

# A LETTER FROM LOCKDOWN



Reflections on trends in ocular health.

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**W**e are living through a defining moment in history. SARS-CoV-2 is an effective pathogen, one that has radically changed how we live. As I write this article from my home in Melbourne, Australia, this country's population is currently enduring our fifth hard lockdown since early 2020. There are only four permissible reasons for any of us to leave our homes:

- To seek medical care;
- To work in essential or frontline services;
- To go for a walk or jog within a 5-km radius of our home for a maximum of 2 hours per day; or
- To buy essential goods such as food and medicine.

The streets of Melbourne are empty. The shops and schools are closed, and we aren't permitted to see our extended family members or friends in person. State and international borders are closed. The lockdown is keeping SARS-CoV-2 at bay, but the sacrifices are substantial. Children attend school online from morning to evening, and adults work from home if they are able. The bulk of everyone's shopping, socializing, and entertainment is done on a screen. At one point, the inhabitants of Melbourne lived like this for 112 days straight. We're tired of these conditions, to say the least. As an ophthalmologist, however, primarily at a refractive surgery practice, I have also noticed some worrisome trends in ocular health that I believe are worth sharing here anecdotally.

## OBSERVATIONS

Considering people's extended time indoors and excessive screen time, it is not surprising that I am seeing more patients with digital eye strain, dry and irritated eyes, headache, blurred vision, and creeping myopia. These conditions appear to be ubiquitous, not isolated to children but increasingly prevalent in patients of all ages. (For more on this topic, see "The Myopia Pandemic," pg 16.)

I have also noticed that myopic progression after refractive surgery has become relatively more common among my patients during the COVID-19 pandemic. It is too early to quantify the incidence accurately; however, I estimate increases of approximately 50% in the reporting of symptoms and 23% in the number of enhancement surgeries during the past 6 months compared to before the pandemic.

## A PROACTIVE APPROACH

Based on my observations, I feel the need to increase patient awareness of the potential impact of their lifestyle changes on their ocular health. I now discuss digital eye strain with all of my patients, regardless of whether they mention the problem, so that they understand the condition and how they can minimize or prevent it. Further, I wrote a document that provides advice on how to manage digital eye strain that was distributed to staff and parents at local schools. Some of these schools incorporated the material into well-being classes. The information is also available on

my clinic's website at the following quick link: [bit.ly/3C1PQ8k](https://bit.ly/3C1PQ8k).

I also recognize that the 20/20/20 rule (ie, when using a device with a screen, pause every 20 minutes to look at an object that is 20 feet away for 20 seconds) is not practical in every situation or for every person. Some people may find an hourly break more manageable. My attitude is that any break is better than no break and that people need routines that are achievable for them individually. I therefore encourage people to go outside during the day without their phones—to take their dog for a walk around the block, to sit outside and drink tea, or to gaze at the clouds. I encourage them to be kind to themselves, and I hope that these conversations make a difference, even a small one.

## CONCLUSION

The pandemic has reminded me that there is no greater privilege than caring for others and making their lives better. I feel lucky to be a doctor at this time.

Despite the forced separations from others brought on by SARS-CoV-2, ironically, I don't remember a time when I have felt more connected to humanity. The common thread feels somehow strengthened as I realize that we really are all in this together. ■

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