LIVING WELL

What Your Eyes Are Trying to Tell You After 50

Some changes need new glasses; others deserve urgent attention. Here is how to tell the ordinary from the important.

The blur has a familiar face

The menu has started drifting away from you. Small print needs more distance, then more light, then an arm slightly longer than the one you own. If this arrived gradually, you are in crowded company: nearly everyone develops presbyopia as they age, often beginning around 45.

Presbyopia happens because the eye's lens becomes less flexible, making close work harder to focus on. It belongs to a family of refractive errors-problems with how light is focused on the retina. Nearsightedness blurs distant objects; farsightedness blurs close ones; astigmatism can blur or distort vision at any distance and make night vision harder.

That distinction matters because "my eyesight is getting older" can sound like a single process. It is not. You may have an ordinary focusing change, a prescription that no longer suits you, or something affecting the light-sensitive retina at the back of the eye. The experience may begin with the same complaint: things no longer look quite right.

Blurred vision is the common thread, but refractive changes can also bring glare, halos around bright lights, squinting, headaches, eye strain, haziness, double vision or trouble focusing while reading or using a computer. If you already wear glasses or contact lenses, those changes may mean that your prescription needs updating.

New glasses are not a trivial answer

It is tempting to treat spectacles as the cosmetic end of the conversation. Globally, they are part of a much larger health story. A 2021 systematic review and meta-analysis found that undercorrected refractive error was the leading cause of moderate or severe vision impairment among adults aged 50 and older in 2020, accounting for an estimated 86.1 million cases.

Another global review found that cataract and uncorrected refractive error together contributed to 77% of moderate or severe vision impairment and 55% of blindness in adults aged 50 and older in 2015. Both were described as avoidable causes: refractive error can be corrected with spectacles, while cataract-related loss can be reversed with surgery.

Those figures do not mean that your misplaced reading glasses are a medical crisis. They do mean that declining clarity should not simply be accepted as the entrance fee for getting older. A refractive error is usually straightforward to correct with glasses or contact lenses, and laser eye surgery is an option in some cases.

An eye examination does more than produce a line on a glasses prescription. A comprehensive exam checks how well you see at different distances, with and without corrective lenses. The eye care specialist may also use drops to widen your pupils and examine the eye for other conditions. Sometimes the ordinary answer really is a new prescription. The examination is how you earn confidence in that answer.

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The retina changes the stakes

The retina senses light and sends signals to the brain. Conditions affecting it can blur or distort vision, take away central or side vision, make night vision difficult, and sometimes lead to blindness. Aging is one factor, but smoking, obesity, diabetes, high blood pressure, eye injury and family history can also raise the risk of retinal disorders.

Age-related macular degeneration affects the macula, the part at the centre of the retina that helps you see fine detail. In a 2021 European review, an estimated 25.3% of people aged 60 and older had early or intermediate age-related macular degeneration (AMD), while 2.4% had late AMD. Prevalence increased in older populations.

Those numbers require perspective. They come from European studies and include early disease; they do not tell you that one quarter of people over 60 will lose their sight. They do show why a gradual change should not be dismissed without an examination, especially when fine detail or central vision seems different.

A 2025 review of 18 studies found statistically significant associations between AMD and older age, smoking, high blood pressure, cardiovascular disease and diabetes. These findings identify risk factors, not a promise that managing one factor will prevent disease. Still, smoking, diabetes and blood-pressure management sit inside eye health as well as general health.

Some changes do not wait

Floaters can look like specks, threads or cobwebs drifting through your sight, and they become

more common with aging. That can make them easy to wave away. But a sudden increase in floaters, flashes of light or any sudden vision change needs medical care right away because it can signal a serious retinal problem.

One such problem is retinal detachment, in which the retina pulls away from the back of the eye. It is a medical emergency. A retinal tear-a hole or break that can occur when the gel-like substance inside the eye pulls away-also belongs to a different category from slowly needing stronger reading glasses.

The useful dividing line is speed. A slow retreat of the page, gradual eye strain or increasing trouble focusing may fit a refractive change, though it still deserves an eye examination. Flashes, a burst of new floaters or sudden loss or alteration of vision are not changes to monitor casually. Seek medical care immediately.

The same caution applies if your vision becomes distorted, part of your central or side vision disappears, or you suddenly cannot see as you normally do. These experiences overlap with retinal disorders, and the cause cannot be established from the sensation alone. An eye care provider may use a dilated examination and, when needed, imaging or visual-field testing to investigate.

Put the change in someone's line of sight

This week, stop making private accommodations for vision that has changed. Moving the page, turning up the light and squinting can get you through a task, but they cannot tell you whether the issue is a routine focusing change or something that needs more attention.

Book a comprehensive eye exam with an optometrist or ophthalmologist. An optometrist can examine your eyes, identify vision problems and prescribe glasses or contact lenses. An ophthalmologist is a medical doctor who can also treat eye diseases and perform eye surgery. An optician fits or adjusts eyewear from an eye specialist's prescription.

The appointment takes your current glasses or contact lenses and a written note describing what changed, whether it was gradual or sudden, and whether you noticed glare, distortion, flashes or floaters. Bring the note even if the problem feels vague. Vision changes can be easy to normalise once you have been working around them for a while.

If the change is sudden-or flashes or a sudden crop of floaters appears-do not wait for a routine booking. Seek medical care right away. Otherwise, make Monday the day you arrange the exam, then place your current eyewear and your written note together so they are ready to go.

Where this comes from

- Refractive Errors

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/refractiveerrors.html
- Retinal Disorders

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