

# Proper eyesight is imperative in road safety

By FANNIE SUNSHINE  
The Champion

As we get older, our eyesight won't be as accurate at the age of 65 as it was at 30. Keeping that in mind, it's imperative to have your eyes examined, especially if you're operating a vehicle, said Jan Mowbray of the Milton Road Safety Committee.

"Maybe around the age of 70 people should notice changes in their eyesight," she said.

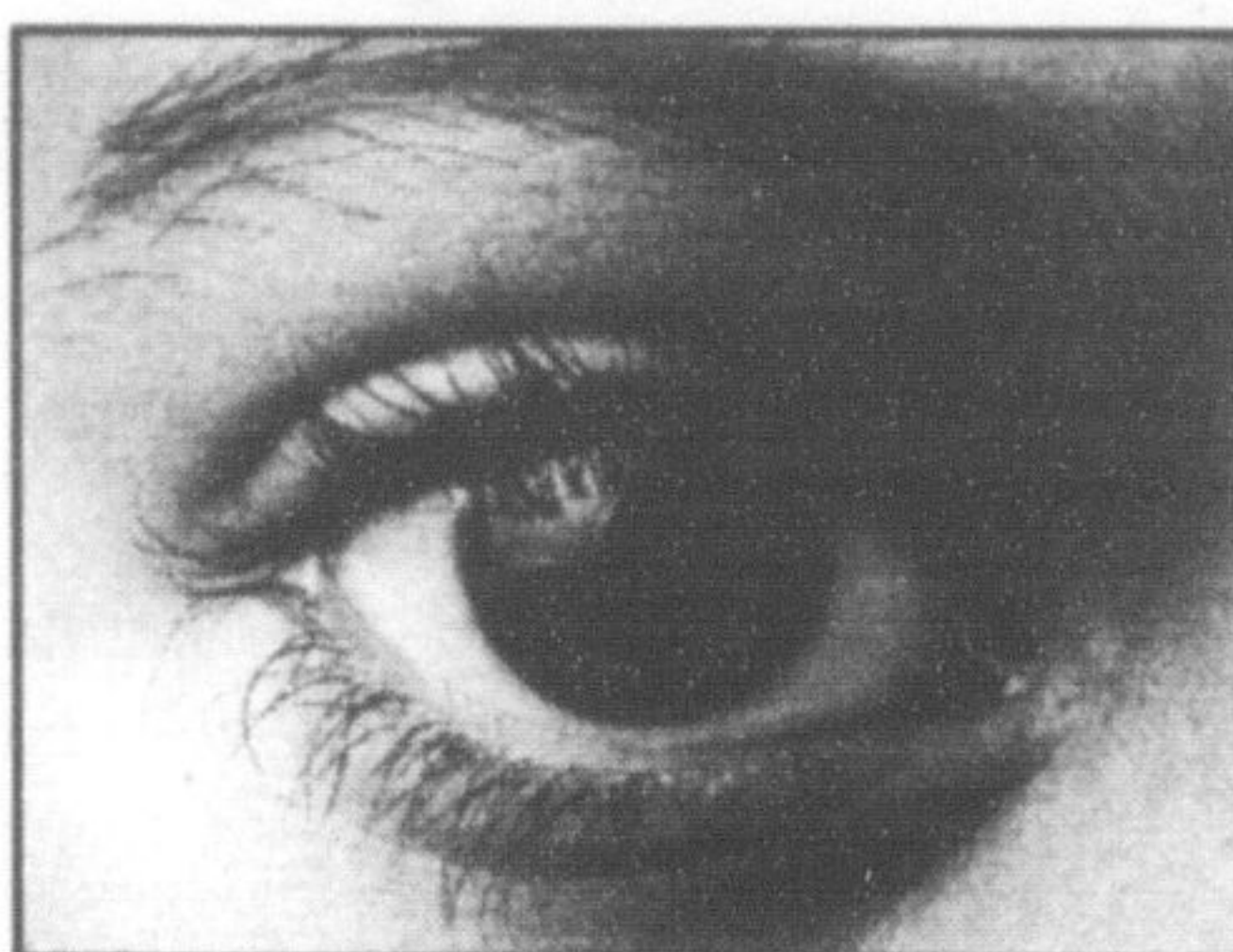
"We're not talking 50 year olds."

Consulting with a doctor and wearing prescription glasses could help with vision, she said.

"From research, there seems to be a general problem in North America and Europe. It's gaining a lot of attention worldwide."

But Dr. Ron Strohan, a Milton optometrist, said people might not necessarily have any signs indicating there's a problem with their vision. "The hardest thing I have to do is tell someone they can't drive anymore," he said. "Most people don't know they have problems. The biggest mistake you can make is thinking an eye examination is just to see if you need glasses. It's to make sure your eyes are healthy."

Dr. Strohan suggested children up to the age of 19 should have their eyes checked annually and every two years after that until the



age of 50. Then eye examinations should be done yearly.

"A lot of people will get their licence at 16 and never have another eye exam," he said.

"As you get older, your vision gets worse. Some people don't know of eye problems such as cataracts and glaucoma (which occur with aging)."

A cataract is a clouding of the clear lens of the eye. Symptoms of a cataract include blurred vision, seeing spots and double vision.

Most cataracts are the result of the aging process. About 30 per cent of all people aged over 65 years will have at least one cataract in their lifetime.

Glaucoma occurs when the pressure of the fluid in the eye builds and vision is destroyed.

The disease can be controlled through medication and surgery.

According to the Ontario Association of Optometrists, some vision changes that occur with aging include:

- The eyes focusing ability decreases and it becomes more difficult to change focus from distant to near objects
- The pupils become smaller and more light is needed to see well
- The eye lens causes light to scatter, making night driving more difficult

- Reaction times tends to be slower
- Colour distinction may diminish
- Various lighting conditions may affect your sharpness of vision
- Quickly changing focus to different distances will be harder

Other factors that can affect an individual's ability to drive safely include muscle or skeletal problems, poor driving habits, declining perception or awareness and sleeping pills.

Tips for vision enhancement include:

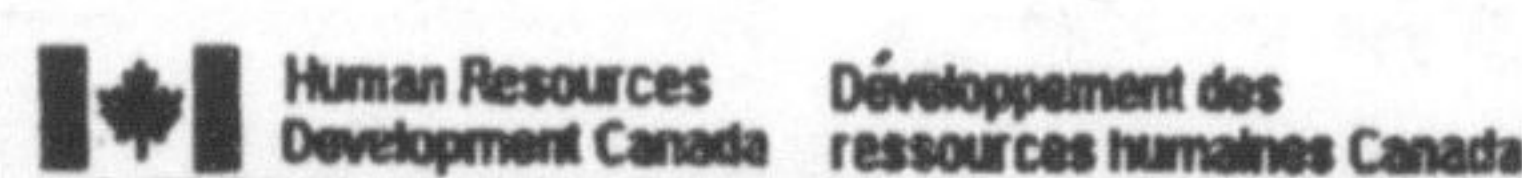
- Avoiding tinted spectacles when driving at night
- Keeping spectacles, car mirrors and car windows clean at all times
- Turning up the lights at home, particularly for close work tasks
- Carrying a flashlight when out at night to increase lighting on footpaths

If you experience clouding of vision, haloes around lights, pain or redness, intermittent or constant blurred vision or flashes of light, see your optometrist immediately.

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## Dietitians: Helping Patients Make The Healthier Choices



Halton Healthcare

Kerstin Fredriksson is a registered dietitian at Milton District Hospital, helping both inpatients and outpatients understand how eating habits affect their health.

Most of Kerstin's work is done with the outpatients who attend the Halton Diabetes Program at MDH. "Diabetes is a condition you have to live with and it affects every meal that you eat. It becomes very important for people with diabetes to be aware of exactly what they are eating," says Kerstin.

Through the program she teaches people the importance of things like reading food labels and more specifically what to look for on labels. They learn about different types of carbohydrates and fats and how much they should be eating. "We provide them with information and give them advice but we encourage them to take control of their condition," says Kerstin.

Kerstin finds that the group format of the session is effective. "People really benefit from the group sessions," she says. "They learn a lot about coping from other people in the group who are in a similar situation."

The format also works well in the Heart Healthy classes she teaches once a month. The classes deal with lifestyle issues people with heart disease face with a focus on nutrition.

Kerstin also counsels inpatients coping with nutrition issues. Some of these patients are referred to her by nurses and physicians for "nutrition intervention". To help identify patients that are at high risk for malnutrition, a form is made available to all patients and their family to fill out. Kerstin assesses these forms which include general questions like age, living situation, height and weight and more specialized ques-

tions regarding diet, weight loss and any health problems such as vomiting or loss of appetite. When a patient is identified as high risk, a visit from the dietitian will follow. "When you are sick, your appetite often is poor but this is often the time when your body needs *more* food to get well," explains Kerstin. "The challenge is finding ways that will increase a patient's food intake."

Patients who are being treated for conditions such as heart attacks, strokes, renal disease, liver disease or diabetes are put on "therapeutic diets." For example, if a patient is admitted due to a heart attack, there is a very specific "care path" to be followed. Part of this "care path" involves teaching a low fat, high fibre and low sodium diet. Some patients, such as patients admitted because of a stroke, Kerstin will see in conjunction with a Speech Language Pathologist to assess their swallowing abilities. For these patients, the texture of their food is examined and modified.

"It's very difficult for people to change their eating habits," says Kerstin. "It can be tough to interpret the diet restrictions at first and then to live by them. Generally, my work involves helping them with that."

Often Kerstin has clients maintain a "food record" which is a log of everything they have eaten, how much and when. This helps her create a meal plan. "If I can learn a little about the foods they are already eating I can create a meal plan that they are more likely to follow. I work to gradually adjust their eating habits, eliminating bad habits and expanding on the good ones," she explains. "Often times people know what they should be eating."

"There are often social and psychological factors involved," Kerstin says. "That, more than anything, is

what we have to help the client overcome.

One of the most common problems Kerstin sees is lack of time. "It's not just a problem for people with conditions that call for a meal plan adjustment," she says. "Often times, we all opt for the quick alternative rather than the healthy one."

Kerstin advises people to look for the alternative. "Even in fast food restaurants, there are some healthy items on the menu," she says. "People make food choices more out of habit. It's a matter of breaking these habits."

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