Contact Lens and Anterior Eye 42 (2019) 339–340

Contents lists available at ScienceDirect

Contact Lens and Anterior Eye

journal homepage: www.elsevier.com/locate/clae

Editorial

BCLA conference delivers the key topics

In the last issue of CLAE, the editorial highlighted the current big topics in ophthalmic research and especially in the contact lens and anterior eye field [1]. The recent biennial BCLA conference (30th May – 1st June) in Manchester certainly reflected the current scene of the clinical and research areas around contact lenses. There were highly informative conference sessions around many of the topics that you will have seen in the 2019 issues of CLAE. Dry eye and the ocular surface [2–8], as well as specialist contact lens fitting [9–13] and myopia control [14]. One of the sessions that I found most informative was the session on '*What contact lenses we are now prescribing and why?* This relates to the ever-present '*elephant in the room'* of contact lens dropout [15]. There were interesting papers that discussed the pros and cons of daily disposability and also of silicone-hydrogel as a material [16]. Professor Debbie Sweeney made her first appearance at the BCLA, after around 10 years, and spoke about the importance of maintaining ocular health through a lifetime of contact lens wear. This is certainly something we should consider with all of our contact lens patients – not just a comfortable lens for now but a lens that causes the minimal disruption to the ocular anatomy and physiology. Is this something we need to consider in more general terms? Human biologists often talk about the allostatic load on the body rather than acute events in areas such as smoking, dental hygiene, poor diet, or UV exposure for example. Drinking a can of a fizzy drink will not make your teeth fall out, but if that action was repeated for many years then it will have an accumulative effect. It is difficult to measure this and probably the best we can do are models that allow prediction of pathology or shorter termed events that can be used as surrogates for a certain disease. In the case of dry eye we do this already but as we are learning it seems that we need to understand more than the simple signs and symptoms that we are presented with clinically. As our understanding improves, we can add additional risk factors so that our diagnosis and ultimately treatment of adverse events will improve. With the additional of improved instrumentation then we will be even better equipped to serve our patients.

The question does arise that with the advancement of technology what will be the role for primary eye care? Will we need so many medical ophthalmologists, optometrists and opticians to serve the population? One of the counter arguments is always the fact that we have an ageing population that will have increased needs for eye care. The UK has seen an increase in the number of schools that offer optometry programmes. If we consider universities as a business and their product to be the courses they offer, then optometry is a popular product for consumers (students). If we consider it from the workforce point of view then maybe the population does not need so many additional optometrists but from an employer point of view they do find employment in the vast majority of cases. The argument has different opinions and we can save that for another day! One more immediate aspect may be a shortage of people to teach at every new school. In the UK the trend has been for university optometry teaching staff to be recruited post PhD, although this is now changing and many of the newer schools are recruiting people without PhDs into teaching roles. Having a PhD does not necessarily mean that someone is a better teacher, but having a PhD does train someone to know about the scientific method and how to be able to investigate a topic to understand it better and then be able to interpret it for dissemination. In the same way you do not need an MBA to run a successful business, it may help you to develop a better understanding of the roadmap needed to succeed. The colleagues within the ophthalmic profession that I know who have MBAs have all used their business qualifications to catapult into the higher echelons of our industry, and in some cases outside of the industry too.

In the UK the British and Irish University and College Contact Lens Educators (BUCCLE) has two members from each institution in the UK and Ireland where contact lens practice is taught. BUCCLE usually has a meeting the day before the BCLA biennial conference. BUCCLE usually has its pre-BCLA meeting in conjunction with the International Association of Contact Lens Educators (IACLE) and this year that continued. It was recognised by BUCCLE that some of the newer members/educators, especially those without PhDs, may benefit from certain tools on how to publish and present research. This was the theme of this BUCCLE/IACLE education day. The programme of lectures and discussion attracted just under a hundred delegates, ranging from senior academics to postgraduate students, from UK institutions and overseas. The topics discussed where things like why we do research, how to write an abstract, how to create a scientific poster, how to write a paper, differences between peer reviewed and non-peer reviewed journals, how to do a literature review and how improve your presentation skills. Personally, one of my highlights of the day was to hear the stories shared by IACLE's founding President Dr Hilmar Bussacker first BUCCLE chair Richard Pearson and former IACLE vice president Professor Desmond Fonn. The first IACLE Secretary Dr John de Brabander sent a video message to delegates. The last issue of CLAE had some background information to the formation of IACLE [17]. Richard Pearson is also a former editor of CLAE.

https://doi.org/10.1016/j.clae.2019.06.005

Figure to show Richard Pearson (left), Hilmar Bussacker (centre) and Desmond Fonn (right) with their IACLE 40th Anniversary Foundation Award certificates.

References

[1] S. Naroo, Clinical and research flavours of the month, Contact Lens Anterior Eye 42 (3) (2019) 237.
[2] A.R. Brissette, O.J. Drinkwater, K.J. Bohm, C.E. Starr, The utility of a normal tear osmolarity test in patients presenting with dry eye disease like symptoms: a prospective analysis, Contact Lens Anterior Eye 42 (2) (2019) 185–189.
[3] M. Duran, İ. Güngör, The effect of pregnancy on tear osmolarity, Contact Lens Anterior Eye 42 (2) (2019) 196–199.
[4] M. Garza-Leon, F. Amparo, G. Ortíz, P. de la Parra-Colin, V. Sanchez-Huerta, F. Beltran, et al., Translation and validation of the contact lens dry eye questionnaire-8 (CLDEQ-8) to the Spanish language, Contact Lens Anterior Eye 42 (2) (2019) 155–158.
[5] M. Guillon, S. Shah, Rationale for 24-hour management of dry eye disease: a review, Contact Lens Anterior Eye 42 (2) (2019) 147–154.
[6] M. Guillon, P. Theodoratos, K. Patel, R. Gupta, T. Patel, Pre-contact lens and pre-corneal tear film kinetics, Contact Lens Anterior Eye 42 (3) (2019) 246–252.
[7] A. López-de la Rosa, C. Arroyo-Del Arroyo, A. Enríquez-de-Salamanca, J. Pinto-Fraga, A. López-Miguel, M.J. González-García, The ability of the Contact Lens Dry Eye Questionnaire (CLDEQ)-8 to detect ocular surface alterations in contact lens wearers, Contact Lens Anterior Eye 42 (3) (2019) 273–277.
[8] S. Wong, S. Srinivasan, P.J. Murphy, L. Jones, Comparison of meibomian gland dropout using two infrared imaging devices, Contact Lens Anterior Eye 42 (3) (2019) 311–317.
[9] I. Davies, Scleral publications & contact lens category growth, Contact Lens Anterior Eye 42 (2) (2019) 234–235.
[10] M. De Bernardo, G. Abbinante, L. Vitiello, N. Rosa, Pentacam and vector analysis to evaluate longitudinal corneal tomographical changes in non-progressive keratoconus eyes, Contact Lens Anterior Eye 42 (2) (2019) 232.
[11] F.J. Fernández-Velázquez, Performance and predictability of a new large diameter contact lens design in keratoconic corneae, Contact Lens Anterior Eye 42 (3) (2019) 289–294.
[12] P. Kumar, H. Woretaw, The role of corneo-scleral junction in soft contact lens fitting: case report on nanophthalmos, Contact Lens Anterior Eye 42 (2) (2019) 226–228.
[13] F. Zhao, J. Wang, L. Wang, L. Chen, An approach for simulating the fitting of rigid gas-permeable contact lenses using 3D printing technology, Contact Lens Anterior Eye 42 (2) (2019) 165–169.
[14] A. Ruiz-Pomeda, P. Fernandes, A. Amorim-de-Sousa, J.M. González-Méijome, F.L. Prieto-Garrido, B. Pérez-Sánchez, et al., Light disturbance analysis in the controlled randomized clinical trial MiSight® Assessment Study Spain (MASS), Contact Lens Anterior Eye 42 (2) (2019) 200–205.
[15] A.D. Pucker, L.A. Jones-Jordan, S. Marx, D.R. Powell, J.T. Kwan, S. Srinivasan, et al., Clinical factors associated with contact lens dropout, Contact Lens Anterior Eye 42 (3) (2019) 318–324.
[16] H. Walther, L.N. Subbaraman, L. Jones, Novel in vitro method to determine pre-lens tear break-up time of hydrogel and silicone hydrogel contact lenses, Contact Lens Anterior Eye 42 (2) (2019) 178–184.
[17] A. Ewbank, S. Naroo, IACLE: yesterday, today and tomorrow, Contact Lens Anterior Eye 42 (2) (2019) 129–131.

Shehzad A. Naroo
School of Life and Health Sciences, Ophthalmic Research Group, Aston University, Aston Street, Birmingham B4 7ET, United Kingdom
E-mail address: s.a.naroo@aston.ac.uk.