

Drug Store Reading Glasses: Friend or Foe?

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self-prescribed reading glasses

Walk into any drug store and you'll see them displayed on a tower rack or at the check-out counter. Prefabricated reading glasses, or readers, attract emerging presbyopes and those further along the presbyopia path. Research shows that readers account for \$400 million in sales annually, a tiny slice of total vision-related retail sales, which amount to \$23 billion.

Defining a problem

So a few of your patients decide to self-prescribe, visit the local retailer and shell out \$10 to \$20 for readers - no harm, no foul, right? Not always. Industry observers claim that many of these patients neglect regular eye exams, which "can lead to a myriad of concerns from simple eye strain or discomfort to undiagnosed glaucoma or retinal disease," says Dr. Kimberly Friedman, O.D., of Moorestown Eye Associates in Moorestown, N.J.

Some are concerned about lost revenue. Irving Bennett, O.D., professor of Business Practice Management at the Pennsylvania College of Optometry, says that displaying readers in the reception area or dispensary is a nice touch, "but the profit in ready-to-wear is small," especially when compared to custom-made, progressive lenses that can cost \$200 or more.

Peter G. Shaw-McMinn, O.D., assistant professor at The Southern California College of Optometry, contends that selling readers out of your own office can prove tricky. "It sends the message to the patient that over-the-counter (OTC) readers are good enough, which contradicts the thought that everyone's eyes are different and that customized glasses can improve their quality of life."

Dr. Friedman sometimes recommends that patients purchase ready-made readers in certain circumstances (e.g., readers over contact lenses when the patient has exactly the same prescription in both eyes and no astigmatism). But she explains that she always cautions the patient that OTC readers are not custom devices and have less quality control than prescription glasses, and that they have no exact measurements for their particular pupil distance or lens or frame size. She then tells the patient he can try this less-expensive route first, but to return for custom reading glasses should the patient feel at all uncomfortable with the OTC version.

Spreading knowledge

When Morton W. Silverman, O.D., F.A.A.O., professor at NOVA Southeastern University (NSU) College of Optometry and professor at NSU College of Medicine's Master in Public Health Program, educates his students, he points out that it took years to develop the corrected curve lens that eliminated marginal astigmatism and spherical aberrations and that all eyecare practitioners were proud to prescribe these quality lenses. "In one swoop," he continues, "we have turned the clock back in history by allowing patients to not only buy glasses that aren't corrected-curve quality lenses over the counter, but in many cases are stamped-out plastic lenses will all types of aberrations."

Dr. Silverman tells students that regardless of what the patient decides to do, it's their (the students') duty to warn patients that it's not a matter of economics, but that cheap glasses aren't quality glasses and that it's in the patients' best interests to use custom-made glasses.

Opposing arguments

According to Dr. Bennett, readers remain popular for two reasons:

1. Ophthalmologists, particularly those who don't have a dispensary, recommend OTC readers to their patients
2. The frames for OTC readers are attractive. (And, Dr. Bennett points out, a good sales point is that patients can buy three or four pairs of readers and leave them all over the house or office so they're readily available because of their low cost.)

But Dr. Bennett also offers points that support the prescribing of ophthalmic lenses over readers:

- * Prescription ophthalmic eyeglasses are convenient because a patient can wear his regular eyeglasses all of the time and not have to constantly look for them.
- * Readers don't correct astigmatism and patients often have enough astigmatism to be annoyed when it's not corrected.
- * Readers (worn at the end of a patient's nose) don't look well and often are a "sign of age."
- * Often people need a slight distance prescription as well as help for near and regular ophthalmic glasses (progressives and bifocals) permit the correction of both.

Dr. Bennett does point out, however, that trying to sell patients progressive lenses instead of suggesting ready-made reading glasses isn't much help because of the cost difference (about \$10 for readers and often more than \$200 for progressives).

So, friend or foe?

Do you have an answer to this question? Is your practice barely staying afloat because your patients are buying pre-fabricated reading glasses at the local drug store? Hardly. The truth is, if you sold this modality in your practice, you would mostly likely barely cover your costs. And your colleagues agree. As Dr. Bennett says, "The sale of readers is no profit margin except for drug stores and gas stations that use them as 'point-of-purchase' items."

Regardless of whether your patients boost their vision with drug store reading glasses or with custom readers from your practice, stress the importance of regular eye exams. Dr. Shaw-McMinn likes to tell patients that dime store glasses are the main cause of glaucoma. He then explains to them, "People don't get the disease from the glasses, but they don't come in for regular eye exams until they've lost sight from the glaucoma. Then it's too late to get the sight back."

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