

Smoking fact box

One in seven adults smoke.

Cigarettes contain 4,000 chemicals including tar, arsenic and ammonia.

Tobacco chemicals damage blood vessels inside the eye and interferes with tear production and the health of the cornea.

Fear of blindness is as compelling a motivation to quit smoking as fear of lung cancer, heart disease, and stroke.

This leaflet has been published to mark National Eye Health Week 18 – 24 September 2017.

For more information about looking after your eyes visit www.visionmatters.org.uk

Acknowledgements

1. Perceptions of blindness related to smoking: a hospital-based cross-sectional study, G Bidwell et al.
2. BMA Tobacco Control Resource Centre 2006
3. Tayside University NHS Trust
4. National Institute for Clinical Excellence
5. Satici A, Bitiren M, Ozardali I, et al. Acta Ophthalmology Scand 2003;81:583-7
6. Erb C et al. Clinical Experimental Ophthalmology. vol. 237, no.: 377-80.

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SMOKING & SIGHT LOSS



...because your vision matters

Blind to the risk of sight loss

The relationship between smoking and sight loss is as strong as the link between smoking and lung cancer.

Yet, worryingly, awareness of the link between smoking and sight loss, amongst Britain's 7 million smokers, is low (9.7%) compared to lung cancer (92.2%) and heart disease (87.7%)¹.

Toxic chemicals in tobacco smoke can damage the delicate surface and the internal structure of the eye.

This can lead to an increased risk of many eye conditions including age-related macular degeneration (AMD), nuclear cataracts; thyroid eye disease; dry eye and poor colour vision.

Smoking is a key risk factor for both 'wet' and 'dry' AMD. AMD is the leading cause of blindness in the developed world and affects 600,000 people in the UK.

Any amount of smoking, even light, occasional or second-hand can affect your eye health and increase your chances of suffering a sight-threatening eye disease.

Double or quit²⁻³

Smokers are up to four times more likely to suffer AMD than non-smokers and are likely to suffer the condition earlier than non-smokers.

The average age for a non-smoker to develop AMD is 74.4 years .

This is five years later than smokers whose average age is 69.2 years.

Smokers are also likely to experience a more rapid progression of AMD and poorer treatment outcomes.

Smoking increases your risk of developing cataracts as tobacco toxins cause oxidative damage to the lens proteins.

The risk of nuclear cataracts (those that form in the centre 'nucleus' of the lens) is three times greater in smokers.

Sore, gritty eyes⁴⁻⁵

Smoking increases your risk of thyroid eye disease – sore, gritty eyes – by up to eight times.

Thyroid eye disease affects more than 400,000 people in the UK.

The conjunctiva – the clear membrane that covers the sclera (the white part of

the eye) and lines the inside of the eyelids – is sensitive to airborne chemicals, fumes, and irritative gases that originate in tobacco smoke.

This can lead to a reddening of the conjunctiva, excessive tearing and general discomfort.

Smoking cigarettes has also been found to increase the risk of dry eye syndrome and can exacerbate existing eye conditions.

Colour vision

Smokers who consume more than 20 cigarettes per day may suffer colour vision defects.⁶

Nicotine poisoning can make it difficult to clearly distinguish colours with a red or green hue.