

From Drs. Fine, Hoffman, & Packer

FARSIGHTEDNESS

When you are hyperopic (farsighted), your eyes have to work overtime to keep things in focus. Whenever that effort becomes too great, it can cause symptoms, but these can be easily corrected with glasses or contact lenses.

Many people think that farsightedness must be the "opposite" of nearsightedness. And since nearsighted individuals have good near-vision and blurry distance vision, being farsighted "should" mean seeing well at a distance and poorly up close. But that isn't exactly the case. Although it is true that most farsighted people can see distant objects clearly, to do so they need to use more focusing effort than those who are not farsighted. For seeing up close they need to exert even greater effort.

What Causes Hyperopia?

Eyeball size and optical power vary among individuals, just like height and weight. Hyperopia (short for hypermetropia) results when the eyeball is too small. There is less optical power present than the eye needs for bringing light rays into clear focus on the retina. Fortunately, the normal focusing mechanism (accommodation) can usually supply the additional optical power needed.

At birth, nearly everyone is somewhat farsighted, but the amount lessens as the eye grows. Once you have reached adulthood, any hyperopia still present will tend to remain. It is not affected by diet, vitamins, or eye exercises.

Symptoms

Hyperopia can be symptomless. Or it can cause blurring of vision, browaches, eyestrain, or other ill-defined eye discomfort, along with restlessness, fatigue, or irritability, especially after prolonged close work. Whether you have symptoms or not depends partly on how farsighted you are and partly on how much accommodation (focusing ability) you have - and that depends on your age. (Accommodative ability is maximal at birth and decreases to almost zero by about age 60.)

Children who are very farsighted may have a poor attention span. They may also have crossed eyes because, in attempting to maintain clear vision, their focusing mechanism has to work extra hard. That effort spills over into the eye muscles, causing the eyes to over-converge, or "cross."

What Is Accommodation?

Accommodation is the eye's automatic focusing ability that adds optical power as needed. It is this mechanism (like an auto-focus camera) that enables normal eyes to focus clearly on objects that are up close, far away, or in between. When an eye is farsighted, it needs more optical power than it has, to see objects located in the distance, and still more to see objects that are up close. That extra power can be provided by accommodation. As long as the eye has sufficient accommodative power available, it can automatically "correct" for farsightedness.

When Are Glasses Necessary?

For your accommodation mechanism to "self-correct" your hyperopia, you must use continuous focusing effort. If that does not cause symptoms or problems, your hyperopia can be left alone. Not correcting it will not harm your eyes in any way. But if it does cause symptoms, the additional power needed can be supplied by eyeglasses or contact lenses.

Farsighted children are rarely aware of a vision problem. The amount of accommodative power they have available is usually so great, it compensates easily and automatically for the reduced optical power of their eyes. However, if symptoms do occur, they can be relieved by wearing prescription glasses. If the child's eyes cross, eyeglasses will certainly be required, not only to keep the eyes properly aligned, but to maintain clear vision in both eyes and prevent "lazy eye" (amblyopia) from developing.

Farsighted children should be checked every year or so (more frequently if so directed) to make sure "lazy eye" is not developing. Farsighted adults should be checked every 2 to 3 years - more often, of course, if you start having any symptoms that seem to be related to your eyes.

Refractive surgery is another option to reduce your dependence on glasses or contacts. There are several procedures used for permanently lessening or possibly even eliminating hyperopia. Some involve using an excimer laser to steepen the cornea (PRK, LASIK); one uses a surgically implanted plastic corneal ring (the effect is reversible if the ring is removed). All are intended to increase the cornea's optical power and achieve normal or near-normal focus. These procedures are not appropriate for everyone, and should not be done on an eye that is still growing. Before making a decision to have refractive surgery, you should learn all you can about it.

Presbyopia and the Hyperope

From birth onward, everyone's accommodation (focusing power) diminishes. By midlife, so much of it is lost that it becomes difficult to see up close. The name for this condition is presbyopia; it is a normal, age-related focusing loss for near. Reading glasses or bifocals can always supply the optical power for correcting the deficiency.

For most people, presbyopia becomes noticeable around age 45 or so, but those with uncorrected hyperopia start having difficulty as early as 25 or 30. The reason for this early onset is that farsighted eyes, when not wearing corrective glasses, must use some accommodation at all times, and that leaves less accommodation available for seeing at near. Correcting the hyperopia releases accommodation, which can then be used to see at near. The early presbyopia is relieved, pushed back until 45 or so, when it would normally occur. At that point, you would need to use some form of reading glasses just like everybody else.