



World Ophthalmology Congress 2010

Early detection of visual defects in children Call for mass screening up to the age of three

Berlin, May 2010 – Between five and ten per cent of all children suffer from a visual deficit. In most cases it is amblyopia, also known as lazy eye. One or rarely both eyes and particularly the visual centers of the brain have not learned to see clearly in the early years of childhood. In some children, this visual defect is only detected once they have started school. Then, however, it is often too late for an effective treatment. Experts will discuss how ophthalmologic mass screening can improve early detection at the World Ophthalmology Congress (WOC® 2010) in Berlin in June.

“Children have to learn to see just as they have to learn to walk and speak,” explains Professor Dr. med. Oliver Ehrt of the Eye Clinic at Ludwig-Maximilians-University, Munich. This usually happens especially in the first three years of life. After that the ability to learn diminishes. “When children start school the plasticity of the brain has already decreased and is a lot reduced in teenagers,” Ehrt says. For this reason, visual deficits must be treated early.

Amblyopia is mostly caused by strabismus or refractive errors. In rare cases, the cause is cataract or other ophthalmic disorders. “In the case of strabismus, the brain suppresses information from one eye to prevent double images,” Ehrt explains in the run up to WOC® 2010. By contrast, if a child has refractive errors, the cornea or lens produces a blurred image on the retina. “The brain is unable to learn to see clearly with such a blurred image,” Ehrt explains. Ophthalmologists usually prescribe eyeglasses to correct the refractive error. In addition, the healthier eye is covered with an eye patch for a certain number of hours to force the brain to train the weaker eye.

The earlier amblyopia is treated, the better are the prospects of success. Early detection, however, is not an easy matter. “Unless they have large-angle strabismus, it is not possible for the parents to detect the disorder in children,” Ehrt reports. A lazy eye is often only detected at school where

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demands on vision increase. It is then often too late for an efficient therapy. The expert therefore recommends a preventative medical check-up before the age of three. For two years now, this has been included in the pediatric check-up U7a in Germany. "Pediatricians however are not able to completely rule out amblyopia. This examination includes measuring refractive errors with dilated pupils," explains Ehrt. In the run up to WOC® 2010, he therefore calls for ophthalmologic mass screening.

In many European countries and in parts of America, screening programs have been running for years. "In Sweden this has brought about a decrease of some 90% in the number of children suffering from deep amblyopia," according to Ehrt. Up to now in Germany, only a small number of health insurances cover the costs of ophthalmologic check-ups in children. The justification given is the lack of studies on this topic. "Experience gained in other countries is not easily transferable to the situation in Germany. We urgently need a German study of ophthalmologic amblyopia mass screening," Ehrt states. As an expert, he is convinced that structured early diagnosis can notably reduce the number of amblyopic children – and later adults – here in Germany. He therefore recommends parents have their children examined by an ophthalmologist at the age of two to three.

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Germany plays host in 2010 to the largest international ophthalmologic congress with the World Ophthalmology Congress (WOC® 2010). In addition to the International Congress of Ophthalmology (ICO), the Annual Congress of the German Society of Ophthalmology (DOG) and the German Academy of Ophthalmology (AAD) will take place under the umbrella of WOC® 2010. From 3 to 6 June, 2010, AAD courses will be held in German. The international program in English will follow from 5 to 9 June. The organizers expect over 10,000 attendees from some 120 countries.