That's when you need glasses made according to a prescription written by an eye doctor who can precisely measure the vision of each eye. If you have one or more other vision problems, a prescription can correct them all. Depending on your needs, you may choose eyeglasses with bifocal, trifocal, or progressive lenses, or contact lenses, or some combination.

"Floaters" are another common eye problem as we age. According to Larry, "One hundred percent of people over 70 have floaters," minute bits of cellular matter suspended in the clear, gel-like substance that fills the eyeball. As Larry explains it, over time the gel becomes more liquid and particles slosh around in it – "like a snow-globe." Even though floaters are tiny, they seem quite large, especially when viewed against a bright background. That's because they cast a shadow on the retina when hit by light coming into the eye. They often look like bugs or cobwebs, but sometimes appear as flashing lights.

Floaters and flashes are annoying but usually harmless. In rare cases, however, they signal a potentially sight-threatening retinal tear or detachment. That's why Larry urges patients who see flashes to come in so he can take a look inside their eyes. "We'll see you as soon as we can – that day or first thing the next morning. Nine times out of ten, it's not a problem," but if the retina's torn or detaching, he'll make a referral to a retinal specialist for laser treatment.

And then there are dry eyes. "As we get older, everything gets dryer," Larry observes. Eyes are no exception. The usual culprits are dry indoor heat in winter and watching television or working on a computer. When you're glued to the tube, you blink less often. Blinking spreads a protective layer of fluid over the eyeball. Once every 5 seconds is about the frequency needed to keep the surface moist. Larry's commonsense advice? "Blink more." He suggests putting a sticky note on the computer or TV that says "BLINK" to remind yourself, and if you're a reader,

make a "BLINK" bookmark.

Drinking enough water is important, he says. Dehydration affects the eyes sooner than the rest of the body because they are open to the air and thus to evaporation. Vitamin A also helps, whether in a daily multivitamin tablet or orange, red, and green fruits and vegetables: orange, pink, and red citrus; carrots; sweet potatoes; red peppers; and leafy greens.

In the morning, he advises holding a warm moist washcloth over your eyes for a few moments, then using fingertips to gently massage your lids along the margin near the lashes, where the glands that secrete the oily component of the tear layer are located.

Finally, try lubricating drops, available without prescription at any drug-store. Buy the "artificial tears" type, not the kind for red eyes. Lubricating drops come in different thicknesses from watery to gel and ointment. See what works for you – perhaps the lighter drops during the day and a thicker preparation before bedtime.

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If these strategies fail, talk to your eye doctor, who can try a number of treatments, from temporarily or permanently plugging the small hole through which tears drain out of each eye to prescribing drops that stimulate tear production.

That combination of common sense and the training to diagnose and treat troublesome eye problems is Larry's stock in trade. He loves to talk

with and listen to his patients, "People out here have such interesting stories, such fascinating lives," he says. Now 60, he came to the Cape in 1983 at the urging of his older brother, Arthur. After graduating from Notre Dame with a B.A. in psychology and earning his doctorate from the Illinois College of Optometry, Larry served in the Navy for eight years, including a four-year stint as chief of optometry at the U.S. Naval Air Station in Naples, Italy.

"Get out of the Navy. Come up here and live on Cape Cod," insisted Arthur, a retired Navy man himself who had moved to Eastham five years earlier. He offered to build Larry an office as an addition to the building that houses his dental practice.

Larry and Debbie took a leap of faith. "I put out the shingle and hoped

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people would come in," he recalls, adding that he spent the early days making and selling birdhouses in the garage. "I had a phone out there in case someone called needing an eye doctor." The couple, married since 1972, has two children and six grandchildren. For four years running, Larry and Debbie have joined a volunteer team of doctors organized by Cape ophthalmologist Michael G. Morley, M.D., at an eye clinic in a remote village in Thailand. "It's very satisfying work," Larry says. "Over there you get the feeling you're really putting the education you have to use."

Doctors of optometry undergo four years post-graduate training. Some add an additional year or two in a chosen specialty, and all take 18 hours of continuing medical education each year. In Massachusetts, they are licensed to diagnose vision problems and eye disease, prescribe glasses, fit contact lenses, and treat external eye disorders. Larry keeps watch on patients' eye health, but when he spots problems outside the scope of his practice, he refers them to an ophthalmologist, a medical eye specialist who can perform cataract and other eye surgeries and treat eye diseases such as glaucoma, diabetic retinopathy, and macular degeneration.

Larry urges wearing sunglasses, since ultraviolet light contributes to the development of cataracts as well as macular degeneration. Between the beaches and the water, outdoorsy Cape Codders are exposed to lots of reflective surfaces, which multiply the light pouring into our eyes. Polarized lenses cut glare, making it possible to see into the water, important to people who fish, kayak, or engage in other watery pursuits.

He recommends polycarbonate lenses to protect eyes from flying objects. Glasses or goggles made from this thin but super-strong plastic are a must for anyone who plays sports and uses power equipment (including lawnmowers). As a plus, polycarbonate filters UV rays, even when not tinted as sunglasses.

A number of chronic illnesses contribute to eye problems. People with diabetes are at risk for a type of retinal damage that may lead to blindness. Cardiovascular disease, high blood pressure, and high cholesterol may cause sight-threatening hemorrhages. Macular degeneration is now the number one cause of blindness in people over 70. "The worst case scenario,"

Quickhits

WebLinks

Larry T. Hartung, O.D.
55 Oak Road
North Eastham, MA 02651
508-255-0480
www.capecodeyecare.com/dr-hartung.html

Cape Cod Eye Care Associates

an alliance of Cape Cod Doctors of Optometry
Find an optometrist in your area, as well as tips and links to information on eyes and eye care.
www.capecodeyecare.com

National Eye Institute

National Institutes of Health
An A-to-Z list of eye diseases and disorders.
www.nei.nih.gov/health

Larry says, "is being overweight, not exercising, having high blood pressure, eating poorly, not protecting the eyes from the sun." And, he adds, "Smoking is a huge contributing factor," yet another reason to kick the habit.

What else can people do to protect their eyesight? It may be surprising, but Larry says the same wellness strategies that work for the rest of the body help keep eyes healthy. "Eat well, exercise, and above all, don't smoke." If you think of your eyes as the window to your body and think of Larry as a primary care doctor for your eyes, you'll see clearly how much sense his advice makes.

About the author

Barbara Ravage moved to Cape Cod from her native New York City in 2000, after the youngest of her children went off to college. She considers heavy doses of ocean air and Cape light the best cure for empty nest syndrome. A graduate of Barnard College, she is the author of nine books, including a biography of Rachel Carson for middle-school students and "Burn Unit: Saving Lives After the Flames," which explores the history and science of burn treatment. She balances her writing life with yoga, karate, and pottery. After years of making do with two summer weeks on the Cape, her favorite part about living here is that she's already home.



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