

## How to Reduce the Risk of Cataract

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Cataract is currently the leading cause of blindness in the world [1-3]. Contributing risk factors for the development of cataract include older age, sunlight exposure, certain types of chronic health diseases, a secondary (complicated) cataract developing as a result of other primary ocular diseases, secondary to the medication (e.g., systemic corticosteroids), ocular trauma, radiation, smoking, alcohol use, obesity, nutritional deficiency, family history, and previous eye surgery [1,2].

Although the aging, as the highest risk factor for the development of age-related cataract, cannot be manipulated, but other risk factors for cataract can be somehow managed [3]. Therefore, it is reasonable to look upon contributing risk factors for the development of cataract in order to reduce the risk of cataract [3]. For example, protecting the eyes from harmful ultraviolet rays in sunlight helps prevent cataracts or slow their progression [4]. In addition, since certain types of chronic health diseases, such as diabetes and high blood pressure, contribute to the development of cataracts, it is essential to control these diseases to limit their related damages [2,3].

Some of the primary ocular diseases also contribute to the development of cataract [2]. They can easily be supervised and managed by comprehensive examination [2,3]. Long-term corticosteroid use is also associated with more serious consequences, including cataract [1]. Therefore, the administration of this class of drugs should be carefully monitored [1-3].

Ocular trauma, as one of the most under-recognized causes of vision loss in the developed world, can lead to cataract and glauco-

ma in the setting of both penetrating and blunt injuries regardless of the type of globe injuries; open or closed [2,3].

The lens of the eye has long been considered as a radiosensitive tissue so that cataract can be induced by exposure to ionizing radiation [2,3]. A better understanding of how exposure to relatively low doses of ionizing radiation aggrandizes induction and/or progression of radiation-induced cataracts would have imperative implications for prevention of this disease, as well as for the field of radiation protection [2,3].

It is also important for the clinicians to address the issue of smoking cigarettes and other types of tobacco and ask their patients to quit smoking [3]. Consuming large amounts of alcohol should also be avoided [1-3]. It is also advisable for those people who are already overweight or obese to lower their weight in order to reduce the risk of potentially serious health problems that are also connected to the cataract development, including diabetes and hypertension [1-3].

A balanced, varied diet is also recommended [3]. It should include large amounts of fruits, vegetables, and whole grains filled with vitamins, high levels of antioxidant elements, minerals, and other nutrients needed for optimal eye health [3]. They may be helpful to reduce the risk of certain types of cataracts [1-3]. The most important antioxidant vitamins and phytochemicals found in fruits and vegetables that may reduce the risk of cataracts include vitamins A, C and E, lutein, and zeaxanthin [3]. Natural intake of these materials rather than certain types of supplements is advised [3].

In summary, the author calls all eye care practitioners to inform their patients about the contributing risk factors of cataract development [2,3]. The author also urges the authorities to make new and efficient regulations to limit environmental factors associated with the development of cataract [2,3]. By implementing these recommendations, the author is sure that most of cataract surgeons would be happier to operate fewer cataract surgeries, thereby spending more time with their families at home. As a result, there will be fewer cataract complications and happier patients' faces after all. Is not it?

### Compliance with Ethical Guidelines

Some sections of this scientific article have already been presented orally at Moorfields Eye Hospital in London, England on two separate occasions in 2019 and 2021. Review and original based materials have been appropriately cited in the presentations and the ethical guidelines have been respected.

### Conflict of Interest

The author declares no conflict of interest.

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### Bibliography

1. Nouraeinejad A. "Handbook of ocular drugs, and ocular side effects of systemic drugs". Tehran: Tabib Publication (2000).
2. Nouraeinejad A. "Differential Diagnosis in Optometry and Ophthalmology". Second Edition. Iran: Noruzi Publication (2017).
3. Nouraeinejad A. "Visual Hygiene". London: Moorfields Eye Hospital (2019).
4. Nouraeinejad A. "The fine art of prescribing glasses". London: Moorfields Eye Hospital (2021).

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