

What is the best metric for retinal exposure?— THE IMPORTANCE OF FIELD-OF-VIEW In Circadian and Melanopic Effects

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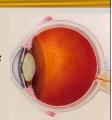
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Retinal Exposure Dosimetry – What are the Appropriate Metrics?

- * Retinal exposure rate (irradiance) (and illumination) is directly related to the *radiance* (and *luminance*) of the light source but *NOT* directly related to measured corneal irradiance (or illuminance)! A TWA
- * Historically, illuminance (in lux) introduced at a meeting held at NIH (USA) in the early days of SAD light therapy ~1983 for a line-of-sight fixed source for simplicity and because of available instrumentation.
- * While this was possible for the same type of large source, it can introduce errors and lack of reproducible results in research today.

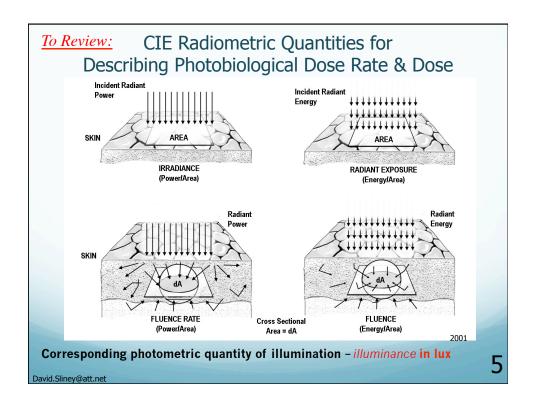






Introduction and Background

- **★**From the viewpoint of a vision scientist, retinal anatomy, physiology and visual functions are always of primary interest.
- *My particular interest in retinal light exposure dosimetry has stemmed largely from efforts to assess potential hazards from both acute and chronic light exposure.
 - The importance of wavelength
 - The importance of the spatial distribution of light
 - Also important to ipRGC sensitivity and functions

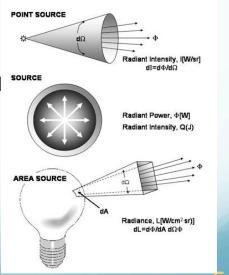


To Review:

CIE Standardized Radiometric Terms

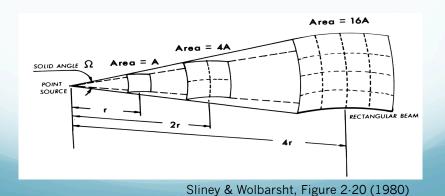
Describing a Source:

- Provided in the CIE International Lighting Vocabulary and ISO and IEC standards
- Radiometric quantities, units and symbols are standardized.
- Retinal irradiance is directly proportional to radiance



Is Illuminance or Irradiance an appropriate metric?

- Irradiance and illuminance decrease with distance
 - At distances r much greater than the source dimension the irradiance decreases inversely as the square of the distance – THE INVERSE-SQUARE LAW



To explain to psychiatrists and medical professionals, I have found this example useful:

Consider this light source of brightness L

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We measure Irradiance E:

At 1.0 meter - E = 1 μW/cm² (or 2 lx)

Consider this light source of brightness L ▶

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Consider this light source of brightness L

We measure Irradiance E:

At 1.0 meter - E = 1 μ W/cm² (or 2 lx)

At 2.0 meters – $E = 1/4^{th} \mu W/cm^2 (0.5 lx)$

At 3.0 meters – E = $1/9^{th} \mu W/cm^2 (0.22 lx)$

At 4.0 meters – E = $1/16^{th} \mu W/cm^2 (0.13 lx)$

But, the luminance (& radiance) remains the same - retinal image size decreases

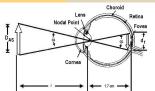


Calculating Retinal Exposures

- * Retinal irradiance is directly proportional to the radiance (brightness) of the source being viewed.
- **★** The retinal irradiance E_r in W•cm⁻² is:

*
$$E_r = 0.27 L \cdot \tau \cdot d_e^2$$

- where L is the radiance in W•cm⁻²•sr⁻¹
- and τ is the transmittance of the ocular media
- **★** Retinal illuminance in Trolands (td) is L (cd·m⁻²)



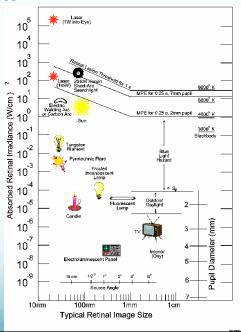
multiplied by square of the pupil diameter (in mm).

★ Unusual case: for Ganzfeld, $L = E/\pi$

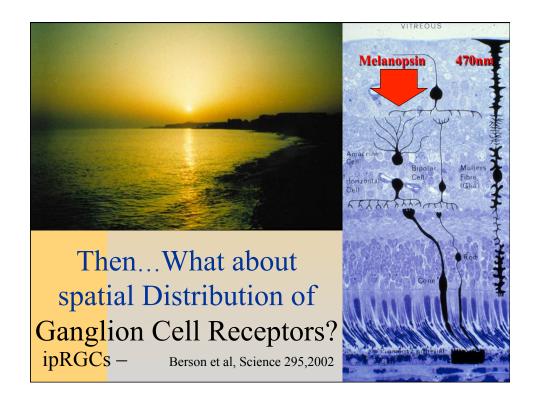
(See Sliney and Wolbarsht, 1980)

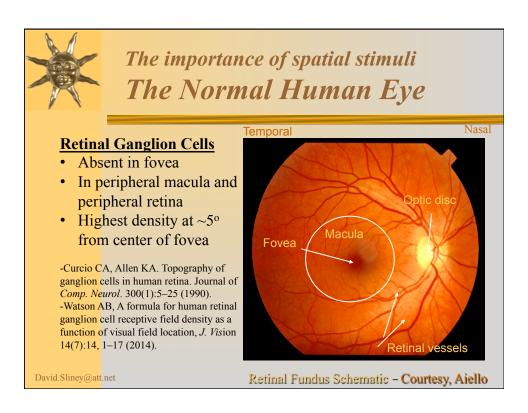
Retinal Illumination

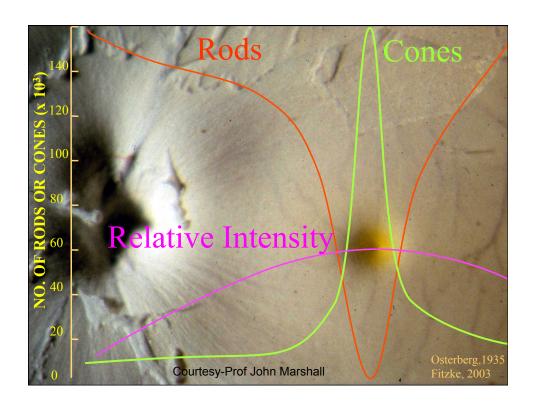
- The ambient outdoor illumination of the retina is of the order of 0.02-0.1 mW/cm² and these levels are just comfortable to view
- Retinal illuminance outdoors is ~ 5x10⁵ td
- The sun's image is a million times greater

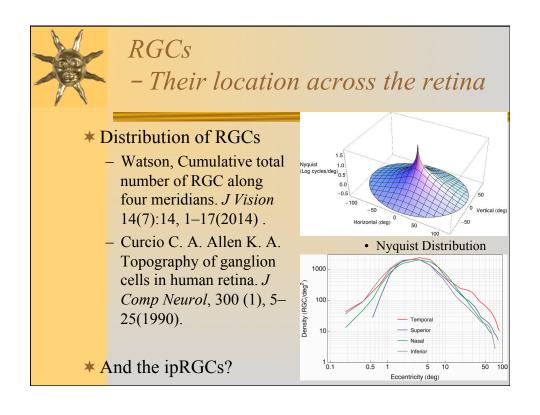


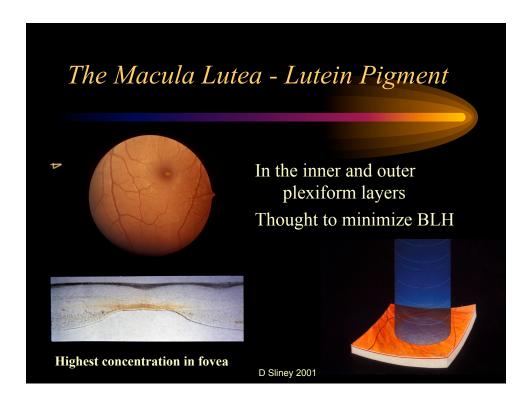
Sliney 1980

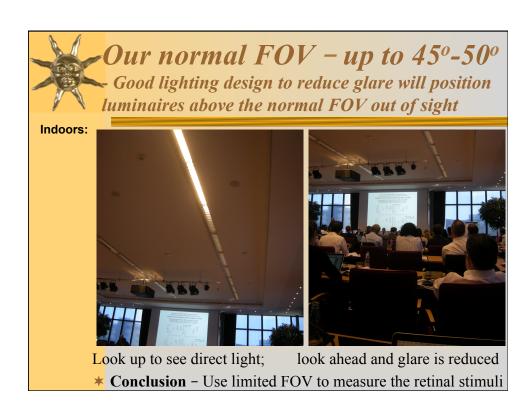


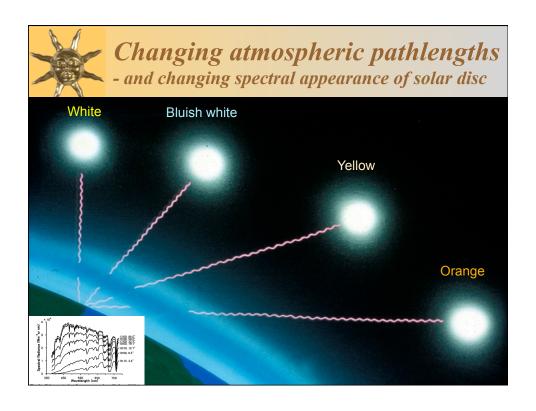


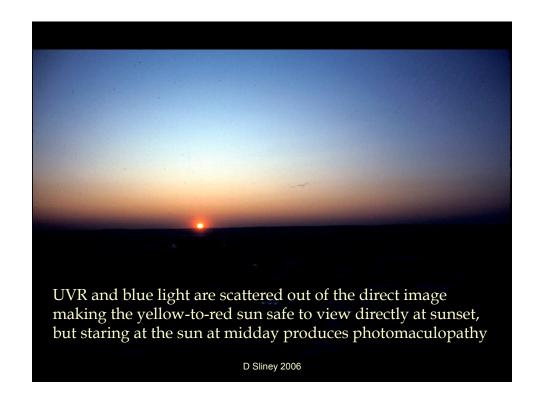








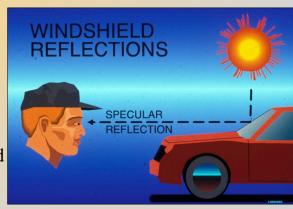




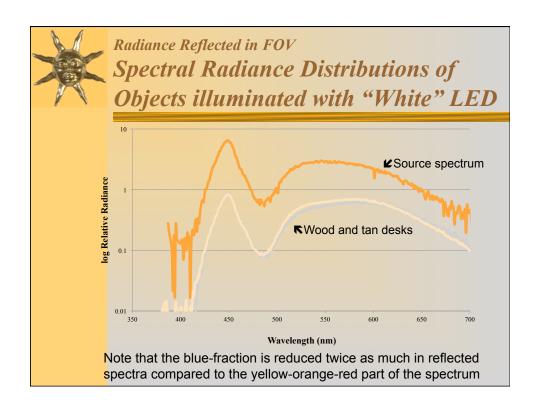


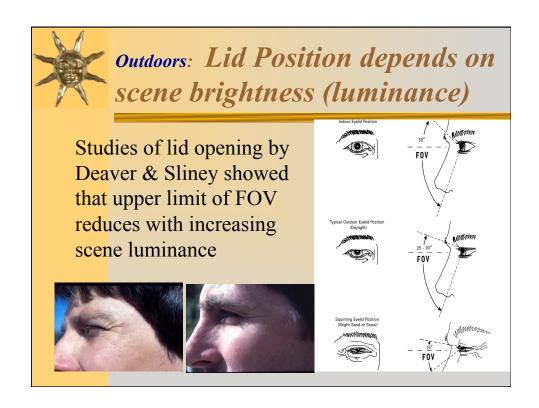
In nature the retina is <u>not</u> directly exposed to intense bluish-white light from the solar disc. But today – from tilted glass...

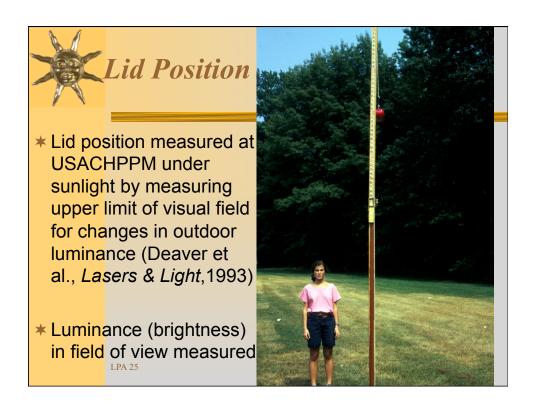
- * Performed measurements with spot photometer and spectroradiometer
- * Assessed potential blue-light hazard and safe viewing times
- * An unfinished study

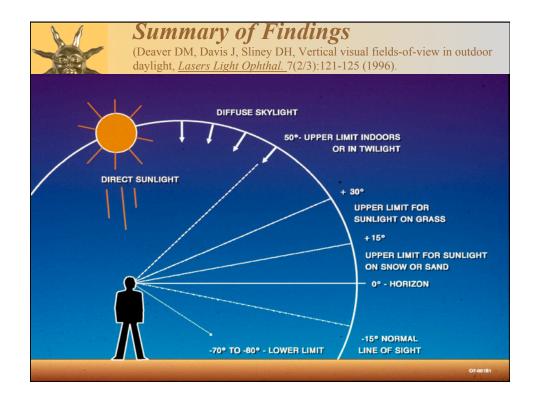


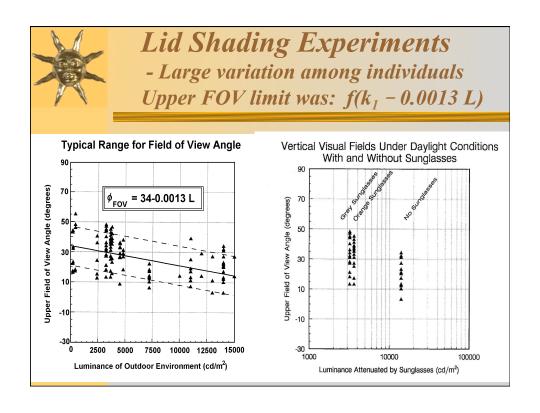
Reflectance of natural surfaces & in built environments: low in blue-violet Typical Paints (15) Typical Paints (

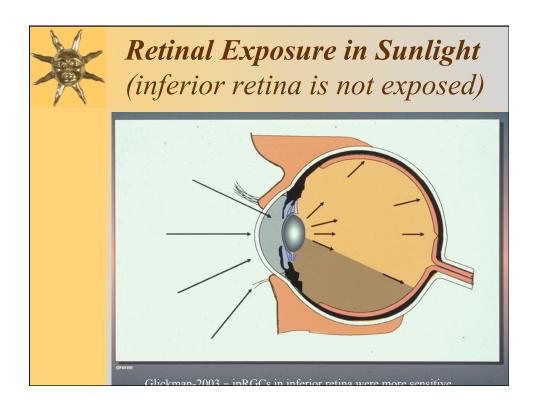


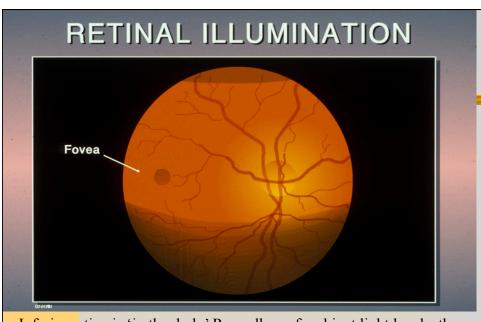




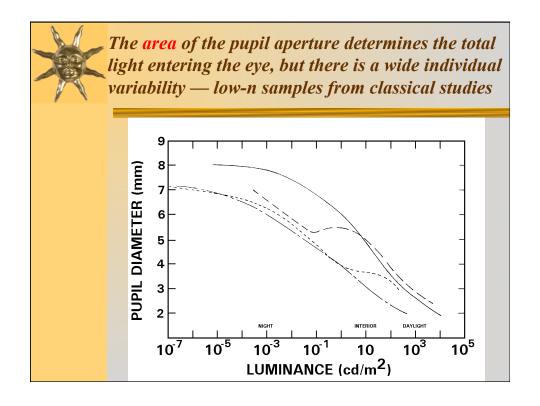






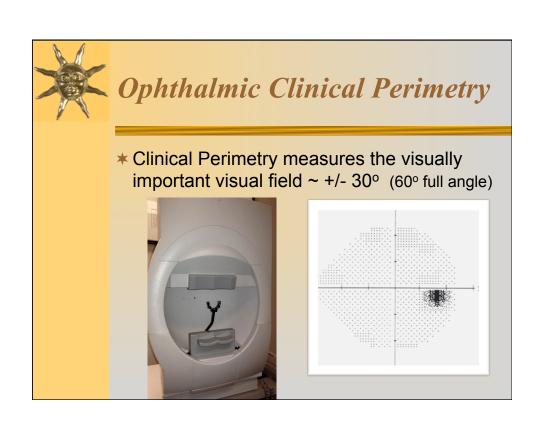


Inferior retina is 'in the dark.' Regardless of ambient light levels, the macula is always exposed; signs of ageing, such as lipofuscin clumps appear in superior retina (Beaver Dam study results)



as 2.6-fold — This individual variability limits

the precision of any dose-response curve.





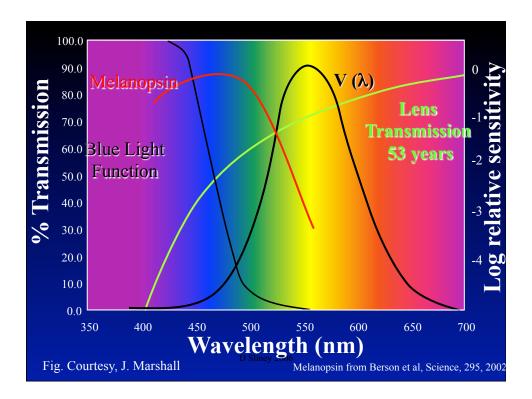
CONCLUSIONS

- *Measurement of overhead sunlight or overhead artificial lighting luminaires is not highly related to retinal illumination!
- *Vertical illuminance is a metric that is really only relevant to light boxes within direct FOV
- *Reflectance of natural or built materials in the lower FOV dominates retinal illumination
- *Ignoring this viewing/exposure geometry may result in false negative experimental results!



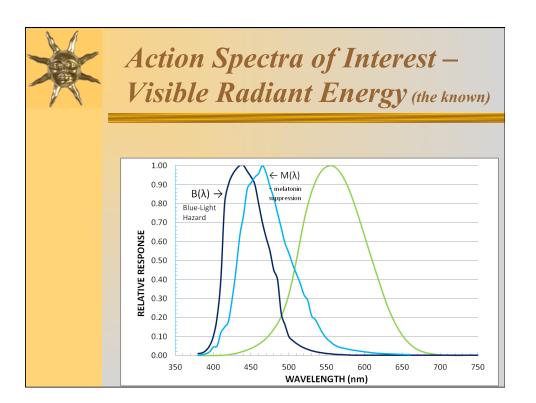
Sliney's Hypothesis to Test...

- *There is a subset of the general population who have a reduced ipRGC/melanopsin-mediated response compared to the normal physiologic response to bright light (pupil and lid reduction of retinal illumination).
- *Finding that subset could show an increased incidence of AMD if there really is any link.
- *Linking two Research Areas neurological ipRGC research and ophthalmic epidemiology!



Practical Dosimetry – Illuminance?

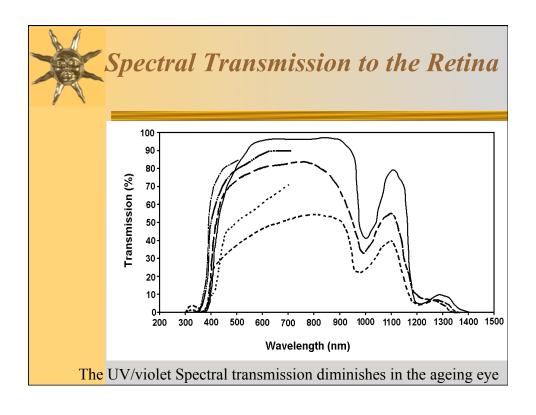
- Photometric quantity, *illuminance* (*lux*), or the radiometric quantity, irradiance (W/cm² and W/m²) used successfully used to describe exposures from single phototherapy light source.
- More applicable measurement quantities are luminance ("brightness") and radiance,
 - Extent of illumination (i.e., source size or reflected scene area).
 - Retinal illumination is directly proportional to the luminance and radiance of a viewed light source or scene.
 - To evaluate potential retinal hazards of bright light, the limits are set in radiance along with spectral weighting (e.g., for blue-light hazards).
- But radiance or luminance must be averaged over appropriate fields-of-views (FOVs).
 - For the same corneal illuminance/irradiance, the retinal irradiance from a relatively small source will be far greater than from a much larger light source. Is this important?

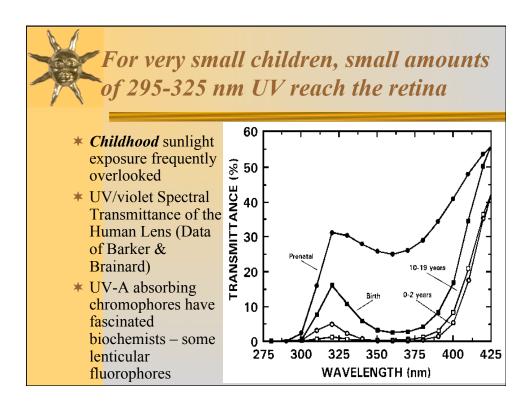


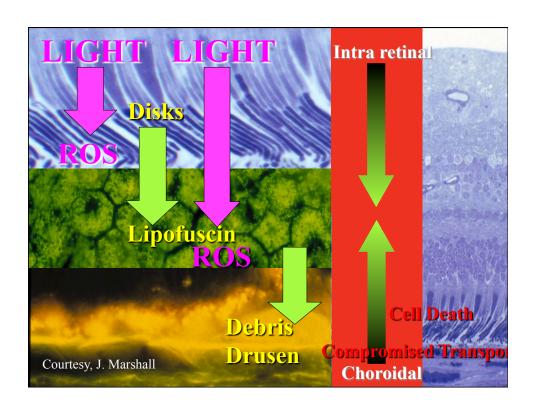


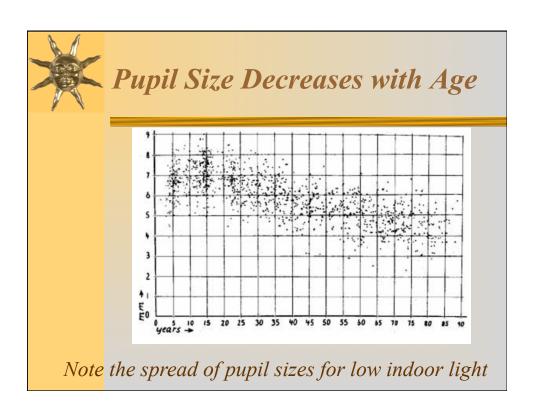
Individual Variability

- **★Frequently ignored factor**
- **★**Individual's pupil size
- **★**Individual's sun-avoidance behavior
- ★Individual lid opening really!?
- *Individual's lens/corneal spectral transmission varies with age, latitude
- ⋆Potential photophobia
 - How big a factor can each of these be?







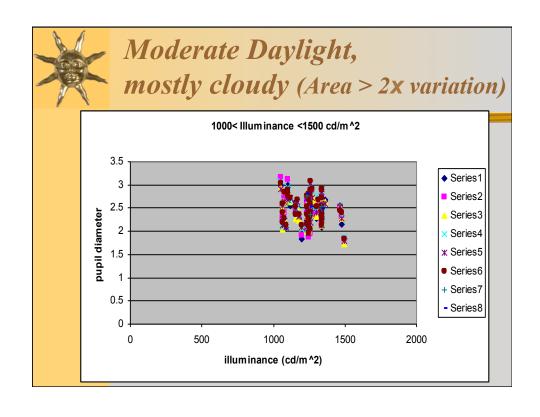


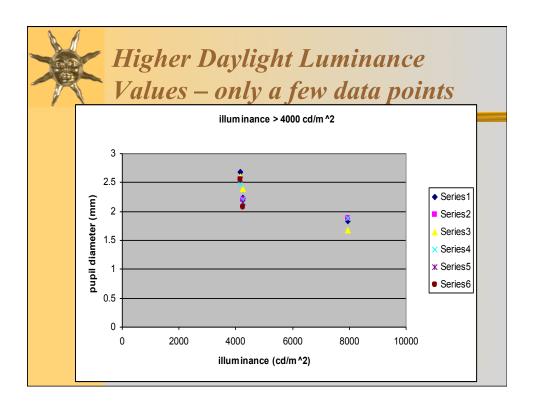






- * Pupil size out of doors is not well studied
- ★ Past laboratory studies were limited in luminance
- * USUHS student
 (Stephanie King) study to
 photograph pupils of
 military personnel in
 outdoor daylight
- ★ 1.4-2.0 mm range in brightest light
- ★ 2.39 mm average found during overcast skies







Results and Data Analysis of USUHS Pupil Measurement Study

Overcast, cloudy day so this was a conservative study of outdoor daylight pupil sizes when lid openings were somewhat greater

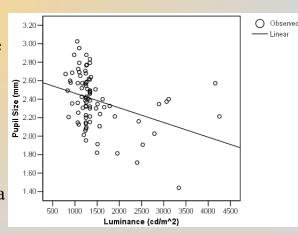
	Mean		Min	Max	95% CI for	95% CI for
N	(mm)	Std Dev	(mm)	(mm)	Mean LB	Mean UB
86	2.39	0.29	1.44	3.03	2.33	2.45

- Across all luminance measurements
- One point at 7957 cd/m², 1.82mm a sunny day!
- Key QUESTION What causes the pupil variation?



Pupil Size in Outdoor Daylight – King & Sliney Overall Results

- Relationship between pupil size and luminance
 - F-test statistic for linear regression
 (0.001 test stat)
- *Conclusion* large variation is pupil area
- Sunglass-wear will increase pupil area





An Example...Retinal illuminance increases as the square of the pupil diameter Consider photometric units (Trolands):

- *What is the luminance of the screen in this room?
- **★**Using the Minolta Luminance meter, we would likely measure about 350 cd m⁻²
- **★**The retinal illuminance in Trolands is then:
 - ~ 3,150 Td for a 3-mm pupil
 - \sim 8,750 Td for a 5-mm pupil
 - \sim 17,200 Td for a 7-mm pupil
- *But this photometric measure is rarely used except in vision-science experiments!



One CONCLUSION: Individual Pupil Size the Variability

- *Remember that the intrinsically photosensitive retinal ganglion cells (ipRGCs) play a key role in maintaining the pupil size in the outdoor environment! Is this the explanation?
- *Now let us look at the lids—also presumably largely controlled by ipRGC and the role of the upper lid in determining ocular exposure!