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Early "Lazy Eye" Diagnosis Important for Effective Treatment

These are the "lazy, hazy, crazy days of summer," at least for children on vacation from school. But while we may encourage our children to be carefree and enjoy the summer months, we do not want their eyes to be lazy. Often called "lazy eye," amblyopia is the most common cause of visual impairment in childhood. According to the National Eye Institute, about 2 or 3 children out of 100 have this condition.

Amblyopia is really a neurological process as opposed to a disease of the eye. The eye itself appears to be normal, but the brain does not recognize the images sent to it by that particular eye. Although the eye is seeing images, the information is not sent along the optic nerve to the brain. As the Optometrists Network explains, "if one eye sees clearly and the other sees a blur, the brain can inhibit the eye with the blur. The brain can also suppress one eye to avoid double vision." When the brain favors the signals sent by only one eye, permanent decreases in vision occur in the blurry eye. An amblyopic eye can become functionally blind.

While the cause of amblyopia is unknown, it is believed any condition that affects normal visual development or the use of both eyes may lead to this condition. As one eye becomes stronger, the weaker eye can become useless. If the underlying cause can be determined, it must be corrected before the "lazy eye" can be treated. For example, glasses may be required to improve focusing, surgery on eye muscles can straighten crossed eyes, and eye exercises can be helpful in correcting faulty visual habits to encourage the proper use of the eyes.

Sometimes confused with the noticeable crossed or turned eye, amblyopia is not usually visible. Except in cases in which the crossed eye causes amblyopia, generally parents and pediatricians do not detect this condition. Usually, it takes an eye examination by an eye doctor who has experience examining the eyes of young children and infants to diagnoses amblyopia in its early stages. Unfortunately, many parents and children only find out amblyopia when an eye exam is conducted in the doctor's office at a later age. As is often the case with illness and disease, early treatment leads to much more positive results. This is because up to about age six to nine, the connections between the brain and the eye are created and the vision system develops very quickly.

Treatment for this condition involves making the child use the eye with reduced vision. This may be accomplished by using eye drops or ointment in the stronger eye that temporarily reduce vision in the "good" eye to stimulate both the use of the weaker eye and the recognition of images from that eye in the brain. Another commonly used treatment is patching, in which an opaque, adhesive patch is worn on the stronger eye for a period of weeks or months to accomplish the same goals. While it had been believed that treatment had to occur when the child was very young to be effective, recent research has shown that amblyopia can be successfully treated up to the age of 17 years. However, medical experts agree that amblyopia should be treated at any age to achieve some improvement in vision, even though treatment at later stages requires more effort and should include vision therapy as part of the regimen. While it is true little data exists regarding treatment of amblyopia in adults, scientists currently are investigating whether or not adults can benefit from treatment.

Since September is both the end of the school summer break and Amblyopia Awareness Month, this would be a good time for parents to consider scheduling an appointment with an eye doctor for their infants and young children. It is possible to conduct eye assessments in children as young as 6 months of age.

To find out about free infant eye exams sponsored by the American Optometric Association, visit their web site at www.InfantSee.org or call 1-888-396-3937. Additional information about amblyopia is available at the Optometrists Network at www.lazyeye.org, Prevent Blindness America at www.preventblindness.org (1-800-331-2020), the American Association for Pediatric Ophthalmology and Strabismus at www.aapos.org (1-415-561-8505), or the National Eye Institute at www.nei.hig.gov (1-301-496-5248. For further information about this or other public health issues, contact the Central Connecticut Health District at www.ccthd.org (860-721-2822).