

Presbyopia: your new reading or progressive glasses

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In short

Presbyopia is the natural change that makes close focusing harder as you get older. People often notice it around 40, holding their phone or a menu further away. Your distance vision is not affected. Reading glasses, multifocal or progressive lenses help you see up close again.

What your result means

The lens inside your eye changes shape to focus on close things. With age it becomes harder and less flexible, so close focusing takes more effort. Presbyopia usually increases until about the age of 65, so your prescription may change a lot between 45 and 65. There is no known way to prevent it.

Common signs

- Holding things at arm's length to read them
- Difficulty reading fine print, especially in poor light
- Eyes tiring quickly when reading
- Squinting to focus
- Headaches or drowsiness after close work

Your options

- **Reading glasses.** Single vision lenses for close work. Many people start here.
- **Bifocals.** Distance in the upper part of the lens and reading in the lower part, with a visible line between them.

- **Progressive (multifocal) lenses.** No visible line. The power changes smoothly, so you can see far, in between and close with one pair.
- **Computer or office lenses.** A type of progressive lens that gives more room to screen distance.
- **Contact lenses.** Sometimes used alongside or instead of glasses. See [contact lenses](#).

Ready-made reading glasses from a shop are handy as a spare pair. They are only exactly right for you if both eyes have the same prescription and you have no astigmatism. See our [glasses](#) page for prescription options.

Getting used to progressive lenses

Progressive lenses have a learning curve. It can take anywhere from a week to a couple of months to learn where to look. Wearing them as often as you can shortens that time.

- 1 Look through the upper part of the lens for distance, the middle for the computer and the lower part for reading.
- 2 Point your nose at what you want to see, then tilt your chin up or down until it is clear.
- 3 Things can look slightly distorted when you move your eyes from side to side. This is part of how progressive lenses work.
- 4 On stairs, look through the upper part of the lens and go slowly. Looking down through the reading zone can make your feet look larger than they are.
- 5 If you get eye strain or a headache, take your glasses off for a break and try again later.

If you still have trouble adjusting, come back and see us. New glasses carry a 3-month adaptation warranty: if you have trouble adjusting, we re-test your eyes and change the prescription or lens design at no extra cost.

When to come back

Have an eye test every 2 years after 40, or sooner if your optometrist advises. Your reading prescription is likely to change over these years. Some eye conditions that become more common with age, such as glaucoma, have no symptoms in the early stages, so regular checks matter even if you use ready-made readers. Eye tests are bulk billed for Medicare-eligible patients. See [eye tests](#).

When to call us on (03) 9702 9118

- You are still struggling with progressive lenses after a few weeks
- You still feel off balance in your new glasses after a few weeks
- Reading has become harder again before your next check
- You notice a change in your vision that is not about reading

[Call \(03\) 9702 9118](#)

To book an eye test, [book online](#) or call us on [\(03\) 9702 9118](#).

FAQs

— Will wearing reading glasses make my eyes weaker?

No. Glasses for presbyopia do not weaken your eyes or speed up the change. Your prescription changes with age either way.

— Are ready-made reading glasses okay?

They are fine as a spare pair. They are only exactly right if both eyes have the same prescription and you have no astigmatism. Keep up regular eye tests either way.

— How long do progressive lenses take to get used to?

Anywhere from a week to a couple of months. Wearing them as often as you can helps. Call us if you are still struggling.

— Is there surgery for presbyopia?

Surgical options exist. They cannot be undone and may not be fully effective. If you are interested, talk to your optometrist about a referral to an ophthalmologist.
