Pe b ia i e en a nd 40 ea f age in We en c n ie . I i e ed ha e b ia cc ea l in he c n ie cl e he e a , ch a Cen al/S h Ame ican c n ie [9]. Ul a i le adia i n can be a ca e f deg ada i n f c alline len e hich i e ed ha e ema e ne e b ia [10].

e m c mm n in e en i n f c ec ing e b ia i ec acle c ec i n i h l e [11]. S ec acle c ec i n cann e e ha d namic ange f acc mm da i n in he aging e e [12]. Ref ac i e c ec i n f e b ia can be achie ed b eading gla e , bif cal len e , if cal len e , ge i e addi i n len e i h di e en di ance ie ing bjec .

In he f m f bif cal c ec i n nd egmen , D- egmen , e ec i e, ibb n egmen , and c ed egmen de ign a e a ailable.

R nd egmen k k bif cal i he chea e bif cal i h egmen f 22 38mm. I i ed f all e f eeing in di ance and nea bjec . A he ical cen e f he gla e lie a he ge me ical cen e f he egmen , i gi e an e a ba e-d n i m e ec . I gi e an e ce eld f ie . Image j m i m e in hi e (Fig e 1).

Fla bif cal i al called a D- egmen . Segmen heigh a ie f m 22 45 mm m l ed i 28mm. A ide eading a ea gi e a be e e ec in nea i i n b ia ec di ance i i n f mall di ance egmen . Image j m i neg iable ince he ical cen e i nea he di ance egmen . C ed egmen imila a egmen i h

In he ca eg f e , e b ia i m e c mm n in female e 40 ea f age. i di e ence i n becaue f an h i l gical change in acc mm da i n. I ha en d e ie ing di ance e i emen , a k e f med, and a m leng h [8,9]. i e b ia c ec i n ld lead an e en g ea e di a i amng men and men in e m f n c ec ed e b ia e c ec ed e b ia [8].

Pe b ia i n a ef ac i e e . If e c n ide he n c ec ed ef ac i e e in he ca e f e b ia, indi ec l i a ec e b ia ign & m m . L a e f n c ec ed h e ia can cc ea l need f e b ia c ec i n bef e he age f 40.

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P ge i e addi i nal len e e cce f ll de igned b he a il ' f m E el (E il). T e f ge i e de ign a e a ailable de ign and ha d de ign. Ha d de ign ha a ide eading a ea and di ance a ea. P ge i n f e in he in e media e ne i h and ha d e i he D e na eading ne and di ance ne in de ign, e le i h ac i e m bile e and ne e b e a e i able f de ign.

C

P e b ia i a gl bal blem, a ec ing billi n f e le ld ide in he aging la i n. C en l a ailable all he e b ic c ec i n h ld be gi en e e i n f al a ea beca e m f he ca e a e c ming f m hi i n f cie e nc ec ed ef ac i e e h ld be ea ed a ea l a ible a id ea l ne e b ia i h a ailable ec acle c ec i n. F he die h ld be c n ide ed in he de el men f e b ia and ea men f e b ia ha can e e he acc mm da i n.

References

1. Holden BA, Fricke TR, Ho SM (1999) Global Vision Impairment Due to Uncorrected Presbyopia. Arch Ophthalmol 126: 1731-1739.

2. Kamali A, Whitworth JA, Ruberantwari A, Mulwanyi F, Acakara M, et al. (1999) Causes and prevalence of non-vision impairing ocular conditions among a rural adult population in SW Uganda. Ophthalmic Epidemiol 6: 41-8.

3. Wharton KR, Yolton RL (1986) Visual characteristics of rural Central and South Americans. J Am Optom Assoc 57: 426-30.

4. Burke AG, Patel I, Munoz B, Kayongoya A, McHiwa W (2006) Population-based study of presbyopia in rural Tanzan ö M