



Welcoming Patients to Presbyopia





Overview

- 1 Current Market Landscape
- 2 Communicating With New Presbyopes
- 3 Progressive Lens Technology
- 4 Dispensing PALs



CURRENT MARKET





There are **128 million** presbyopes in the US*...



Only Half
of Them
Wear
Progressive
Lenses



Presbyopia



An irreversible
loss of the
eye's ability to
focus

AGE

Caused by
aging



And results in
blurred near
vision



Near Vision Has Evolved





Digital Usage Impacts Near Vision



On average, wearers spend at least

- **Up to 10 hours** on various screens¹
- Smartphones are checked up to **96 times per day**, once every 10 minutes²

Multitasking requires the ability to see at multiple distances²



13"IN



16"IN



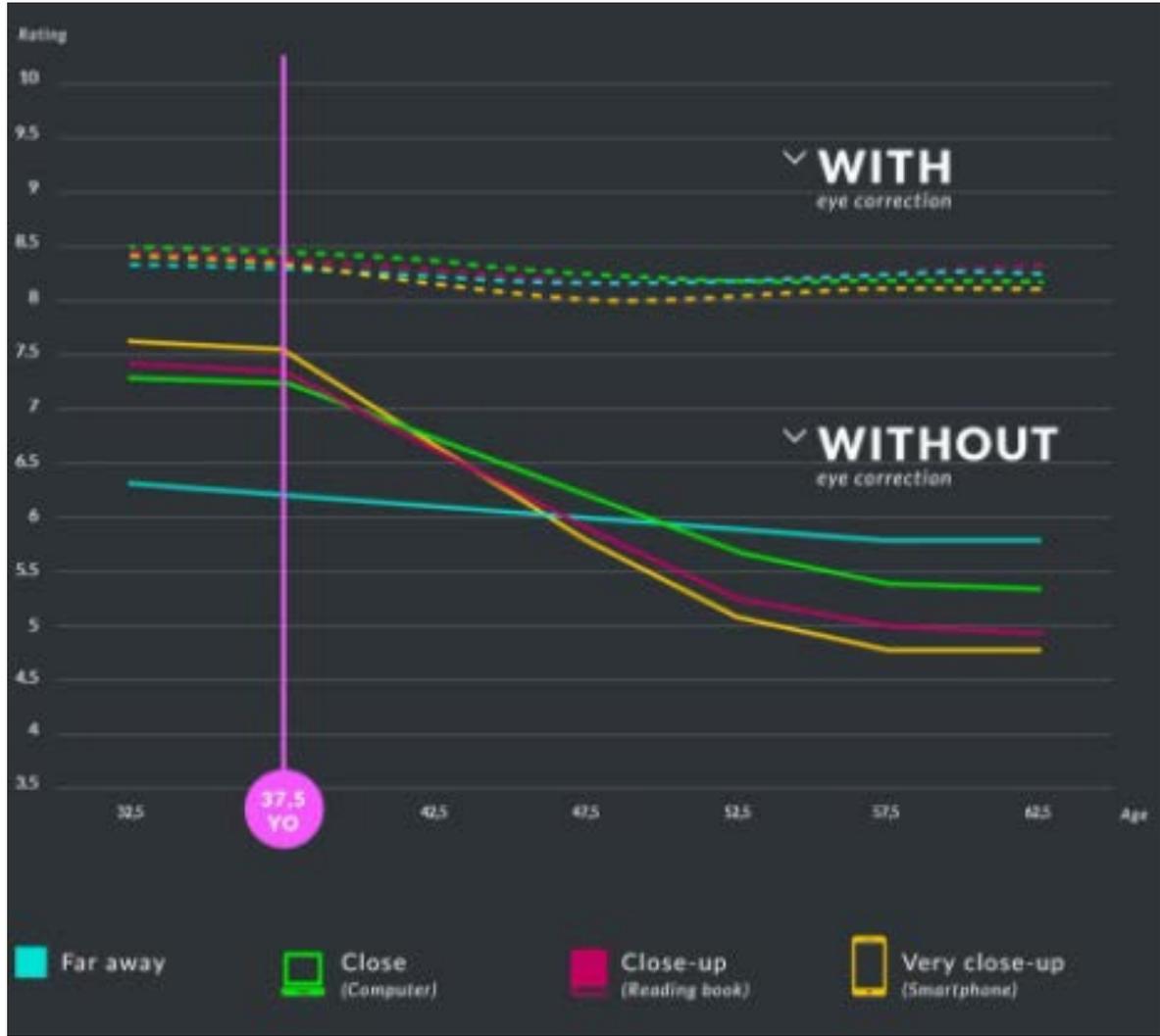
25"IN

¹. Dr Damien Paillé. Impact of New Digital Technologies on posture. Points de vue 06/2015

². Americans check their phones 96 times a day [press release]. <https://www.asurion.com/about/press-releases/americans-check-their-phones-96-times-a-day/>. Accessed 2021



Presbyopes Quality of vision



Rated from 0-10

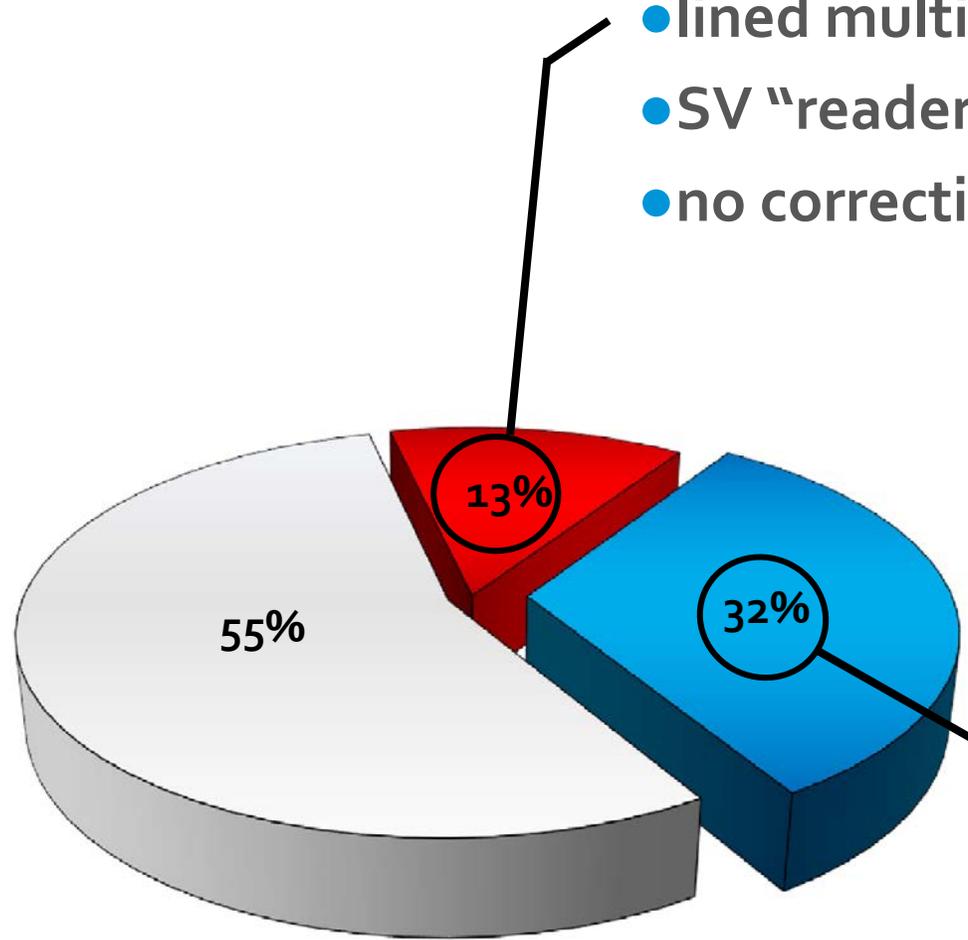
Near Vision
quality starts to
decrease as
young as
37 years old



United States Lens Market

Currently **58 million** presbyopes use other solutions...

- lined multifocals (13% of lens sales)
- SV "readers"
- no correction



PAL Segment by Country

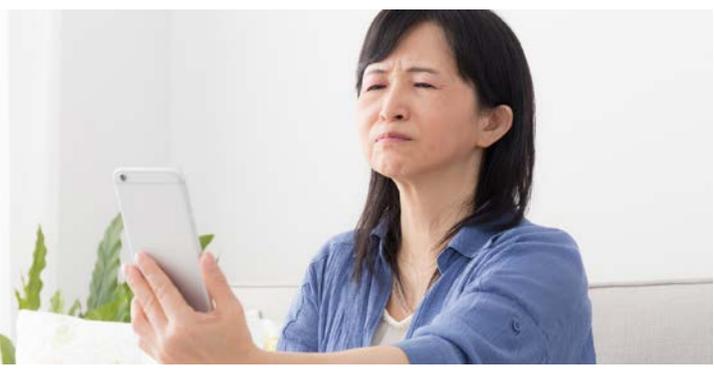
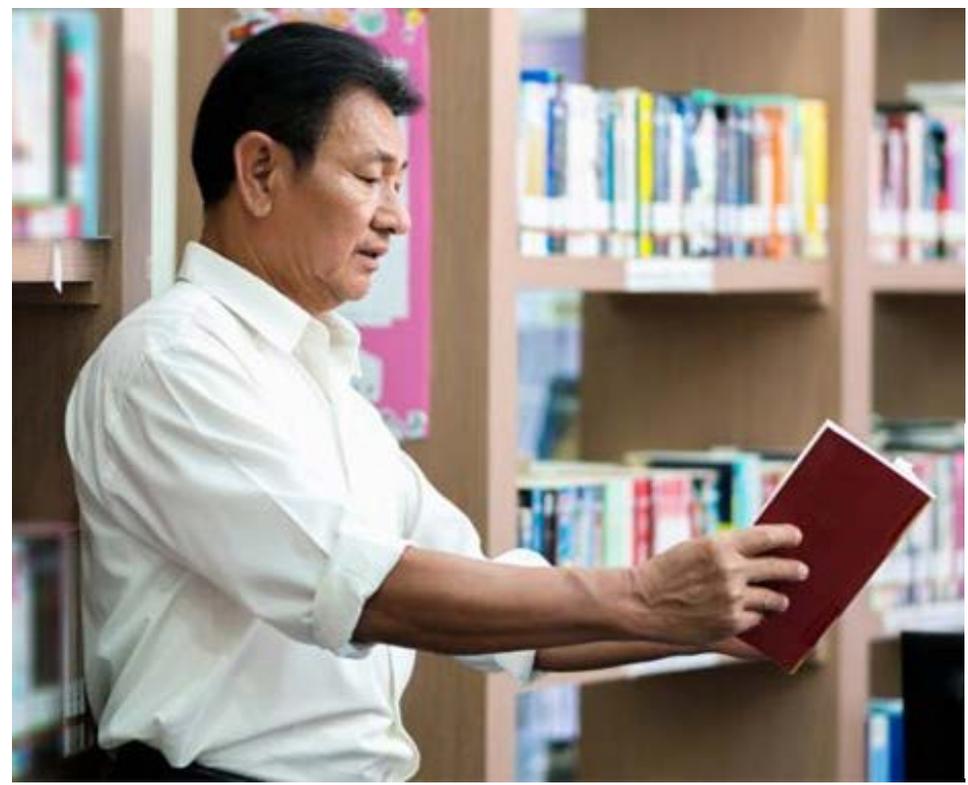
Australia	45%
United Kingdom	42%
Canada	35%
United States	32%

□ SV ■ BF ■ PAL



We
Can Do
Better...

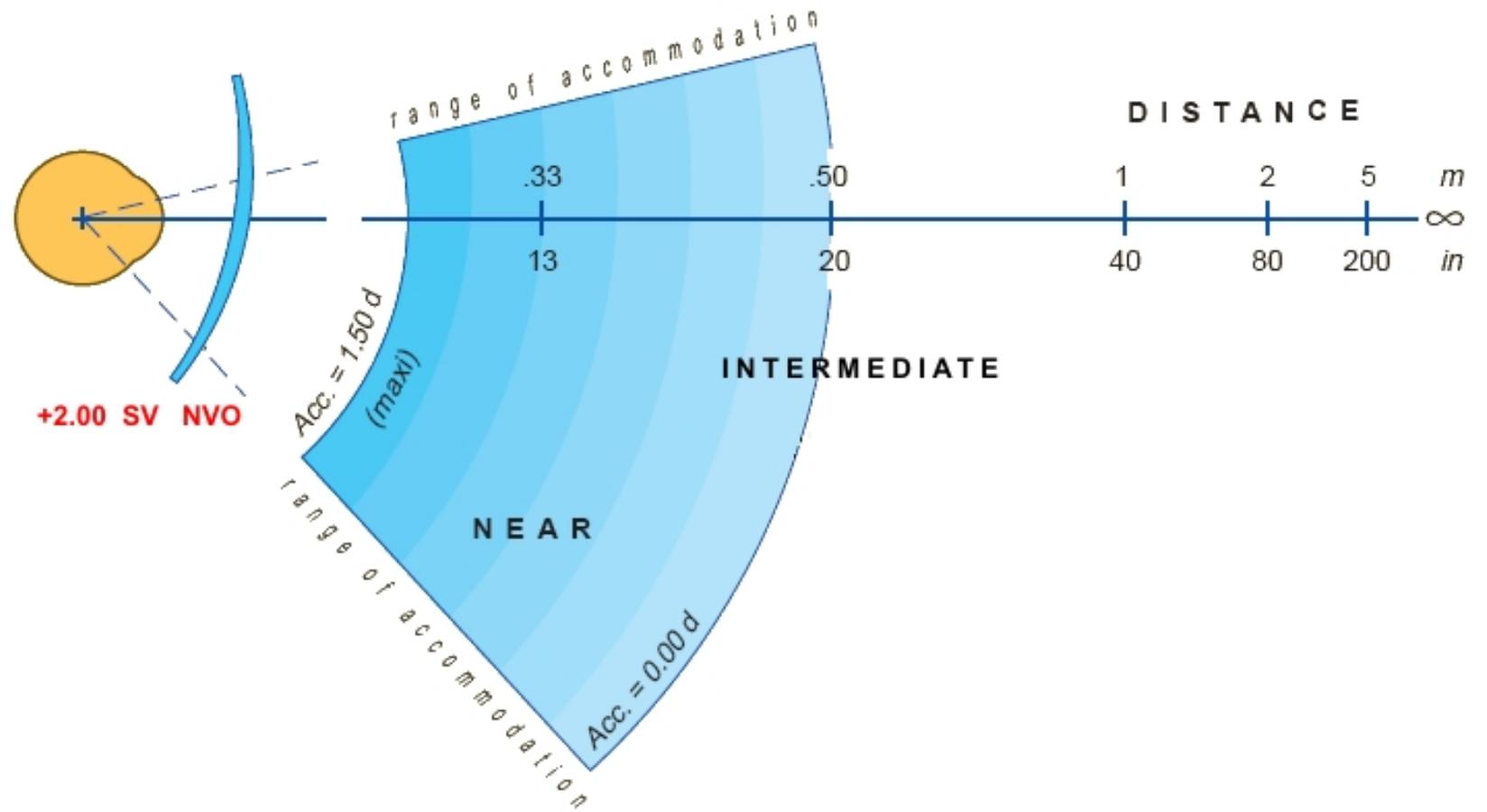
For our patients and for our practices





We
Can Do
Better....

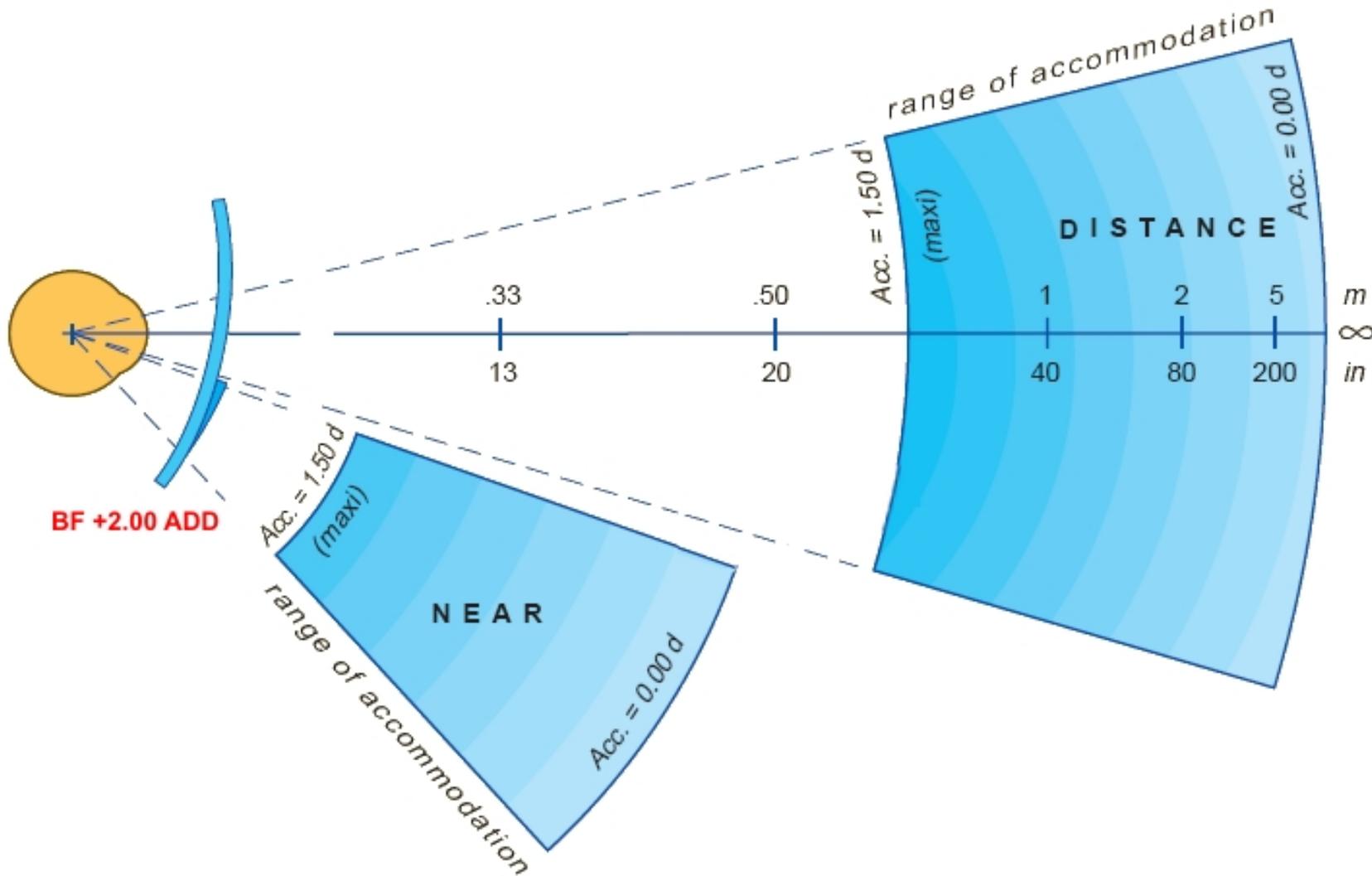
Readers will never solve the *underlying issue*





We
Can Do
Better....

Bifocals create *new issues* and are a *temporary solution*

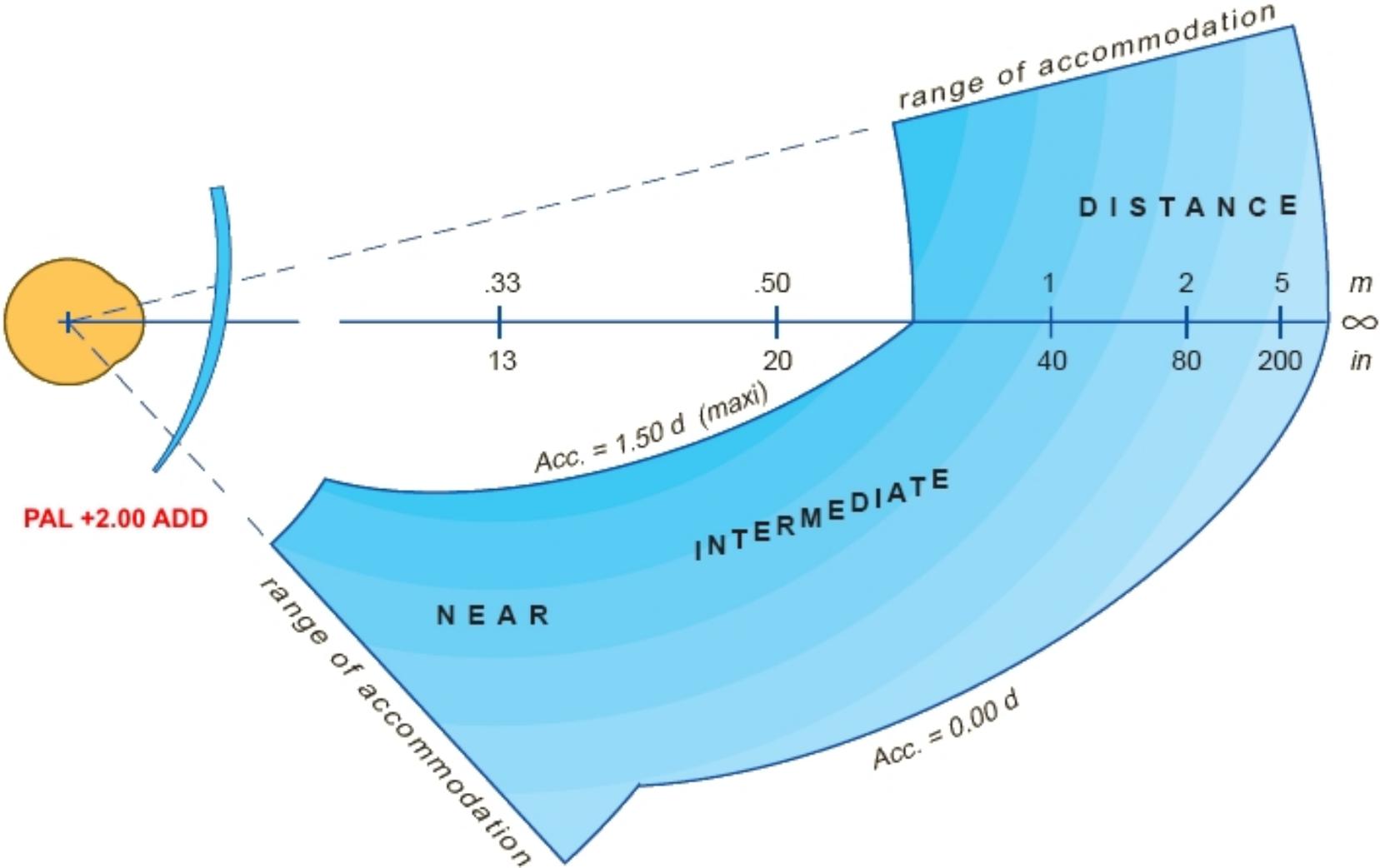




The Best
All
In
One
Solution

Progressive lenses do better...

- a complete solution to presbyopia





The **1st** solution a new presbyope is recommended by their eyecare professional is often their **permanent** solution...

New
Presbyopes



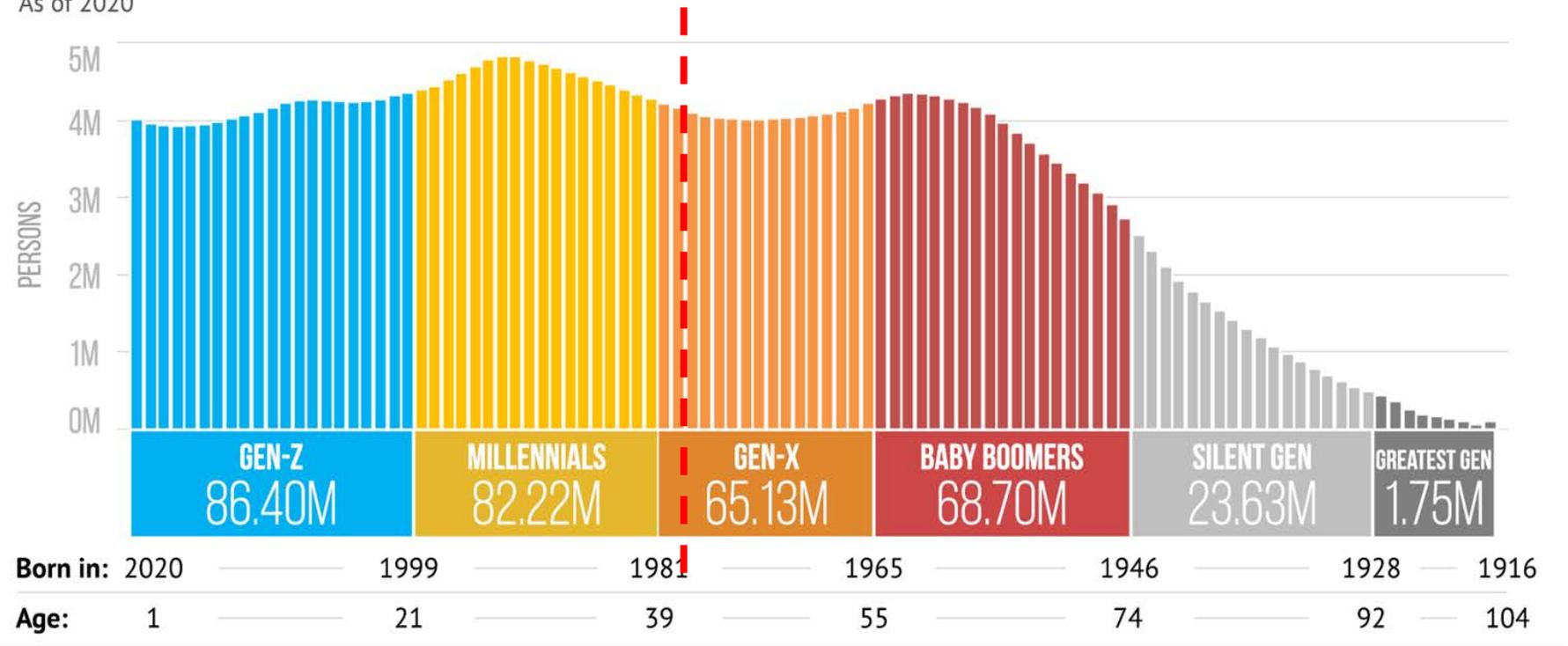


Young
Presbyopes
Are The
Opportunity

The current average age of a progressive lens wearer is early 50's. However, presbyopes should be prescribed progressive lenses as young as **39.5 years old**

Total US Population by Age and Generation

As of 2020

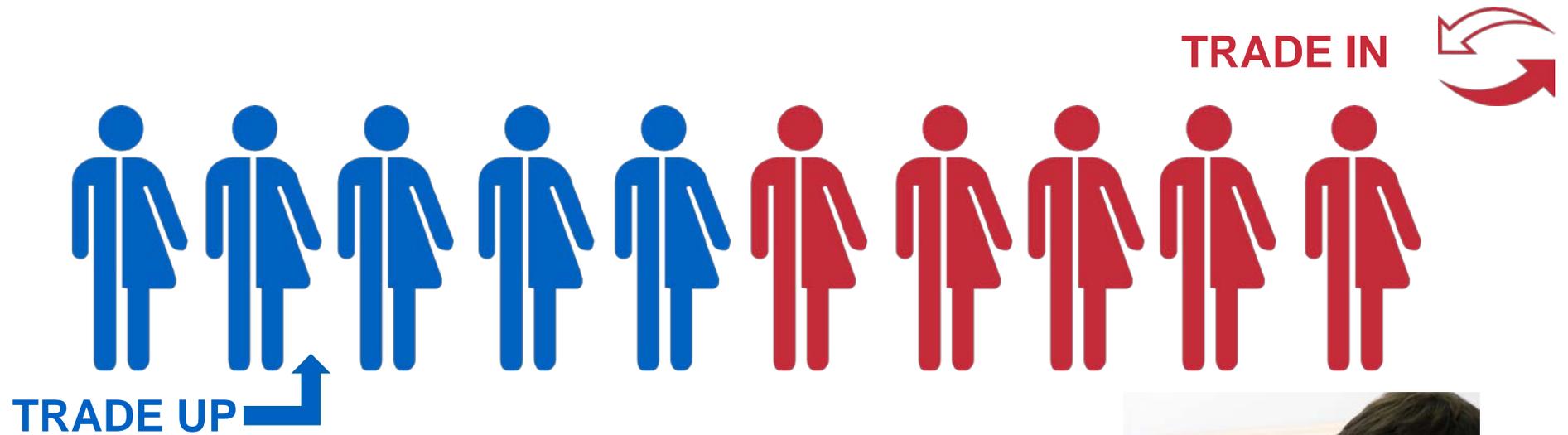


Source: U.S. Census Bureau

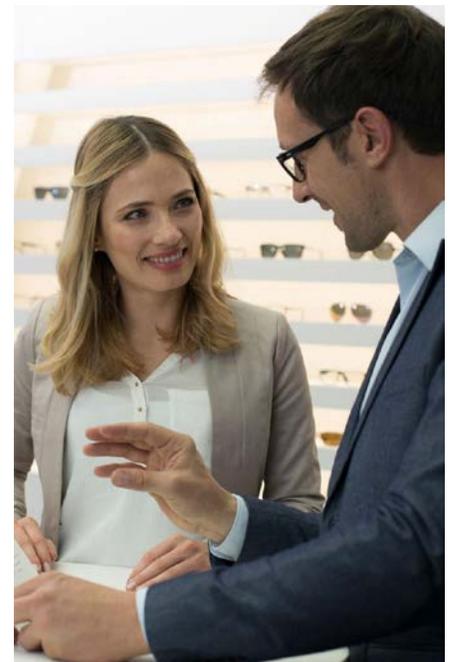




A Sizeable Opportunity



We understand that it can be difficult to talk to New & Young Presbyopes about progressive lens options



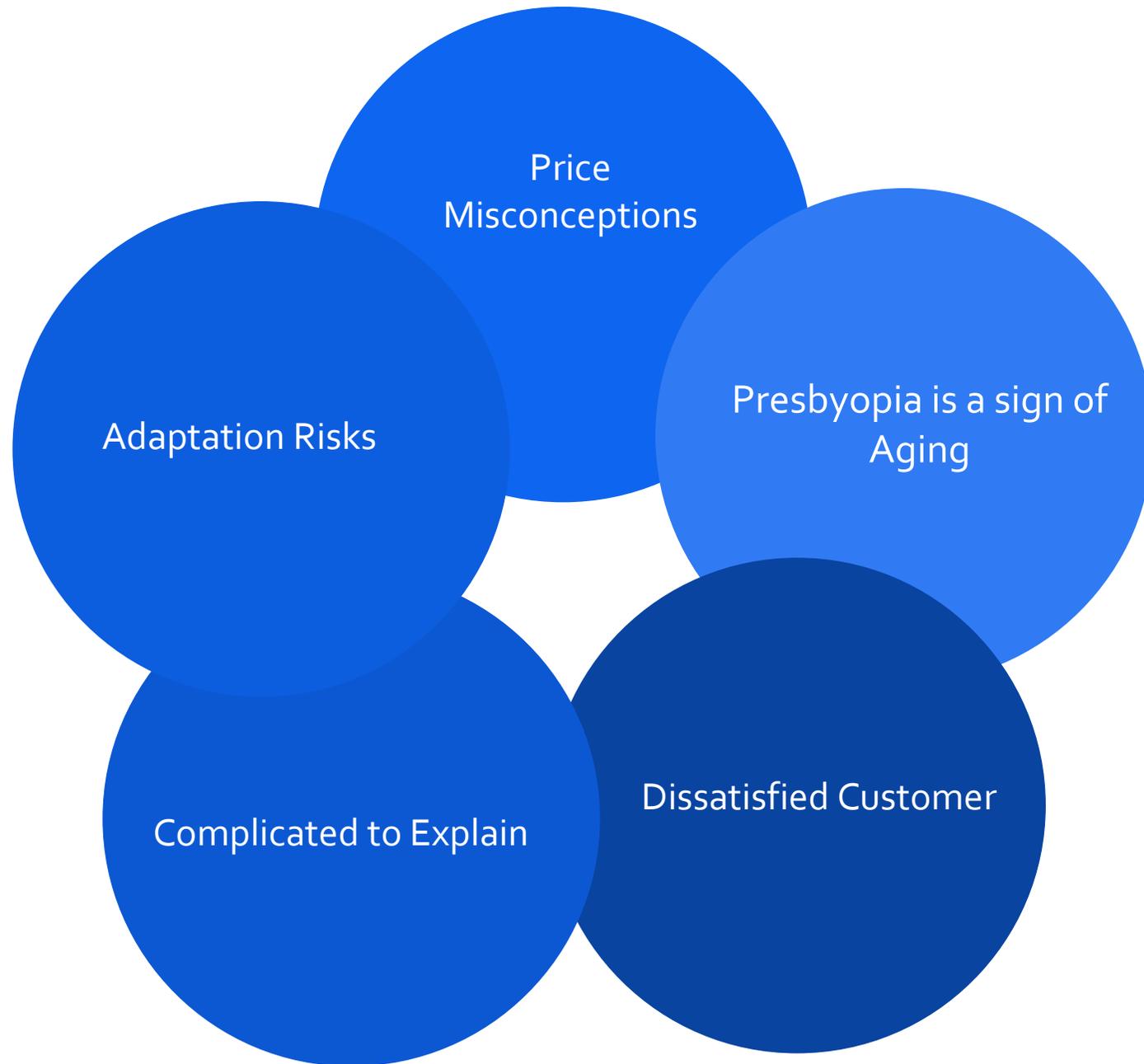


COMMUNICATING WITH NEW PRESBYOPES



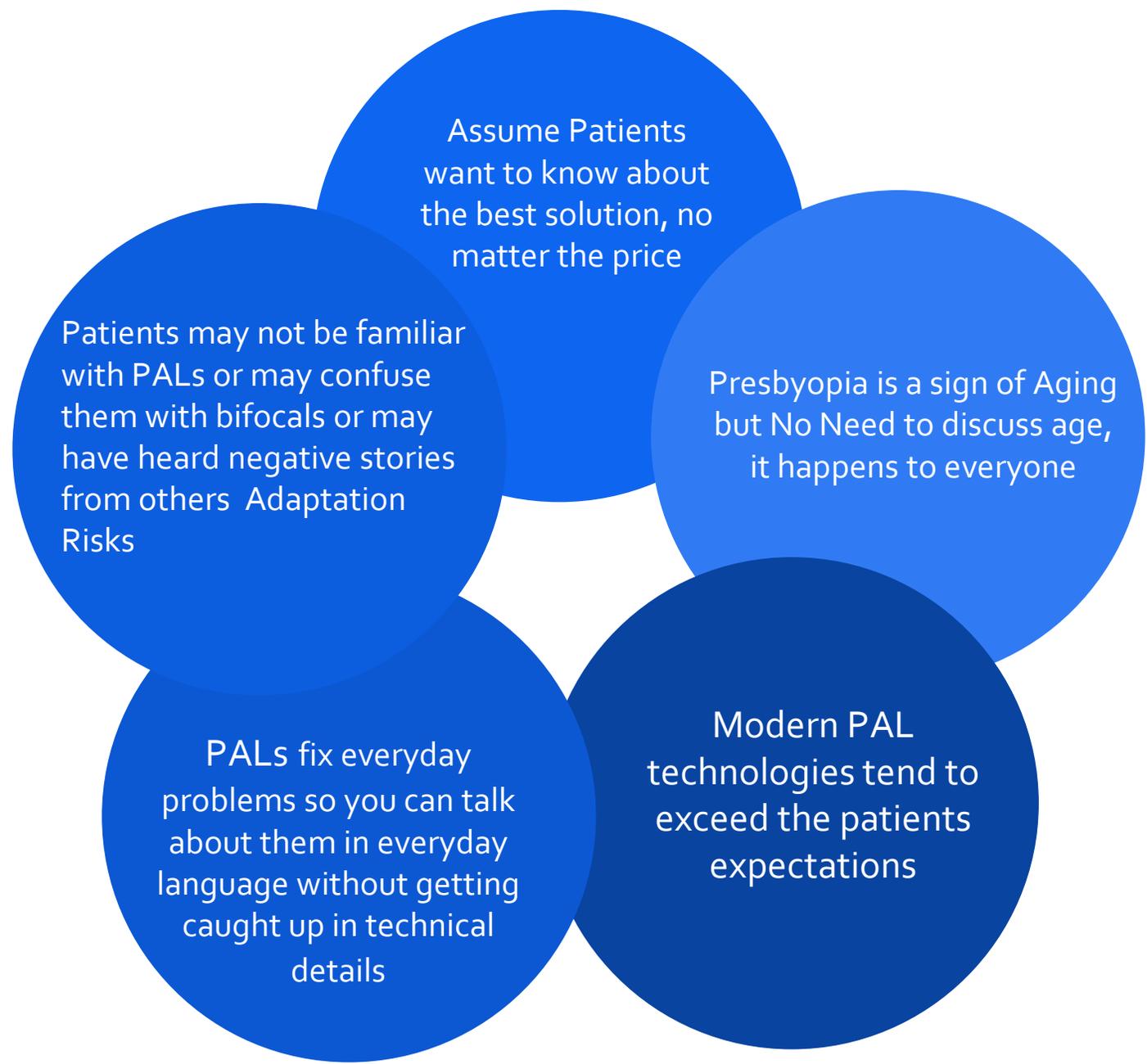


Dispensing Barriers





Overcoming Dispensing Barriers





Engaging Young Presbyopes

Let new presbyopes show you their visual difficulties*, and describe your recommendation of progressive lenses as a solution to what they describe.



*It may help to have various electronic devices available for the patient to use while demonstrating their visual tasks.



Engaging Young Presbyopes

Pay attention to your patient's description, take notes, and then make a recommendation based on what they've shown you.

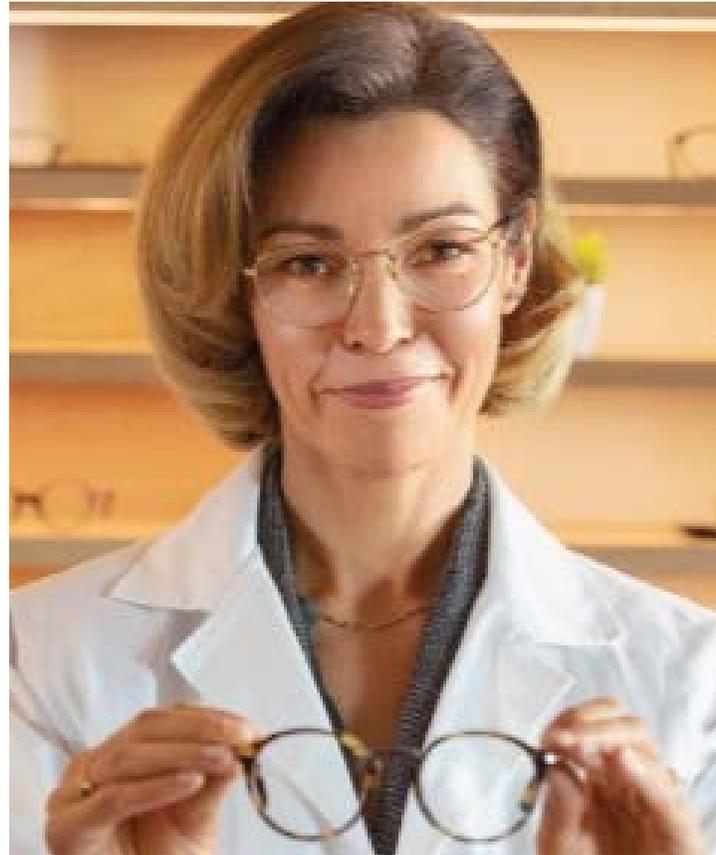


The Millennial presbyope wants to know they're getting product designed for **their specific needs.**



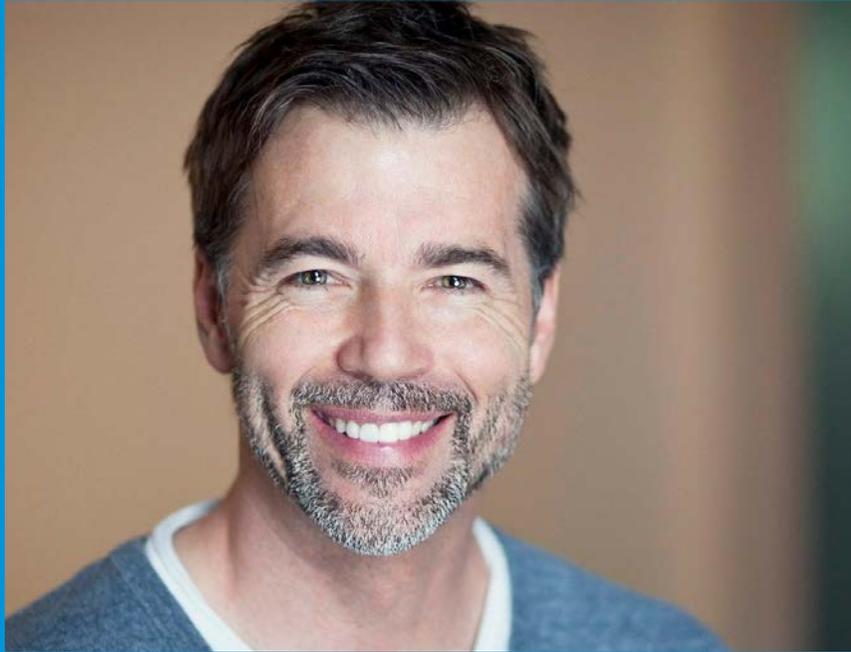
Dispensing
PALs to
New
Presbyopes

However when purchasing lenses, Presbyopes rely strongly on their doctor and optician recommendations



The Eyecare professional recommendation is a key driver for 91% of PAL wearers*

*Eyewear usage and attitude -B3TSI - Quantitative study - 2019 - France, USA, Brazil, China, India - 14216 online interviews wearers and non wearers - 15-65yo



Emmetrope/Uncorrected
Presbyopes

vs.



Ametrope Presbyopes

This year there are **61 million** people aged 41 - 56, which increases the number of presbyopes in the US*, but they aren't all the same



The Psychology Of An Ametrope



"I may or may not love wearing glasses, but they are a part of my life..."

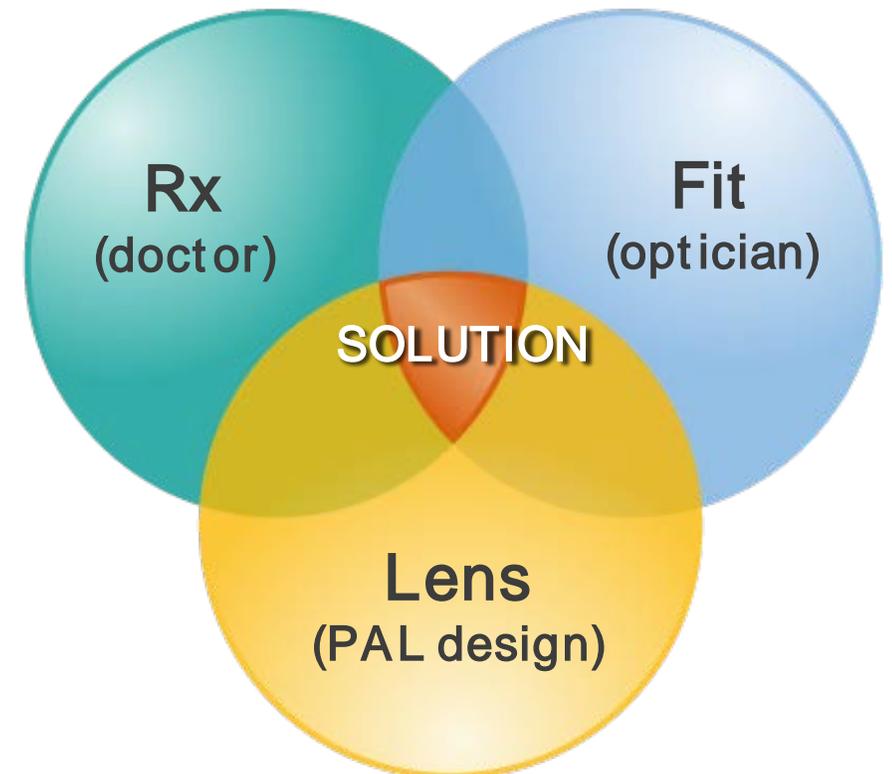
I've always been able to see everything with my glasses- but now they don't work up close (or I have to take them off to see up close)."



The Psychology Of An Ametrope

Welcoming the **ametrope** to presbyopia...

- *Everyone* experiences presbyopia
- Presbyopia reduces your ability to focus within arm's reach
- There are **3** keys to resolving this issue...
 - The Right Rx
 - Perfect Fitment
 - A Quality Lens





The Psychology Of An Ametrope

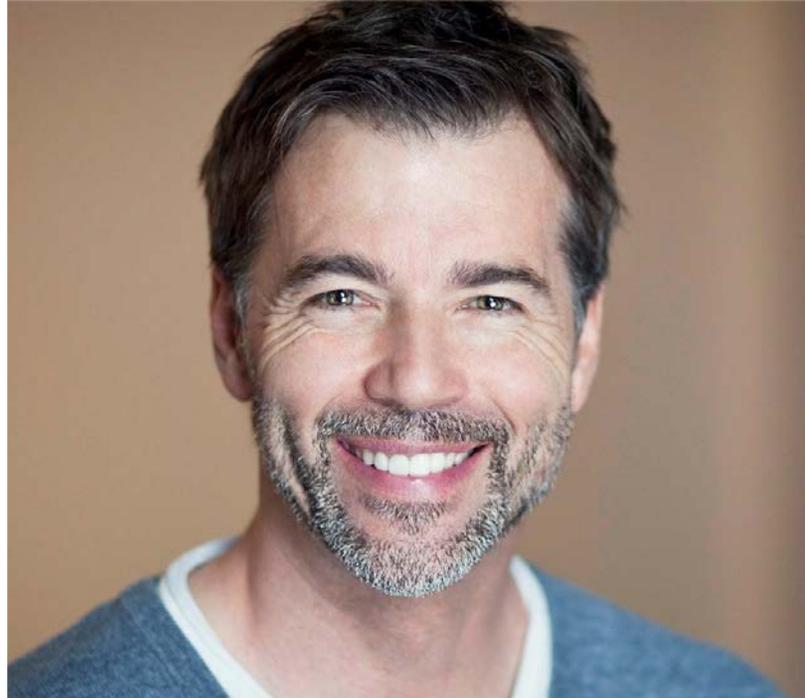
Why a PAL is the best solution for an **ametropo**

- Looks just like your current SV lenses (no-line)
- Works just like your current SV lenses
 - No need to take them on and off
 - No “image jump”
 - Similar visual experience*
- Complete solution- now and in the future
 - Presbyopia is an ongoing issue- fix it now

** With the right Rx, best fitment, and a quality lens*



The Psychology Of An Emmetrope



"I have strong eyes- I do not wear glasses.

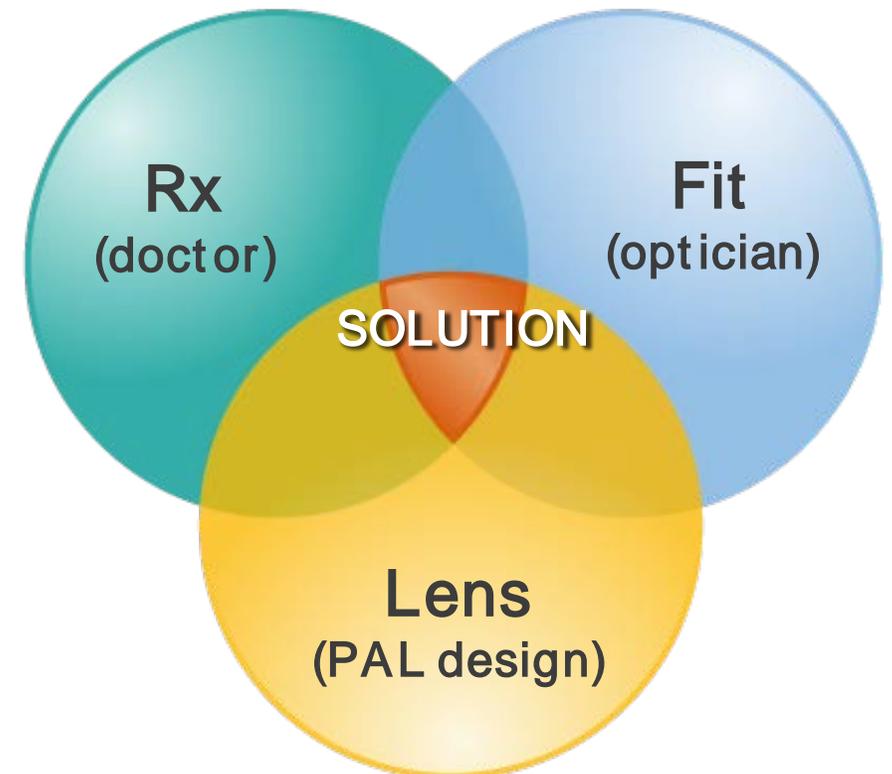
My eyes have always been able to focus on anything I need to see, but for the first time in my life I cannot see some things clearly."



The Psychology Of An Emmetrope

Welcoming the **emmetrope** to presbyopia...

- *Everyone* experiences presbyopia
- You still have excellent vision- but presbyopia reduces your ability to focus within arm's reach
- There are **3** keys to resolving this issue...
 - The Right Rx
 - Perfect Fitment
 - A Quality Lens





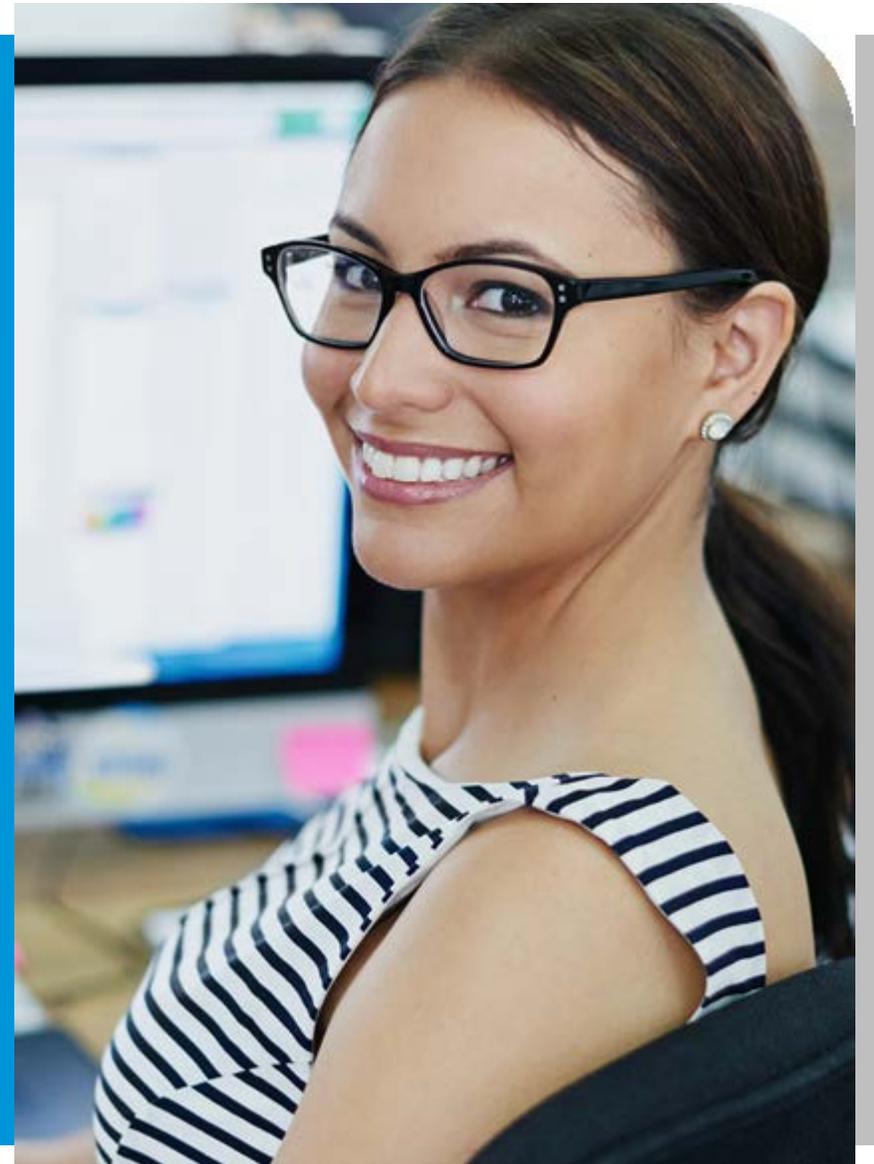
The Psychology Of An Emmetrope

Why a PAL is the best solution for an **emmetrope**

- Complete solution- now and in the future
 - Presbyopia is an ongoing issue- fix it now
- “Cheaters” have a lot of shortcomings
 - You haven’t had to think about your vision before...
 - ✓ You have to constantly remember / find readers
 - ✓ I’m guessing you receive texts throughout the day?
 - Be prepared to buy a bunch of them
 - Call them what you want, they’re still glasses, and they won’t look as awesome as what we can provide



PROGRESSIVE LENS TECHNOLOGY





Progressive design plays a crucial role in restoring near vision for presbyopes...

However, young patients need to understand that **All PALs are NOT the same...**



A poor PAL design can make even the best Rx and fitting turn into a bad experience.



All
PALs Are
Not The
Same

When new & young presbyopic patients are asked

***"How many progressive lens designs
do you think there are?"***

5 out of 6 respond:

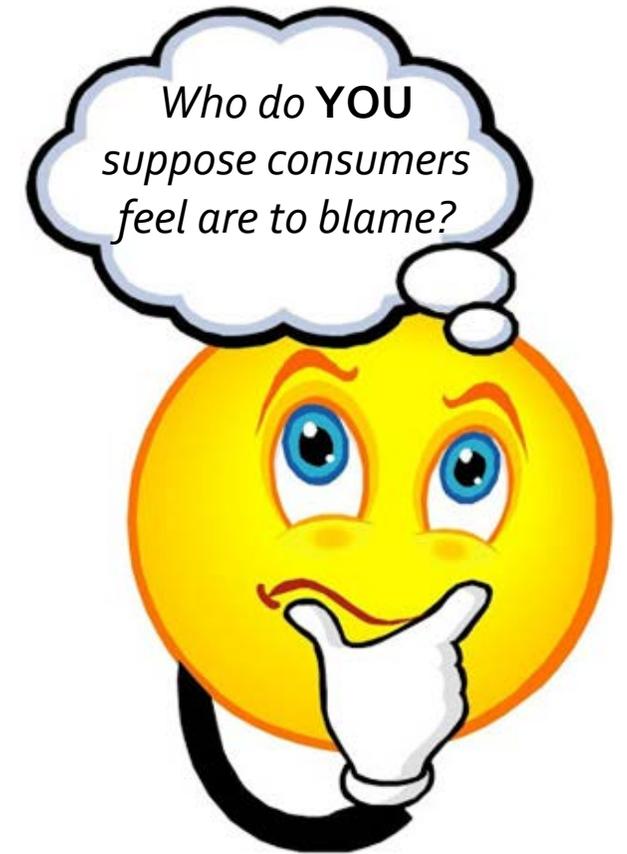
ONE?



All
PALs Are
Not The
Same

Consider the side effects most PAL designs cause...

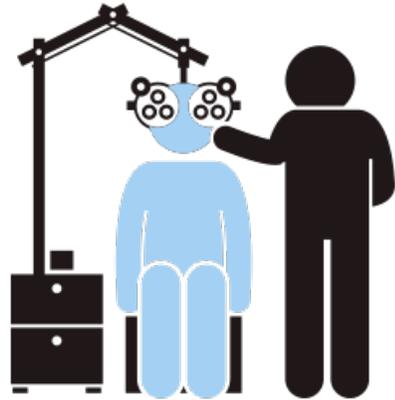
- Decreased sharpness at near
- Difficulty transitioning between far & near
- Off-balance “swimmy” feeling
- Trouble finding “just the right spot”





All
PALs Are
Not The
Same

Most “less than delighted” PAL wearers believe the problem is...



Rx wasn't correct

“If the doctor twirls the knobs and writes down the right numbers, I will be able to see. If not...”



Glasses were fit / made incorrectly

“If my glasses are made correctly, I shouldn't have to get used to them”



However, the right progressive lenses allows your patients to see well and makes YOU look good!

The RIGHT
PAL
=
Happy
Patients



Modern PAL technologies can exceed expectations and generate delighted patients (and referrals).



Sharp Vision – the patient's #1 expectation

Provide
Sharper
Vision



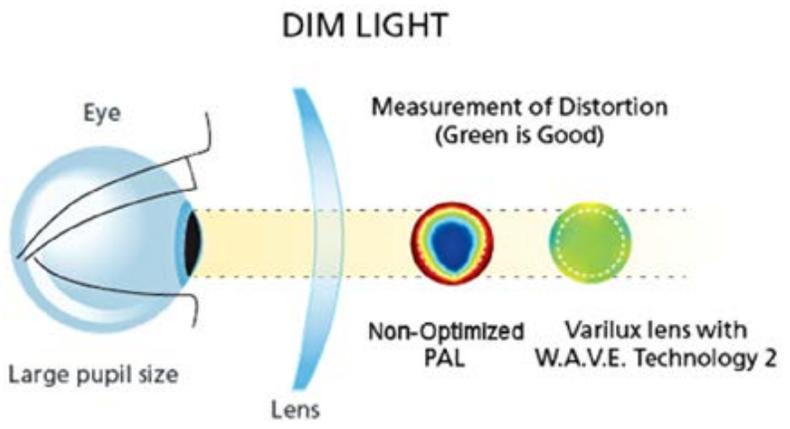
Presbyopes expect sharp vision in ALL lighting conditions...





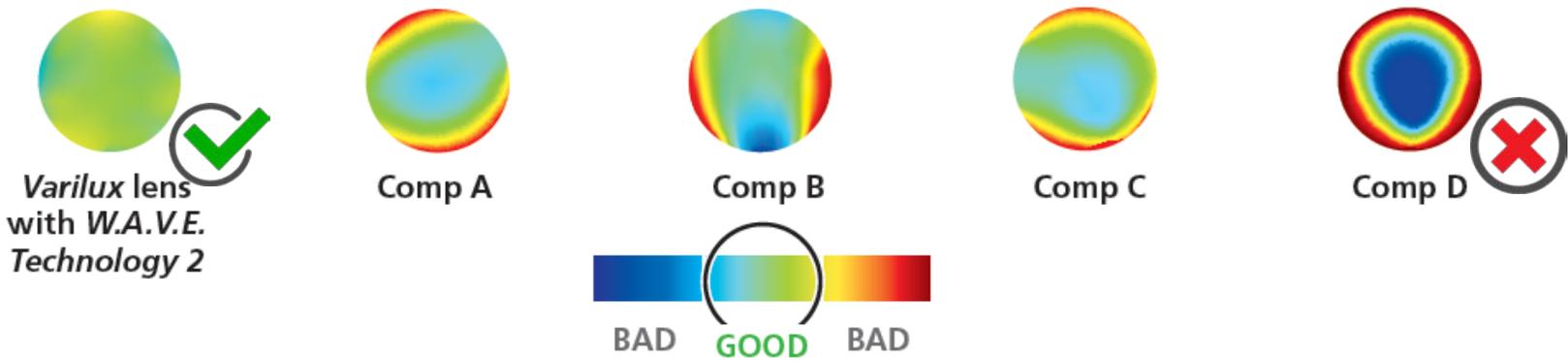
Provide Sharper Vision

Sharp Vision – the patient’s #1 expectation



Wavefront control provides sharp vision in all lighting conditions...

Comparison of Wavefront Distortion Levels



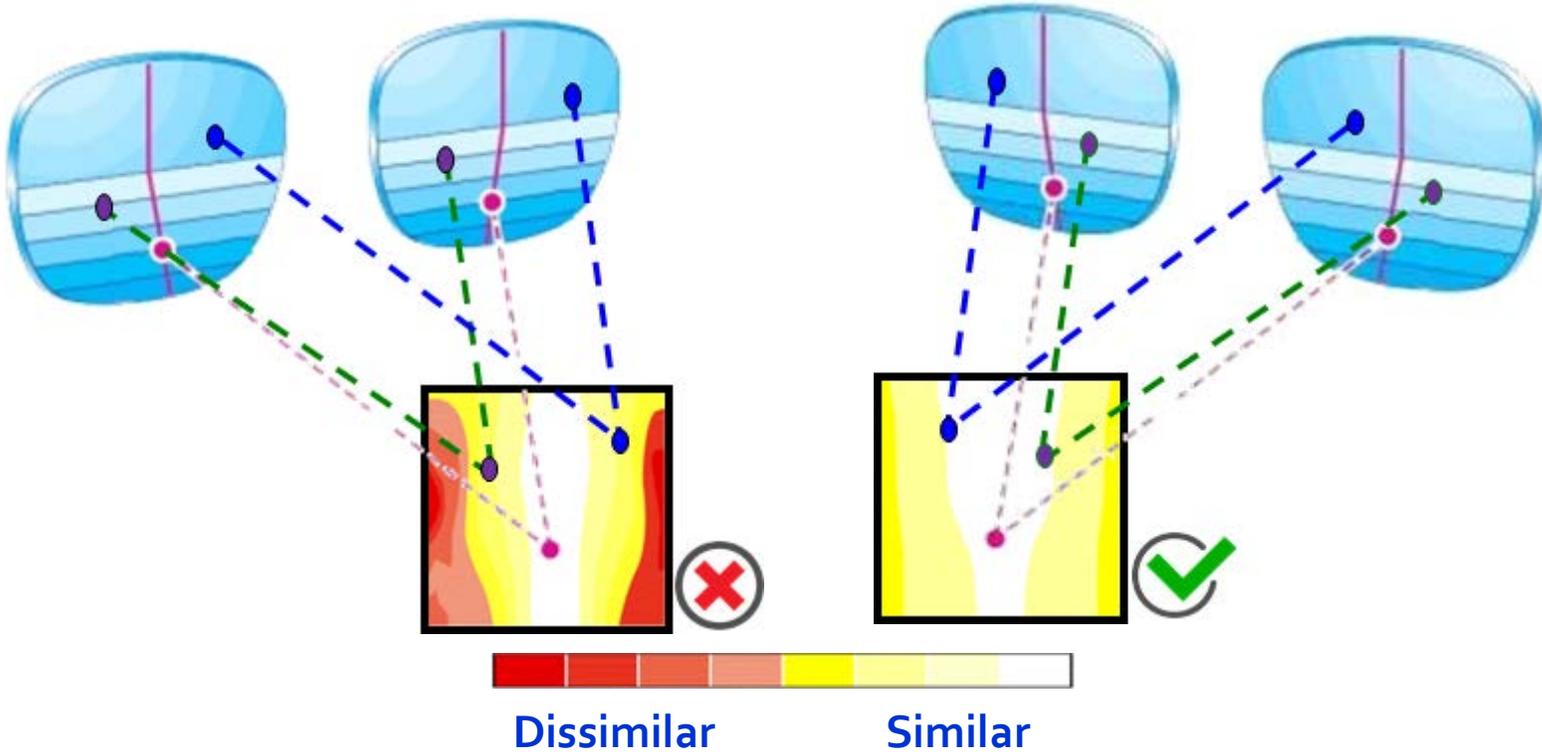


A PAL shouldn't require you to use a flashlight app...



Provide
Smooth
Transitions

Smooth Transitions – for easier vision



Our eyes were designed to work together, but many PALs challenge binocular vision.

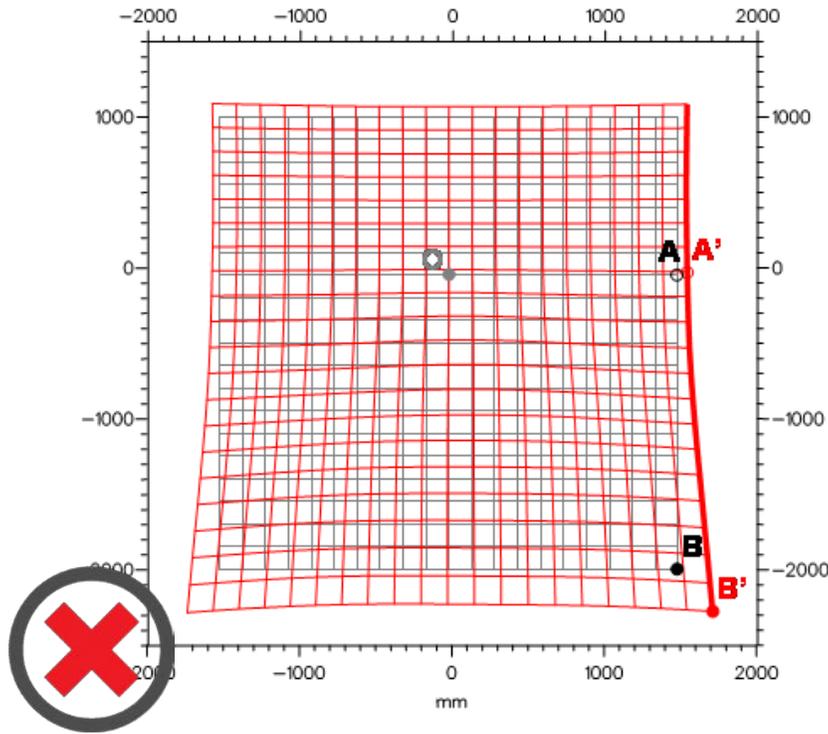
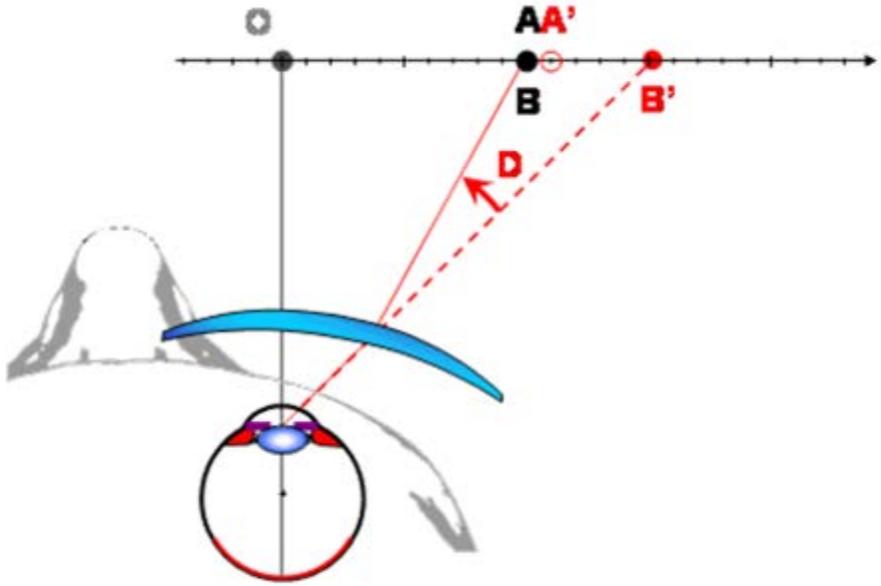


You Should
NOT
Have to
Pause
Netflix to
Read a Text



Confident Vision – no one likes swimmy vision

Eliminate
The
Swim



Magnification causes most PALs to create an off-balanced feeling (which many wearers describe as “swim”).



It's
Easier to Go
Down Stairs
That Are
NOT Moving



Expand Near Vision

Volume of vision – expand “the right spot”



Before presbyopia, every spot in the lens is the right spot for every activity. Most PALs require the wearer to search for “just the right spot.”



90%
of Visual
Activities
are
Within
Arms Reach...



The RIGHT
PAL
=
Happy
Patients

All PALs are NOT the same...

Progressive design plays a crucial role in restoring near vision for presbyopes...

- ✔ **Sharp Vision** – even in low light
- ✔ **Smooth Transitions** – for easier vision
- ✔ **Confident Vision** – even on stairs
- ✔ **Volume of Vision** – eliminate the “right spot” search



DISPENSING PROGRESSIVE LENSES



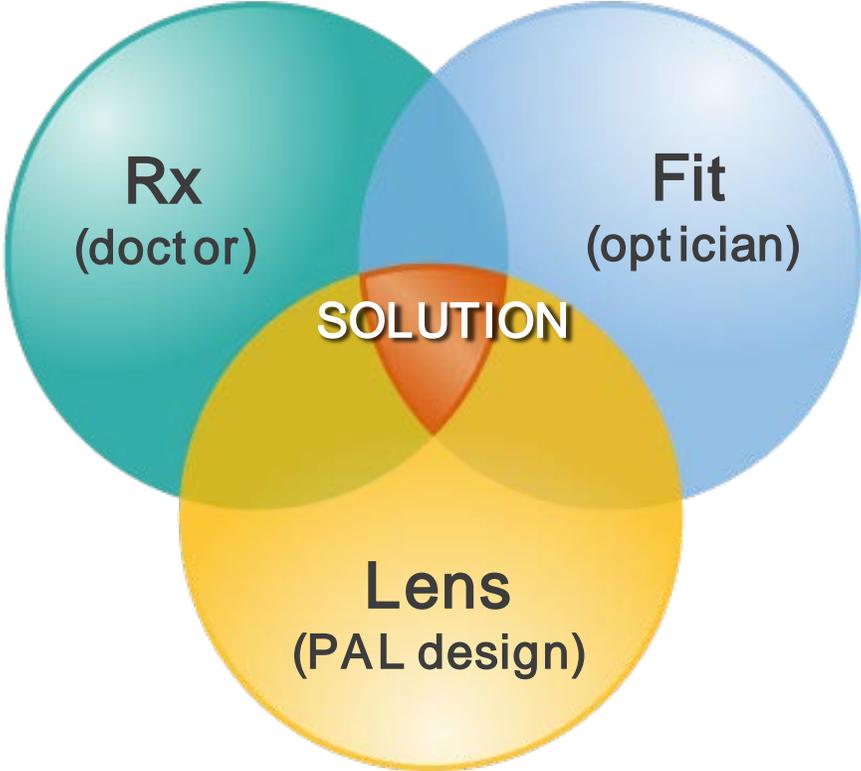


The RIGHT
FIT
=
Happy
Patients

Even the best* PAL design depends upon the skill of an optician.

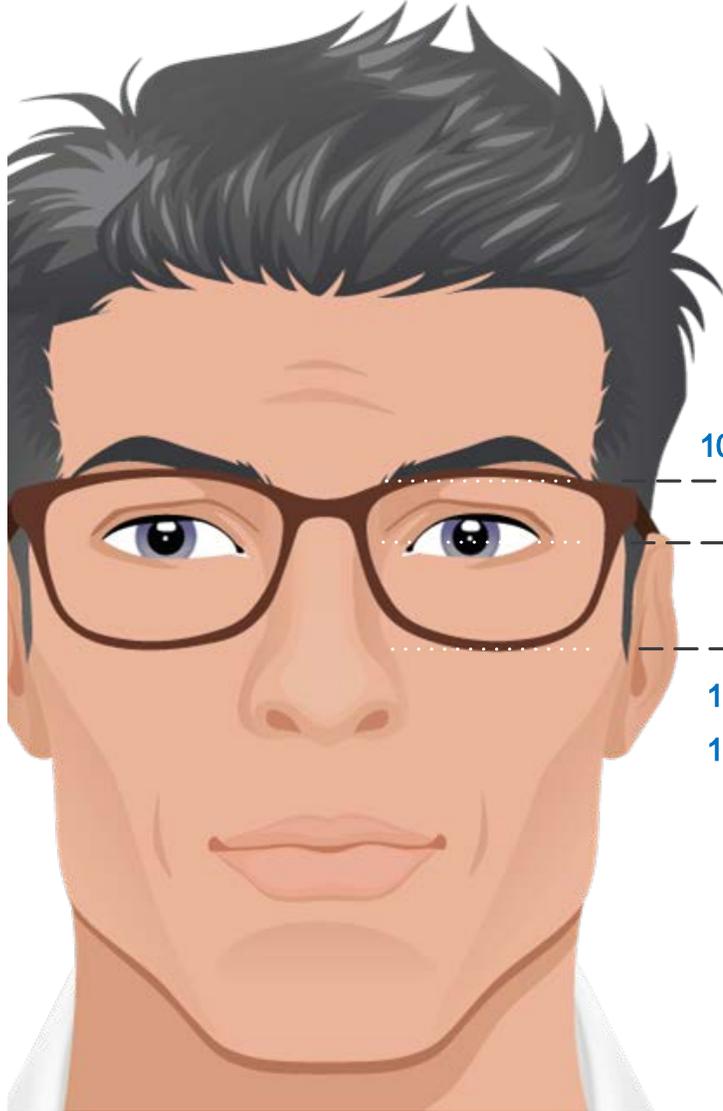


**Proper fitment becomes even more important with technologically advanced PALs.*

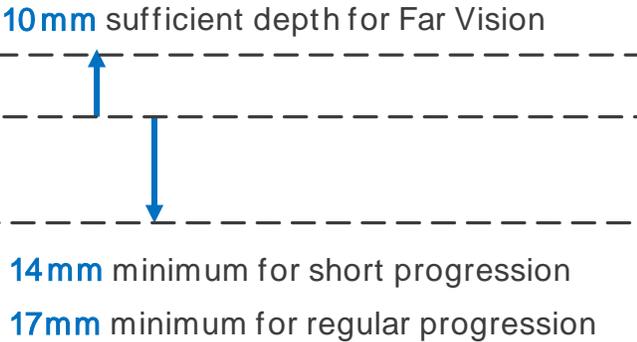




The RIGHT
FIT
=
Happy
Patients



The right frame will provide
enough space below AND above
the pupil...



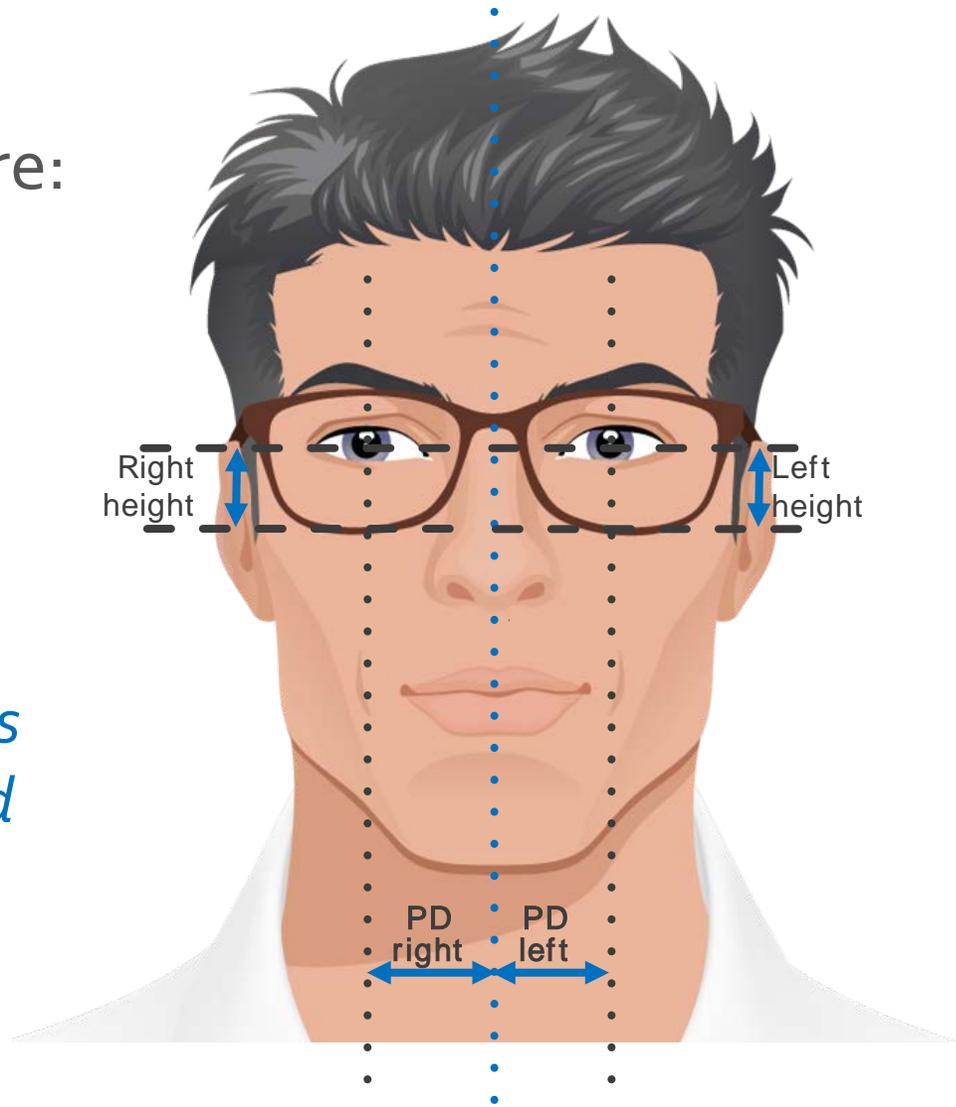


The RIGHT
FIT
=
Happy
Patients

The most important measurements to ensure optimum PAL performance are:

- Monocular PD
- Monocular Fitting Hgt

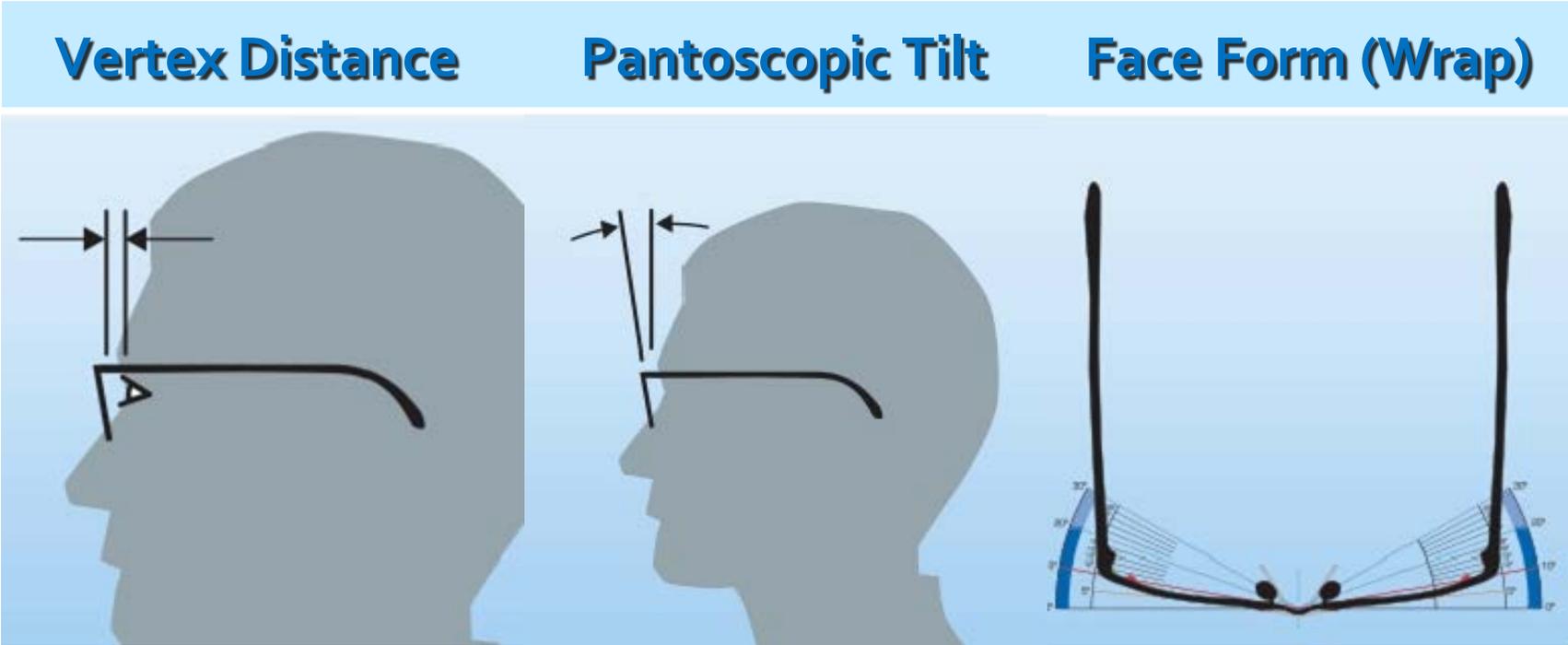
To ensure these measurements are accurate, the frame should always be pre-adjusted...





Pre-adjust the frame to an optimal fit

The RIGHT FIT = Happy Patients



- ✓ Optimal = 10-14mm
- ✓ Average = **12mm**
- ✓ Small vertex is ideal

- ✓ Optimal = 8°-12°
- ✓ Average = **8°**
- ✓ Avoid negative panto

- ✓ Optimal = 4°-12°
- ✓ Average = **7°**
- ✓ Avoid negative wrap

*If the frame cannot be adjusted to approximately 12mm, 8°, and 7° consider specifying **position of wear***



The RIGHT
FIT
=
Happy
Patients

Once the frame is pre-adjusted, measure PD and FH using either:

Manual / Traditional

- Pupilometer for PD
- Ruler for FH



Digital Devices

- Tablets
- Columns
- Apps



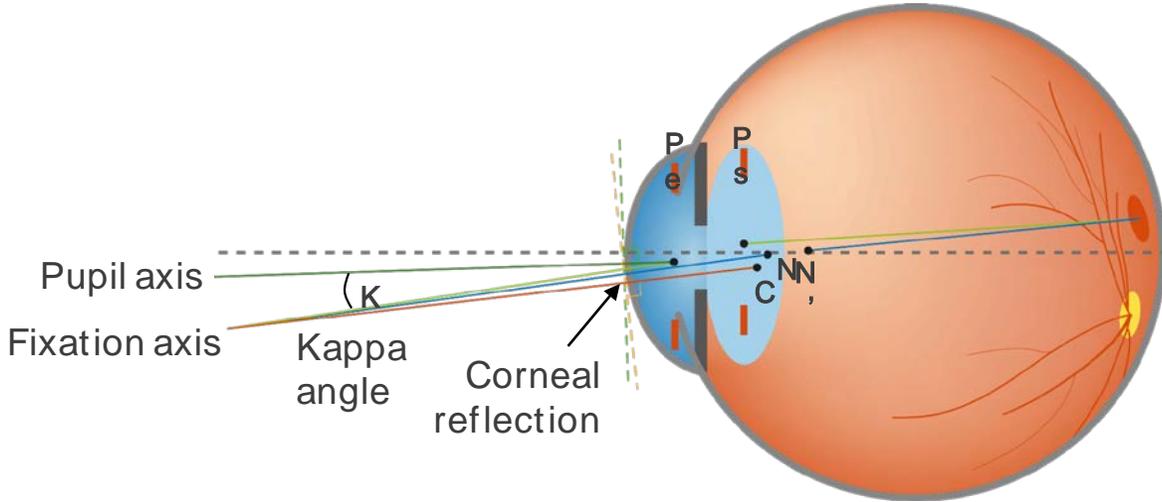
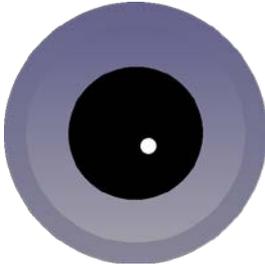
*Become an **expert** with whatever method you use.
PAL success depends on accurate measurements!*



When Dispensing A PAL

Never measure a PD with a ruler...

Pupil Center vs. Corneal Reflection



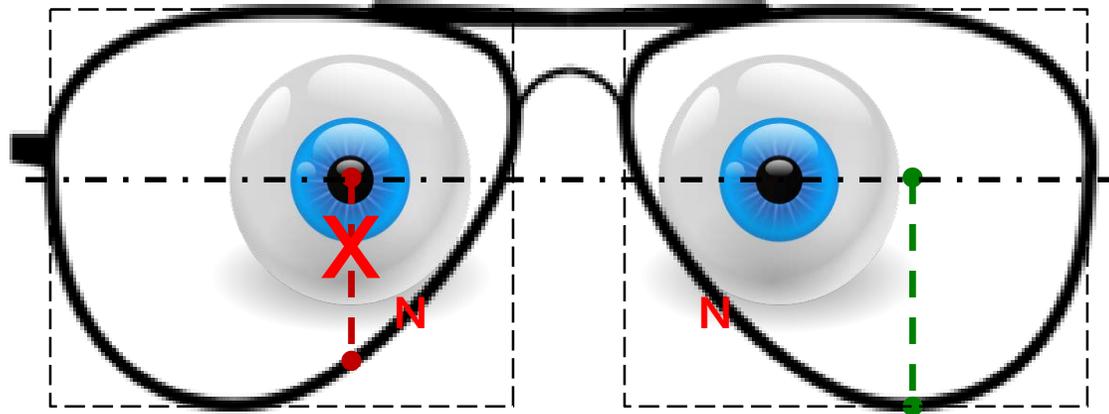
Measure fitting height to pupil center, but PD to corneal reflection

- Fixation axis passes through the corneal reflection
- Pupil does not dilate symmetrically



When Dispensing A PAL

Be sure to measure fitting height from the center of pupil to the “bottom of the box”



- intentionally fit too low
- measured to frame edge directly below eye
- failure to account for bevel
- frame shape excludes near



The most common error resulting in poor performance / adaptation is fitting a PAL too low.



When Dispensing A PAL

When delivering eyewear (especially a 1st PAL)



- Verify Rx
- Return to optimal adjustment
- Verify positioning of FRP
- Demonstrate performance
 - Ideally using same devices from initial consultation



Congratulations!
You have welcomed your patient to presbyopia...

Questions
?

THANK YOU

Pete Hanlin, ABOM

Essilor of America

Customer Development Group

