Eyes - common problems

Summary

- Common eye complaints include sore and tired eyes, blurred vision, headaches, twitching eyelids and watery or dry eyes.
- Most of these conditions can remedy themselves.
- If you have any problems that seem to be recurring or getting worse, see an optometrist.
- Refractive errors including myopia (short-sightedness), hyperopia (long-sightedness), astigmatism and presbyopia (inability to focus on near objects) are the most common eye disorders.
- Vision problems due to refractive errors can generally be helped by glasses or contact lenses, or by laser surgery.

Your eyes can become tired, blurred, sore or dry. Sometimes, you might even see spots or get headaches. These complaints are very common and can often fix themselves. If they persist, it is best to see an optometrist for advice.

Problems with focusing (refractive errors) are also very common. The image of what you are looking at does not focus precisely on the back of the eye (retina) and appears blurry. The main types of refractive errors are myopia (short-sightedness), hyperopia or hypermetropia (long-sightedness), presbyopia (inability to focus on near objects) and astigmatism.

Tired eyes and blurred vision
If you spend a long time using a computer or watching television, your eyes can become tired and your vision blurred.

Using a computer does not cause permanent damage to your eyes. However, working on a computer is a demanding visual task that can cause eye discomfort. If you have an uncorrected vision problem, this can make computer use uncomfortable and can lead to blurred vision and eye strain.

Whenever you concentrate on a computer screen or watch television, you tend to blink less. This can lead to your eyes drying out. It is made worse if you are in a dry environment, such as a heated or air-conditioned office.

Prevention of eye strain
You can help prevent dry eyes and minimise the risk of tired or sore eyes while reading or using a computer. Tips include:

- Take regular breaks.
- Look around at objects that are at different distances.
- Remember to blink often.

If this doesn’t help, see an optometrist to find the underlying cause of the problem. Treatment may include eye drops, exercises or glasses.

Blurry eyes at night
Reasons why your eyes may go blurry at night can include:

- You are tired so your visual system is fatigued.
- You have a refractive error such as long-sightedness or astigmatism. During the day, you may be able to compensate for these, but when your eyes are tired, your vision can go blurry.
- You could be mildly short-sighted. This may not bother you in normal light, but you notice it at lower light levels.
The tears on the front of your eyes may be drying out if you have been around heaters and air conditioners all day. This may cause your eyes to go a little blurry, but should clear when you blink.

If your vision has started going blurry, you should have your eyes examined to find the cause.

**Twitching eyes**
Blepharospasm is an involuntary twitching of the muscles in your eyelid that is usually caused by stress or fatigue. This is a common condition that tends to recur every so often, usually in the same eye and the same area of the eyelid. The twitching may feel obvious to you, but if you get someone else to look, they usually won’t notice any movement.

A good night’s sleep is the easiest way to correct this problem. If it continues, see your optometrist.

**Eye problems and headaches**
Headaches are generally a sign that something is wrong. However, there are many possible causes of headaches. Some of these are visually related, such as an uncorrected refractive error (focusing problem).

Your doctor can get valuable information from the nature of your headaches. They may ask you questions such as:

- When do the headaches arrive?
- How bad are they?
- Where are they? For example, are they in your forehead area or around the sides of your head?
- What triggers seem to start them?

Having an eye test is a good starting point when trying to narrow down the reason for headaches. If examination of your eyes is normal, see your doctor for further investigation.

**Eye floaters**
Floaters are specks that you sometimes see before your eyes. They are very common and are created when a tiny clump or strand forms within the clear jelly substance inside your eye (the vitreous). When you move your eyes to look at the floater, it moves because it is sitting in this vitreous.

Most people have some floaters. They can be annoying, but are usually harmless. They may stay indefinitely or spontaneously disappear.

There is no treatment for floaters. However, if you suddenly notice a lot of floaters or flashing lights, you should have an eye examination to ensure that the internal surfaces of your eye are correctly positioned and healthy.

**Watery eyes**
Watery eyes can be due to:

- a low-grade infection of the eyelids, causing irritation on waking and subsequent tear production
- dry eyes, caused by factors such as medications, general health conditions, environmental factors such as air conditioning or wind or rarely, incomplete closure of the eyelids. Dryness makes your eyes produce more tears
- a problem with the drainage of tears out of the eye (sometimes caused by a blockage)
- a mild allergic reaction
- foreign material in the eye.

It is worth having your eyes examined to find out whether you need eye drops to lubricate your eyes or other treatment to correct an underlying condition.

**Eye disorders – focusing problems**
Problems with focusing (refractive errors) are the most common eye disorders. These occur when the image of what you are looking at does not focus precisely on the back of the eye (retina) and appears blurry. The main types of refractive errors are myopia (short-sightedness), hyperopia or hypermetropia (long-sightedness), astigmatism and presbyopia (inability to focus on near objects).
Refractive errors occur when there is a mismatch between the length of the eye and its optical power. These mismatches usually originate during childhood and are thought to be affected by both hereditary and environmental influences.

**Myopia (short-sightedness)**
People who have myopia (short-sightedness) do not see distant objects clearly. In a normal eye, the lens and cornea focus light into an image on the retina. In a myopic eye, the light is focused in front of the retina and so the image is blurred.

Myopia is a very common condition that affects about 15 per cent of the population. Usually, myopia begins to develop in teenage years, although it can happen any time from birth. Myopia may progressively increase over the following few years, slowing in the mid to late twenties in most people.

**Signs of myopia in children**
A complete eye test is the only sure way to determine whether your child’s vision is normal. Some clues that may lead you to suspect myopia in a child are:

- screwing up of eyes or squinting to see distant objects
- difficulty reading the blackboard at school
- sitting very close to the television
- poor posture while reading
- a lack of interest in playing outdoor games.

**Treatment for myopia**
There is no cure for myopia. However, glasses or contact lenses can help you see clearly. There are several techniques available to correct myopia by reshaping the cornea to reduce its power. These include laser surgery, which removes tissue from the cornea, leaving it with a flatter surface.

High levels of myopia can cause more serious problems, such as stretching and thinning of the retina, holes and tears, and the risk of retinal detachments. If you are myopic, you should have regular eye examinations and talk to your optometrist about the potential for problems.

**Hyperopia (long-sightedness)**
People who have hyperopia (long-sightedness) may experience blurred vision, particularly for close work. A mildly hyperopic person can often see quite clearly because the eye compensates. The greater the hyperopia, the harder it is to focus. If there is a significant amount of hyperopia, the effort of focusing for long periods can cause tired eyes or headaches. Children who have headaches should always be checked for hyperopia, even if they don’t report any problems with their vision.

**Treatment for hyperopia**
Young people who are slightly hyperopic may not have problems. Correcting hyperopia through wearing glasses or contact lenses can improve reading ability and concentration through increased comfort and clarity of vision. Distance vision may also be improved. Laser surgery can correct some cases of hyperopia.

**Astigmatism**
Astigmatism is a focusing error that tends to distort vision at all distances. In astigmatism, some directions in an image are more out of focus than others. For example, horizontal lines blur, while vertical lines are clear. Even a slight degree of astigmatism may lead to headaches, fatigue and reduced concentration.

Most astigmatism is caused by the shape of the front surface of the eye (the cornea) or by slight tilting of the lens inside the eye. It may be inherited or a normal variation accompanying growth. Astigmatism is not an eye disease. Most people have at least a very slight amount of astigmatism.

**Treatment for astigmatism**
Glasses and contact lenses can correct astigmatism. Sometimes correction can change the apparent size and shape of objects and may affect the person’s judgement of distance. In most cases, adjusting to these side effects
Presbyopia
Presbyopia is a common condition that makes vision difficult at a normal reading distance. For instance, you may find that you are holding your newspaper further away from your eyes to make the print clearer, or that periods of close work give you sore eyes, headaches or tiredness. As we get older, the lens loses its flexibility and is less able to change its shape and its ability to focus. This is a completely normal ageing change.

Presbyopia is usually first noticed around the age of 40 to 45 years and increases between the ages of 45 and 65. From 65 years onwards, a person's presbyopia is unlikely to get any worse.

Treatment for presbyopia
Presbyopia is corrected by a spectacle prescription designed especially for close distances. Multifocals, bifocals or half-glasses allow you to do close work and see distant objects clearly. Contact lenses are also available in monovision or multifocal designs, specifically for presbyopia. New laser and cataract surgery techniques can also correct presbyopia.

Between the ages of 45 and 65, your glasses or contact lens prescription is likely to change significantly. Have your eyes examined every two to three years to review your correction and your general eye health.

Where to get help
- Your doctor
- Optometrist
- Optometrists Association Victoria Tel. (03) 9652 9100

Things to remember
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