

“Soft vs GP Lenses. The Great Debate 2.0”

Moderator: Loretta Szczotka-Flynn OD, PhD

Speakers: Nathan Efron BScOptom, PhD and Edward S. Bennett O.D., M.S.Ed.

In 2001, Professor Nathan Efron predicted the virtual demise of rigid (gas permeable) lenses over the next decade, whereby only about 1% of lenses fitted would be rigid lenses, and wrote their “obituary” in 2010. Indeed, rigid lens fitting in most countries has declined to less than 10% of all lens fits. The annual Contact Lens Spectrum International Contact Lens Prescribing Survey demonstrates that rigid lenses comprised about 10% of lens fittings overall from 2007-2017 although some countries reported much higher prescribing rates. However, there has been a resurgence of rigid lens fitting over the past three to four years (now at about 14% of overall lens fits in 2022 internationally) secondary to renewed interest in orthokeratology for controlling myopia progression, and advances in scleral and corneo-scleral lens options. Professor Bennett, Executive Director of the Gas Permeable Lens Institute, returns to debate Professor Efron once again on the benefits of gas permeable lenses in the contact lens practice and argues that they are not dead.

Objectives

1. Learn about historical prescribing rates of rigid and soft contact lenses
2. Understand advances in rigid lenses that contribute to increased prescribing trends
3. Understand safety, limitations and indications for rigid and soft lenses for correction of refractive error

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1. Introduction of Speakers and Review of Prescribing Trends (5 min)
 - a. 2022 Contact Lens Spectrum International Contact Lens Prescribing Survey
 - i. Gas permeable lenses comprised about 10% of lens fittings overall from 2007-2017
 - ii. Some countries reported much higher prescribing rates
 - iii. Resurgence of gas permeable lens fitting over the past three to four years
 1. 14% of overall lens fits in 2022 internationally
2. Debate
 - a. RGPs are virtually extinct
 - i. Affirmative: Efron (3 min)
 1. Review of prescribing trends since 2000
 2. Rigid lens (dis)comfort
 3. Extensive soft lens advertising
 4. Lack of investment in rigid lenses
 - ii. Negative: Bennett (3 min)
 1. GP lens resurgence
 2. Advances in scleral and corneoscleral lens options
 - a. Dry eye
 - b. Astigmatism

- iii. Rebuttal: Efron (1 min)
 - iv. Rebuttal: Bennett (1 min)
- b. Rigid lens fitting should only be taught at postgraduate level
 - i. Affirmative: Efron
 - 1. Lack of GP training opportunities
 - ii. Negative: Bennett
 - 1. GP fitting 101 is taught in every optometry school, makes optometry unique
 - iii. Rebuttal: Efron (1 min)
 - iv. Rebuttal: Bennett (1 min)
- c. Rigid lenses are a healthier option (safer) compared with soft lenses
 - i. Affirmative: Bennett
 - 1. Epidemiology: GP lenses have the lowest rate of MK and CIE, serve as gold standard referent for comparison to other lens types
 - ii. Negative: Efron
 - 1. GP lenses have more mechanical complications, ptosis, staining
 - iii. Rebuttal: Bennett (1 min)
 - iv. Rebuttal: Efron (1 min)
- d. Orthokeratology is not worth the effort
 - i. Affirmative: Efron
 - 1. Limited uptake of orthokeratology
 - ii. Negative: Bennett
 - 1. Renewed interest in orthokeratology for controlling myopia progression
 - iii. Rebuttal Efron: (1 min)
 - iv. Rebuttal Bennett: (1 min)
- e. RGP lenses provide better vision and provide more refractive options than soft
 - i. Affirmative: Bennett
 - 1. Multifocal optics superiority in both translating and simultaneous vision designs
 - 2. Correction of corneal astigmatism is both simple and effective
 - ii. Negative: Efron
 - 1. Soft lenses now have aberration control options
 - 2. Daily disposables in toric and multifocal designs
 - iii. Rebuttal: Bennett (1 min)
 - iv. Rebuttal: Efron (1 min)

3. Wrap-Up: Szczotka-Flynn