

Glaucoma, leads in blindness, can be detected & treated

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Glaucoma is a disease of the optic nerve that can cause vision loss. It is the second leading cause of blindness in the U.S. and the leading cause of irreversible blindness worldwide, and 111.8 million people worldwide will have glaucoma by the year 2040. Glaucomatous damage is the loss of optic nerve cells, which leads to changes in the head of the optic nerve at

the eye, with damage to the field of vision. Glaucoma cannot be cured, but it can be controlled and stabilized with proper treatment. The most common form of glaucoma is primary, open-angle glaucoma. It is associated with several risk factors such as family history, African ancestry, other eye diseases such as diabetes or inflammation, past eye injury, and elevated eyeball pressure. High eye pressure is the most important

risk factor because it is the only effective target of therapy for glaucoma. Although some forms of glaucoma develop even when the eye pressure is normal, the risk of abnormally high eye pressure increases with age. Early detection and intervention can help prevent vision loss from glaucoma. However, most patients don't know they have the disease because it is generally asymptomatic in the early stages, which

means symptoms don't present themselves. A routine eye exam can identify the risk for glaucoma and early signs of the disease. During an eye exam, glaucomatous optic-nerve damage can be assessed by clinical examination of the optic nerve head and eye pressure can be checked. The risk of having abnormally high eye pressure as the most important risk factor for glaucoma increases with age. Glau-

coma screenings are suggested beginning at age 40 and should continue after that in intervals suggested by your eye doctor, usually every two to four years. There are usually no early symptoms of glaucoma, so screening exams are very important. Gradual dimming or weakening of vision is sometimes reported. Some patients with acute glaucoma develop severe eye pain and rapid visual changes. Glaucoma treatment consists of reducing eye

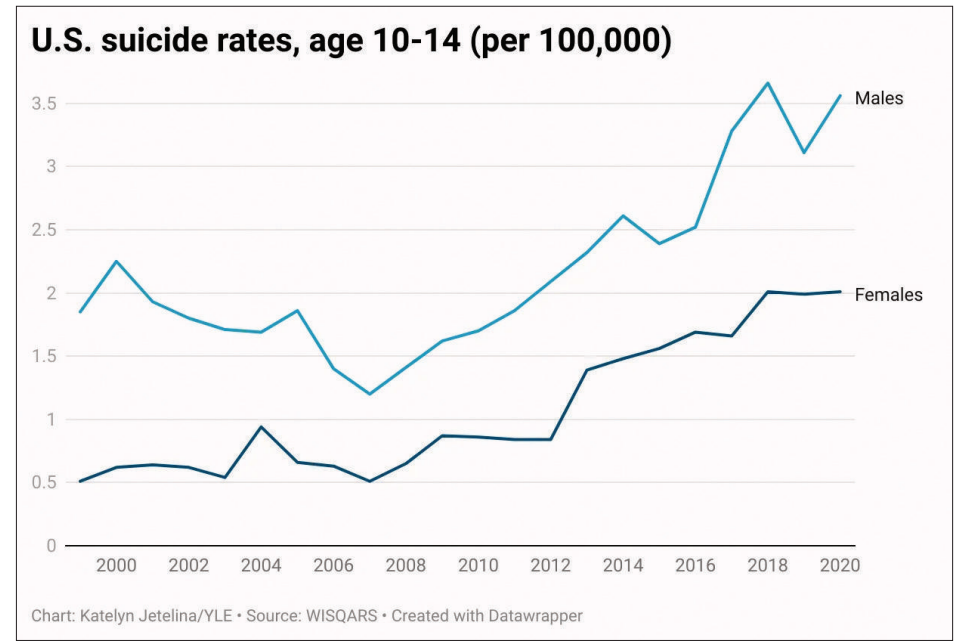
pressure using medications, lasers or surgery. Most glaucoma patients can be stabilized with prescription eye drops or in-office laser treatment. Once the pressure is stabilized, it is important to continue regular follow-ups to make sure the pressure remains low enough. Less frequently, glaucoma surgery may be required. Elham Ghahari, M.D., is an assistant professor of ophthalmology at UK HealthCare Advanced Eye Care.

Evidence that social media hurt teens' mental health, but it's not definitive; what limits would be reasonable? Some ideas.

KATELYN JETELINA
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EPIDEMIOLOGIST

Strong bipartisan statements came out of a congressional hearing yesterday about the harms of social media use among children and teens. Parents of kids harmed by social media showed up in immense force. "You have blood on your hands."— Sen. Lindsey Graham to five social media CEOs. "I'm sorry for everything you have all been through."— Mark Zuckerberg to parents in the audience.

Is social media dangerous for children and teens? And, if so, what are our options? Here is the nuanced public health data that (hopefully) congressmen/women are using to (hopefully) make meaningful and needed change. But, as we know by now, policy isn't always based on science. This was published eight months ago, and some things have changed since. As a parent, I still root for Option #4. This post contains sensitive information, including a discussion of suicide. If you are in need of help, there is an abundance of resources on the National Suicide Prevention Hotline website, which includes an anonymous chat function and a direct line at 988. Protecting youth from the potential negative mental-health effects of social media is front and center in the mass media, in conversations around dinner tables, and in federal-



and state-level bills. Is the teen mental health crisis a real thing? Yes. Rates of mental health problems have continually increased among young people over the past 15 years, regardless of how you measure it: In 2021, 42% of U.S. high school students reported "persistent feelings of sadness or hopelessness," up from 28% in 2011. The increase was especially dramatic among girls. According to diagnostic measures (structured interviews by a trained professional), depression has increased 7.7% in U.S. teens—and 12% among girls—between 2009 and 2019. According to U.S. death certificates, suicide rates among youth ages 10-14 increased 139% for girls and 70% for boys since 2012. However, this is a bit difficult to interpret given low the rates to begin with for girls. Is this rise due to social media? Teens use

social media. A lot. Almost one in five teens use YouTube "almost constantly." Nearly half of teens use TikTok (48%) and Snapchat (44%) several times per day. And the total hours of use have increased in recent years among teens. But using social media doesn't necessarily equate to mental-health problems. Correlation doesn't always equal causation. And, to make things more complicated, there are harms and benefits of social media. Harms of social media: We have a lot of correlational evidence, and some—but not much—causal evidence of the harms of social media on teens' mental health. Correlational studies ask teens how much time they're spending on social media, and ask them about mental health. In general, these point to weak but statistically relevant correlations between social media use and lower teen well-being.

In terms of causal evidence, we have a couple of studies: Some studies randomly assigned people (both adults and teens) to stop using social media (and others not to stop) and then evaluated their well-being. The

results of these studies are mixed. Variability seems to depend on the details of the design: How long did they stop using social media? Did they "detox" completely or just reduce the time spent? What are they using social media for? Other studies have taken advantage of circumstances that naturally occurred in the world to mimic an experimental design. One study looked at when Facebook was introduced on different college campuses (which varied randomly) and found that after Facebook showed up, rates of mental-health concerns increased. A few others (like this and this) look at the introduction of high-speed Internet in different areas and found associations with poorer mental health after its introduc-

tion, but these studies do not address social media specifically. What is clear is that we need more research with more rigorous designs. **Benefits of social media:** Competing with these harms are studies that show social media have benefits for mental health, too. Teens report that social media are important for:

- **Helping them stay connected with friends**
- **Meeting like-minded peers**
- **Exploring their interests**
- **Learning**
- **Discovery**

These benefits can be especially important for those who may be socially vulnerable in their offline lives.

See Teens, page 9A

PUBLIC NOTICE

VB BTS II, LLC (Vertical Bridge) has filed an application with the Kentucky Public Service Commission (PSC) to construct a new wireless communications facility on a site located on Edmonton Road, Greensburg, KY 42743 (Latitude: 37.156392, Longitude: -85.540427). The proposed facility will include a 300-foot-tall antenna tower, plus a 10-foot lightning arrester, for a total height of 310 feet, with related ground facilities. You have a right to submit comments to the PSC or to request intervention in the PSC's proceedings on the application. You may contact the PSC at: Executive Director, Public Service Commission, 211 Sower Boulevard, P.O. Box 615, Frankfort, Kentucky 40602. Please refer to Docket Number 2024-00014 in any correspondence sent in connection with this matter.

COMMONWEALTH OF KENTUCKY
ELEVENTH JUDICIAL CIRCUIT
GREEN CIRCUIT COURT
CIVIL ACTION NO. 23-CI-00047
DIVISION II

JENNIFER LEE SIMPSON JUDD
AND
ANTHONY JUDD
PLAINTIFFS

VS.

NOTICE OF MASTER COMMISSIONER'S SALE

RICKY DARYL SIMPSON
AND
DEBBIE SIMPSON
AND
WILLIAM BRYAN SIMPSON
AND
LISA SIMPSON
DEFENDANTS

By virtue of orders of the Green Circuit Court in the above referenced civil action, entered on January 3, 2024; and the Order Referring Case to Master Commissioner for Judicial Sale entered on January 23, 2024, I shall proceed to offer for sale, at public auction, the real estate described herein to the highest and best bidder:

PLACE OF SALE: District Courtroom, 2nd Floor, Green County Judicial Center
200 West Court Street, Greensburg, Kentucky.

DATE AND TIME OF SALE: Friday, February 16, 2024, at or about 10:00 a.m. central time
11:00 a.m. eastern time.

PROPERTY ADDRESS: 1669 Highway 218, Green County, KY; PVA Map ID 55-03

TERMS: (a) The foregoing parcel of real estate shall be sold as a whole on terms of cash payment in full, or a bond with good and sufficient surety(s), bearing interest at the rate of 6% per annum from the date of sale and payable to the Master Commissioner within 30 days from the date of sale. If bond is given, the sum of ten percent (10%) shall be paid on date of sale by either cash, certified or cashier's check and said bond shall have the force and effect of a judgment and shall be and remain a lien on the property sold as an additional security for the payment of the purchase price. Surety on said bond must be acceptable to the Master Commissioner and pre-approved by the Master Commissioner at least by noon, two (2) business days before the sale date, to secure the unpaid balance of the purchase price. The bond surety must be present at the sale and execute the Sale Bond and the Affidavit of Surety. (b) The purchaser of the subject property shall be responsible for satisfaction of any current year real estate taxes not yet delinquent affecting the real estate, any delinquent State, County and/or City real estate taxes sold pursuant to the provisions of KRS Chapter 134 to any private purchaser during the pendency of this action, and shall take said property subject to all easements, restrictions, and stipulations of record, any matters which would be disclosed by an accurate survey or inspection of the property, and any current assessments for public improvements levied against the property and any applicable zoning regulations. (c) The Master Commissioner does not warrant title nor the physical condition of the subject property and any prospective purchaser shall satisfy themselves of the title and physical condition before the sale. (d) The risk of loss for the subject property shall pass to the purchaser on the date of sale, and possession shall pass to the purchaser upon payment of the purchase price and delivery of deed. (e) The sale is subject to easements, covenants and restrictions of record, and to any right of redemption which may exist. For additional information, please go to www.jdhpsc.com and select Master Commissioner, Upcoming.

John D. Henderson
Green County Master Commissioner

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