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Eye-Care Essentials for Computer Users

If you spend hours each day working at a computer screen, you may experience eyestrain, blurred vision, itchy eyes, and occasional double vision.

"But studies have found no indication that working on a computer screen causes permanent vision problems," says Kent Daum, O.D., an optometrist at the University of Alabama School of Optometry in Birmingham. "Short-term problems, such as tired, irritated, or watery eyes, do bother 70 percent to 75 percent of people who work at computers, but these problems can usually be corrected by wearing a special pair of glasses for computer work, adjusting lighting in the workplace, and altering the position of the computer screen."



Correct vision problems

One of the easiest ways to prevent eye fatigue and discomfort is to see a vision specialist.

"Minor visual problems, such as astigmatism or imbalances between the eyes, can be corrected by wearing corrective lenses, and you'll greatly increase your comfort," Dr. Daum says. "If you don't have to see distant objects clearly while at the computer, wearing bifocal lenses with the top adjusted for the computer screen and the bottom adjusted for reading is best."

If your distance vision must be clear while working at the computer, bifocal lenses with the upper part adjusted for distance and a large bottom part adjusted for the computer is recommended. As an alternative, a progressive lens with a large middle section for computer work could be used.

"Some people can comfortably use bifocal contact lenses when working at a computer, but in most cases, glasses will provide greater comfort and clearer vision," Dr. Daum says.

Increase your comfort

The following steps can further reduce your eye discomfort and fatigue.

- Place the computer straight in front of you, not off to the side.
- Place the screen at right angles to any windows to minimize glare.
- Adjust the screen angle to minimize reflections from overhead lights or desk lamps.
- Use drapes, shades or blinds to control window lighting and glare. Vertical or horizontal blinds will direct light away from you and the computer.

- Keep the screen brightness the same or brighter than the brightness of other objects in the room.
- Set your computer to display black characters on a white background.
- Use an adjustable copy holder to keep reference material at the same height and distance away from you as the computer screen. "This eliminates the need to change eye focus when looking from one to the other," Dr. Daum says.
- Use a glare-reduction filter to enhance screen contrast and increase character legibility. Use a three-sided computer hood if glare continues to be a problem.
- Wipe the screen often with an anti-static cloth.
- Take periodic rest breaks. "Every 15 minutes or so, look up and focus on a distant object for about two minutes," Dr. Daum says. "Blinking frequently and using artificial-tear eye drops to relieve dryness and irritation can also help."

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Sounding Off for Sound Sleep

As a University of Chicago medical student, William C. Dement stumbled into a research career that would eventually make him one of the world's foremost experts on sleep. But at the time -- the mid-1950s -- most scientists had doubts when the young researcher announced that our brains are active through the night.

Over the years, Dr. Dement's persistence and scholarship won over skeptics -- and launched today's science of sleep research.

By tracking brain wave activity and eye movements, he discovered rapid eye movement (REM) and mapped the architecture of sleep, learning that we pass through a consistent set of stages during our night's rest.

In 1963, Dr. Dement became a professor of psychiatry at California's Stanford University. By 1970 he had set up the world's first sleep disorders clinic, where patients stayed overnight while doctors monitored their slumber. The result: groundbreaking insights into disorders such as narcolepsy, insomnia and sleep apnea.

Dr. Dement also has campaigned to increase public awareness of sleep problems. He founded the American Sleep Disorders Association in 1975 and served as its president for 12 years. Until recently, he chaired the National Commission on Sleep Disorders Research, and he remains chairman of the National Program on Insomnia and Sleep Disorders.

Q: How important is sleep to overall health?

Dr. Dement: I like to say there's a triumvirate of health: nutrition, physical fitness and sleep. For the most part, sleep gets ignored.

Q: What percentage of us have sleep problems?

Dr. Dement: At least half the population has a sleep disturbance at any given time. Stress-induced insomnia is probably the most common, though it's not a sleep disorder in the clinical sense -- it's more of a symptom.

Q: What's the most common serious sleep disorder?

Dr. Dement: Obstructive sleep apnea. I believe it progresses to death if it isn't treated. It affects 30 million Americans. I think that makes it the No. 1 serious chronic illness.



Q: How can you tell whether you're getting enough sleep?

Dr. Dement: If you feel good all day long -- wide awake and alert -- you're getting enough sleep. If you're feeling pretty drowsy after lunch and it's pretty hard to get up in the morning and you have a glass of wine and it hits you pretty hard, then you've got a sleep debt -- you're not getting as much sleep as you need.

Q: What are the most vital things you can do to sleep well consistently?

Dr. Dement: The first thing is to really take it seriously. What we find is that in our busy lives, people generally don't even think about "will I be able to get enough sleep?"

Q: What are some other habits that ensure good, consistent sleep?

Dr. Dement: Regularity is good. Allowing time to get the sleep you need, planning so that happens, not allowing yourself to get too sleep deprived, avoiding things that you take into your body that disturb sleep -- caffeine being No. 1, alcohol probably being No. 2 -- and realizing that you don't fall asleep when you're all excited or angry.

Q: The bedroom should be reserved for sleeping?

Dr. Dement: Right. And you should have a ritual that favors sleep. People should know when they're getting sleepy. If you pay attention, you'll notice that you get drowsy at the same time.

Q: Does the amount of sleep needed vary a lot from person to person?

Dr. Dement: There's kind of a bell-shaped curve. Eight hours is pretty much the average. Almost everybody is between six and nine. The problem is, with the longer sleepers, there's so much demand to sleep less.

Q: We seem to admire people who can get by on very little sleep.

Dr. Dement: Absolutely, but almost all of them don't really get by. It can kill people. People who don't get enough sleep are impaired. They can't function as well mentally.

Q: What are some effects of sleep deprivation?

Dr. Dement: Mood is negatively affected. Cognition is negatively affected. Reaction time is increased. Human interactions are impaired. You can start to have micro-sleeps, which can be very dangerous. Motivation is impaired -- you become apathetic. There's inconsistency in performance. You make errors of omission and commission.

Q: When do those impairments kick in?

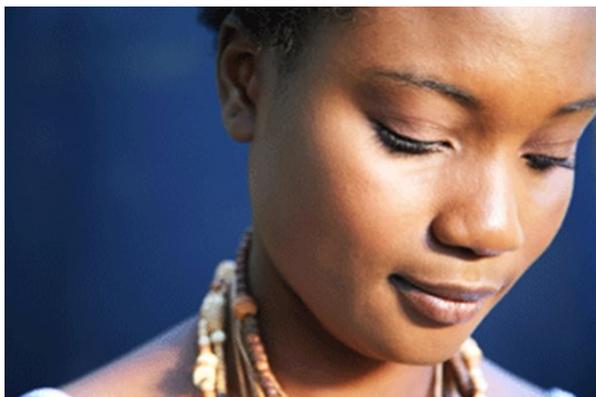
Dr. Dement: You can start to measure them after just a couple of hours of sleep loss.

Q: Do you follow your own advice on sleep?

Dr. Dement: Pretty much. I try to get at least seven hours. I'm the kind of person who will leave a dinner party, will leave guests. I'll say, "It's my bedtime folks, sorry." If I don't respect sleep, who will?

Krames Staywell

Focusing on ADD in Adults



Restless. Messy. Easily distracted. These are just some of the words used to describe people with Attention Deficit/Hyperactivity Disorder (ADHD), more commonly referred to as Attention Deficit Disorder (ADD).

According to the Attention Deficit Disorder Association (ADDA), 4 percent to 6 percent of the U.S. population has ADD, and one-half to two-thirds of children with the disorder will continue to experience problems as adults.

These problems can have significant social implications, and can affect relationships in the family and on the job.

A neurological difference

According to Lynn Flowers, Ph.D., a neuropsychologist and assistant professor of neuropsychology at the Wake Forest University School of Medicine in Winston-Salem, N.C., ADD is a brain-based condition. "From the research we and others have done," she says, "there is generalized under-activity in the brain and also, compared to people who do not have ADD, some differences in certain key areas of the brain that control movement and the management of movement."

In diagnosing ADD in adults, says Dr. Flowers, symptoms are traced all the way back to childhood. "We have to do a very careful inventory of their early years," she adds. Once ADD is recognized, the patient's behavior is then qualified as being primarily inattentive, primarily hyperactive or a combination of both.

Symptoms of inattentive behavior include having a short attention span, being easily distracted and being disorganized. Hyperactive behavior is characterized by over-activity and being impulsive - acting and/or doing things without considering the consequences.

"These symptoms have to have been present in childhood for there to be a diagnosis retrospectively in adults," says Dr. Flowers. "In fact, the symptoms have to not only be present, but be present by the age of seven and in more than one setting. If the child is only having trouble in school and not anywhere else, you would look for some other cause - probably a learning disability or a discipline problem." The problems caused by ADD would be pervasive, she adds, and get in the way of the child's normal development - usually academic or social.

"One of the reasons [ADD] is difficult to identify in adults - if they have never been diagnosed - is that first of all, you have to rely on that person's memory of when something was a problem and how much of a problem it was," Dr. Flowers says. "Also, as people age, some of the symptoms change. It is typical for hyperactivity to become less evident or to manifest itself in a different way, such as feelings of restlessness."

These feelings of restlessness often are evident in being unable to wait one's turn, finding it difficult to stand in line and being impatient drivers. These people, Dr. Flowers notes, have problems such as:

- Being unable to keep a job or not keeping jobs as long
- Not achieving educational goals otherwise within their ability
- Having marital difficulties
- Having more accidents and traffic violations

"If they have gotten into a profession that accommodates the kind of problems they have, they usually don't run into trouble, and for that reason, they often tend to be self-employed and do things that keep them active," says Dr. Flowers. "A lot of people with ADD like a high-demanding job with a lot of novelty."

But when a problem is so severe that it continues to interfere in their personal life or career, that is the time they will seek help - often after reading a newspaper or magazine article or seeing something on television. "Very often, in our experience, it's because

Treating ADD

Symptoms of ADD can be helped with certain kinds of medication, although there are a number of factors to take into consideration. "If we were talking about a child, whether or not medication was the way to go would be based on how severe the difficulties are and whether they are mostly inattentive or hyperactive, and also whether or not there's anxiety, depression - that sort of thing," says Dr. Flowers. "The same thing is really true of adults, but it's a little more difficult because the symptoms have often been cloaked, and some of the symptoms may have been reduced."

The typical first line of treatment is prescribing a stimulant medication such as methylphenidate. "The research is pretty consistent in showing that if the problem is severe, medication is effective in about 80 percent to 90 percent of the cases," says Dr. Flowers. "If hyperactivity is part of the picture, the medication is more effective with the hyperactive component of ADD than it is with the inattentive portion." She adds that adults are often treated with an anti-depressant, either alone in a low dose or in combination with a stimulant.

Other treatments for the behavioral components are also available. "They typically work best in cases of only a mild to moderate effect of the condition, when symptoms are bothersome but not severe, or in combination with medication," Dr. Flowers says. "Things like cognitive behavioral therapy don't seem to work - just trying to talk somebody out of it or telling them how to talk to themselves about not being so impatient."

There are, however, certain conditions that will help children and adults with ADD cope with their behavior. These include being highly structured and having consistency in scheduling and consequences.

A diagnosis in progress

The diagnosis of ADD, says Dr. Flowers, comes from the "Diagnostic and Statistical Manual of Mental Disorders," a standard manual used by professionals for recognizing symptoms of mental disorders. "It is a listing of disorders and conditions of childhood and adulthood that makes it easier for doctors to communicate with each other," she adds. "All the people who use the manual know the symptoms we're talking about."

To cite how ADD's diagnosis is still developing, Dr. Flowers notes that the manual is now in its fourth edition, and ADD first appeared in the second edition. "It was previously called Organic Brain Damage, because some of the symptoms were similar to those of some types of brain injury," she says.

So why are so many people now diagnosed as having ADD? "I think in some ways, ADD has become an over-diagnosis, masking the learning disabilities of children or other conditions in adults," says Dr. Flowers. "There are many things that cause a person to be less attentive - being overly anxious, being depressed - and there are various medical conditions that can have an effect on activity levels and ability to focus, so all of those things need to be ruled out when making a diagnosis."

ADD is a lifelong condition. "You don't really mature out of it," says Dr. Flowers. "It is often less bothersome for adults than it is for children, but it is not something that goes away."

Medication and other treatment methods should be evaluated on a regular basis, advises Dr. Flowers. "Although you might think adults need more medication because they are larger, that is often not the case," she says. "And it is a very individualized, hand-tailored treatment."

If you think you may have ADD, Dr. Flowers suggests seeking an evaluation with a qualified psychologist or psychiatrist who has experience in treating adults with the condition. "Be prepared to supply as much early history to that professional as possible, including parent reports, early school records and so forth," she says.

For more information about ADD in adults or to find an organization's local chapter, visit the Attention Deficit Disorder Association (ADDA) website at www.add.org or the Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) website at www.chadd.org.

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For assistance with challenges like these, please call your

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