Pathology Symposium 2013

Thank you to all our sponsors, speakers & attendees for making this year's OCOS Pathology Symposium a success!
Dear Colleagues,

Can you believe that summer is almost over? OCOS and COA have been very busy this summer working on your behalf. We recently had our Pathology Symposium at Charlie Palmer Restaurant at Bloomingdales with 7 hours of CE credit for 65+ ODs. Our CE topics ranged from IOL/refractive surgery to vitreous/retinal disorders to HSV and steroids to low vision cases from the Long Beach VA residents.

Wow...that’s wide range of topics! We had the ability to cover such a wide variety of topics because COA’s lobbyists and our members have been to Sacramento and fought for the privilege. I use the word “privilege” and not “right” because of the legislative nature of our profession. We must protect and appreciate what we have. Your membership allows for all this to happen. Keep up the great work!

Coming up in September is the COA Town Hall webinar. This your opportunity to get in touch with COA in a thirty minute to one-hour “town hall”-style presentation. This town hall webinar will feature information for you on legislative updates, upcoming continuing education programs or other events such as COA Legislative Day, health care delivery system issues being addressed, issues being considered by the State Board of Optometry. This webinar can also focus on special items or issues such as COA-sponsored legislation and/or specific issues like health care reform implementation. This town hall meeting will provide an opportunity for everyone to share with COA their thoughts and concerns relative to the optometric profession or COA. A representative from the COA Board and a COA staff member will be there to present and answer any and all questions. It is currently scheduled on Tuesday, September 17 at 7pm. Please watch your email/OCOS website for the link to participate.

Communication is key. OCOS is here for you to make your practice of optometry better. If there are any issues, concerns, or complements you have about our society, please feel free to email me (ichoiiod@gmail.com) and let me know!

Also, I’d like to send a kudos out to our own Dr. Matt Wang who was featured on COA’s Government Affairs Weekly for detecting a tumor resting on his patient’s optic nerve. Here’s the YouTube link to watch him in action:

Watch the video at: http://www.youtube.com/watch?v=F30WDraPIXY

Sincerely,
Isabell Choi-Siritara, OD
2013-2014 BOARD OF TRUSTEES

President
Isabel Choi-Srirata, O.D.
ichoiod@gmail.com

President-Elect
Immediate Past President
Christopher Vargas, O.D.
cvargas51@sbcglobal.net

Secretary
Mindy Nguyen, O.D.

Treasurer
Jade Davis, O.D.
jadedavisod@hotmail.com

Education Committee
Eric Bender, O.D.
Sally Dang, O.D.

Events Chair
Rebecca Ng, O.D.
rebeccangod@cox.net

Membership Committee
Atousa Attar, O.D.
Edeline Lu, O.D.
Ketan Patel, O.D.

Legislation Committee
David Ardaya, O.D.
dardaya@yahoo.com

James L. Cooperman, O.D.
jcooperman@earthlink.net

Public Awareness/Community Events Committee
Edeline Lu, O.D.
elu@scco.edu

Robert J. Moeser, O.D.
moeser@pacbell.net
Danny Ngo, O.D.

Webmaster
Bruce Nguyen, O.D.
brucenganyc@gmail.com

SCCI0 Representative
Thuy Tran

Sponsorship Committee
Sally Dang, O.D. (Co-Chair)
Rebecca Ng, O.D. (Co-Chair)
Atousa Attar, O.D.
Eric Bender, O.D.
Jade Davis, O.D.
Isabel Choi-Srirata, O.D.
Chris Vargas, O.D.

Trustees
John Lee, O.D.
jlee@scco.edu
Eunice Myung Lee, O.D.
(714) 449-7424
emyung@sccco.edu
Harue Marsden, O.D., M.S.
hmarsden@sccco.edu
Michael Spitzer, O.D.
im7eyes80@hotmail.com
David Wakabayashi, O.D.
(949) 552-2020
dwakabayashi@sccco.edu

Editor
Ivy Lin, O.D.
andromeda313@yahoo.com

THANK YOU TO OUR 2013-2014 SPONSORS:

GOLD
Harvard Eye Associates
Maria Michel
mmichel@harvardeye.com

NVision Laser Eye Centers
Rosalyn Ayson
(949) 424-4833

Silver
Vision West
Daniel Frutiger
daniel@wweye.com

Alcon
Ben Olbon
benolbon@cibavision.com

OakTree Wealth Group
David Chong
949.514.8588

Essilor Labs
Stefanie Cook | Casey Steward
scook@essilorusa.com
srstewart@essilorusa.com

OASIS
Chris Boore
cboore@oasismedical.com
Matt Lindstedt
mlindstedt@oasismedical.com

George M. Salib, MD
Orange County Eye Institute
Eta Chalfin
949.770.7322

Shamir
Dia Kaesman
dkaesman@shamirleins.com

TLC/Harvard Eye
Stephanie Taylor
stephanie.taylor@tlcvision.com

Vistakon
See-Wan Szeto | Amy Spillane
swszeto@its.jnj.com
aspillane@its.jnj.com

VMR Institute
Marta Mott
martam@vmrinstitute.com
Special Olympics Summer Games 2013 were a huge success with 1,100 athletes competing and nearly 10,000 volunteers. A big thank you the many wonderful Special Olympics Lions Clubs International Opening Eyes volunteers – we couldn’t have done it without you!! We screened a record number of athletes over the weekend with each day’s numbers being higher than any single day before. OCOS doctors and SCCO students always provide a significant amount of help and this event was no different. Special thanks to OCOS members: Drs. Raman Bhakhri, Annie Chang, Raymond Chu, Linda Luong, Edeline Lu, and Reena Patel.

Our Summer 2013 numbers:

- 257 screenings completed
- 94 pairs of glasses selected
- 34 prescription goggles selected
- 113 pairs of plano sunglasses dispensed
- 10 pairs of plano sports goggles dispensed
- 99 volunteers (46 from SCCO)

We’ll be looking for volunteers again for Fall Games on Dec. 14 and 15. And, save the date for Summer World Games, Los Angeles in 2015!! More information to come.

Bookmark http://www.la2015.org/ to keep up with the news. We’re also on Facebook!
World-Renowned Multispecialty Eye Care and Research Center

- Advanced Cataract Surgery
- Lifestyle Lens Implants
- Pterygium Removal
- Glaucoma
- Corneal Transplantation
- Retinal Diseases
- Cosmetic Eyelid Surgery
- Custom Intralase LASIK
- Facial Aesthetics and Skin Care
- Hearing Health

949.951.2020

Roger V. Ohanesian, MD, FACS
John A. Hovanesian, MD, FACS
Satvinder K. Gujral, MD, FAAO
Mark J. Levy, OD
Edward W. Kim, MD, MPH, FACS
Jeffrey L. Jacobs, MD, FACS
Karen P. Skvarna, OD
Diana H. Kersten, MD, FACS
Savak Teymoorian, MD, MBA
Nicoletta J. Stefanidis, OD, FAAO

LAGUNA HILLS | 24401 Calle de la Louisa, Suite 300 | Laguna Hills, CA 92653
SAN CLEMENTE | 665 Camino de los Mares, Suite 102 | San Clemente, CA 92673
harvardeye.com
The majority of patients who come to Harvard Eye Associates are usually excellent candidates for laser vision correction (LVC). However, patients with thin corneas, high prescriptions, or flat K’s might be better suited for a phakic lens implant.

The implementation of phakic lenses has been very successful at Harvard Eye Associates over the last few years. In many ways, the phakic lens has several advantages over LASIK. For example, the cornea is left unchanged, it’s completely reversible, and it can correct extremely high levels of myopia ranging from -3.00 D to -20.00 D with extreme clarity.

**Designs**

There are really two types of Phakic IOL designs, posterior chamber and anterior chamber. At Harvard Eye Associates, we typically perform posterior chamber surgeries using the Visian ICL (STAAR Surgical Company, Monrovia, CA). Patient satisfaction rate with the Visian ICL is very high. In an FDA study, 97% of patients who were evaluated during their three-year postoperative visit said they would have the procedure again.

**Contraindications**

The Visian ICL is intended for use in patients between -3.00 D and -20.00 D who are between the ages of 21 and 45. Although cataract formation is extremely low during the Visian ICL surgery (0.6% during FDA trials), any early signs of cataracts would be a contraindication since ICL surgery can expedite cataract formation.

Patients with a shallow anterior chamber are also not great candidates for the Visian lens because of a confined working space for the surgeon. A shallow anterior chamber poses an increased risk of damage to the endothelium and crystalline lens. Other less common contraindications include narrow angles, irregular astigmatism, glaucoma, and low endothelium cell counts.

**Visian ICL vs. Laser Vision Correction**

Since the Visian ICL is not approved for the correction of astigmatism at this time, patients with significant corneal cylinder and moderate myopia have a choice between laser vision correction by itself or the Visian ICL with an LVC enhancement. In my experience here at Harvard Eye Associates, patients typically elect one single procedure, versus two if possible. With less than 1.00 D of cylinder, I might choose to make a limbal relaxing incision (LRI), which typically provides excellent astigmatism correction.

**Patients Who Are in the Gap**

The most challenging decision as a surgeon occurs when patients are right there between -5.00 D and -8.00 D. I call it the gap. These patients might be excellent candidates for LASIK, PRK or phakic lenses. As a surgeon, I generally like to lean toward the Visian ICL once a patient is beyond -6.00 D, but of course it depends on many factors such as corneal thickness, topography, astigmatism, and anterior chamber depth. We are particular about educating these patients on their options between laser vision correction and phakic lenses. Many patients seem to choose LASIK due to its simple surgical process, popularity, and affordability. In patients with high amounts of myopia (greater than -10.00 D) I almost always perform Visian ICL if I can and enhance the patient with LVC if needed.

**Conclusion**

The Visian ICL is a wonderful method of vision correction we’re fortunate to have here at Harvard Eye Associates. I don’t like to use the word alternative, because it can be a better all-around solution for many myopic patients.

For more information on the Visian ICL, contact Maria Michel at 949-900-5228 or mmichel@havardeye.com

---

LASIK Begins
with the Family Eye Doctor™

The NVISION Difference

THE EYE DOCTORS’ #1 CHOICE®
More than 1,300 Southern California eye doctors choose NVISION for themselves and their patients who need LASIK. We work with your patients to optimize safety and results.

AVELLINO DNA TESTING
NVISION is the ONLY LASIK provider in California to offer Avellino Corneal Dystrophy testing — giving your patients an added level of safety.

DATA LINK® SOFTWARE
Superior outcomes result from prior precise measurements recorded in NVISION’s extensive database of previous patients.

NATIONWIDE LIFETIME COMMITMENT
VISION for Life™ is our commitment to patients that we stand behind their results for a lifetime.

SURGICAL EXPERTISE
There is no substitute for experience, so trust your patients’ eyes to the surgeons who have performed more than 200,000 LASIK procedures.

TECHNOLOGY
NVISION offers multiple state-of-the-art laser technologies to optimize outcomes.

“It has been my pleasure to work in cooperation with family eye doctors for over 15 years” - Tom Tooma, MD, Founder
Collagen Cross Linking (CXL) is not yet approved by the FDA. Hundreds of peer reviewed journal articles have been published that have proven the safety and efficacy of the procedure. CXL has been approved in every country in the world other than the United States. The main indications for collagen cross-linking are:

- Halt the progression of Keratoconus
- Halt the progression of Corneal Ectasia following Laser Vision Correction (Lasik and PRK)
- Improving the shape of the cornea in a patient with stable Keratoconus

It is sometimes difficult to determine if a patient is having disease progression when they are able to wear rigid contact lenses with good visual acuity. It is easier to detect progression of disease if the patient is not wearing rigid lenses by measuring changes in the Max K (steep K). Since it is not practical to have our patients not wear their lenses, I do personally believe that the following categories of patients should have collagen cross-linking:

- All patients with a new diagnosis of Keratoconus
- All patients who have Keratoconus who are in their teens, twenties and thirties, since most patients in these age groups experience disease progression
- Patients with stable keratoconus who have poor quality of vision or a difficult time tolerating contact lens wear

Early intervention in patients who are in the first two categories will frequently save them from a life of discomfort with rigid contact lenses and poor vision with lenses.

Just because we can fit a cornea successfully with a contact lens with good vision, does not mean that the cornea should not be cross-linked. Some patients can have rapid progression of disease that is never reversible. These periods of rapid progression of disease are frequently associated with periods of intense eye rubbing due to seasonal allergies.

**We are doing our patients a disservice by observing the progression of their disease and continuing to fit them with contact lenses** when we can halt the progression of their disease and frequently improve the shape of their cornea by decreasing the astigmatism and myopia. This change in shape can frequently be substantially augmented by INTACS. INTACS result in a significant improvement in the shape of the cornea with improved regularity and a decrease, sometimes drastic, in myopia and astigmatism. Patients typically are able to wear contact lenses more comfortably with better quality of vision and perhaps the chance to go to soft toric lenses, or spectacles.

Most patients with Keratoconus have asymmetric disease. Since both eyes have the same genetic make up, both eyes should be cross-linked.

If you do not have corneal topography in your practice, the best way to diagnose early Keratoconus is by using your manual keratometer. If the mires do not coincide with each other, it is likely that the patient has early Keratoconus. We would be happy to perform corneal topography to make the diagnosis. Other potential signs that may be consistent with early Keratoconus that should increase your index of suspicion are:

- Oblique astigmatism
- Progression of astigmatism
- Irregular retinoscope reflex (scissoring or tear drop shaped reflex)
- Decreased best corrected vision with no other obvious reason
- Corneal signs such as Fleischer’s ring or Vogt’s striae (more advanced signs)
Most of the patients that have been referred to me for cross-linking have very advanced disease and are ‘at the end of their road’ with contact lenses. This is frequently because CXL has not been available until recently. They are frequently patients who can be well served with a corneal transplant. CXL and INTACS will improve the shape of these corneas, however, if we were able to intervene with CXL and INTACS much earlier in their disease cycle, we could have saved these patients many years of struggle with contact lenses. I encourage you all to refer your patients much earlier in the cycle of their disease.

The study we are conducting has two arms – epithelium on and epithelium off. The cornea heals very much the same as in PRK. Early on, the cornea may become steeper and thinner, however with time, typically by 6 months, the cornea is flatter and more uniform.

The fee for Collagen Cross Linking is $2500 per eye. The pre and post-operative care is very much the same as PRK. The co-management fee will be $500 per eye.

I would like to invite you all to visit with us to observe a live Collagen Cross Linking procedure or an INTACS procedure. If you have any questions regarding the candidacy of any of your patients for CXL and/or INTACS, please do not hesitate to contact me (phone 949 836 6614 or email tom.tooma@nvisioncenters.com) or any of our NVISION surgeons. We all look forward to co-managing these patients with you.

**NVISION News for our North OC doctors:**
Dr. Amarpreet Brar can now treat your cataract patients at Placentia Linda Hospital.

---

**Dry Eye Treatment**

**Dry Eyes**

---

**Oasis® TEARS**

**Form Fit®**
Hydrogel Plugs

**Soft Plug®**
Silicone

**Soft Plug®**
Extended Duration and Collagen

---

OASIS Medical, Inc.
800.528.9786
www.oasistears.com
VISION WEST®
COA Preferred Buying Group

We offer more savings & more benefits, including:

- Free membership, no minimum purchase required
- Admin fee rate as low as 1.5%* & no hidden fees
- Best discounts from 250+ vendors
- 100% of vendor discounts passed on to you
- Your own dedicated customer service specialist

*Depending on your monthly purchase volume

For more information and to join today, contact a Customer Service specialist at:
800.640.9485  www.vweye.com
Choosing the Right IOL

So, you have a patient in your chair with a visually significant cataract. You’re already thinking of which ophthalmologist to refer him to. Before that, you’ll have a discussion with the patient regarding his options for intraocular lenses. How do you begin this discussion? There’s a lot to think about, but if you approach it in a systematic manner, you will reach the correct conclusion every time.

The first and most important thing to consider is what the patient wants to achieve after surgery and his/her personality. If they have no desire to minimize using glasses after surgery or to have the sharpest vision possible, then a standard intraocular lens might be the correct choice for them. This would also be preferred for a patient who has limited financial resources and who does not want to use Care Credit or a similar credit agency. However, do not ever assume that a patient cannot pay for an upgraded IOL or laser assisted LenSx cataract surgery based on their appearance or even what they initially say. I have been surprised on many occasions by who would choose an upgraded lens and laser surgery and who would not, and often once the benefits of the lens is explained, patients change their mind. Always discuss all the appropriate choices with every patient and then let them decide with the help of your recommendation and that of the surgeon.

The toric intraocular lens is an amazing IOL that can sharpen the world of patients in a way they have never experienced before. If the patient has 2D of corneal astigmatism as evidenced by corneal topography, manual keratometry, or through the use of optical biometry, then they are definitely a candidate for the toric IOL. In fact, the use of another IOL in a patient with this amount of astigmatism increases your chance of an unhappy patient postoperatively if they hope to not rely on glasses. If they have 1.5-2D of corneal astigmatism, then this is a gray zone. For example, the use of the Restor or Crystalens in a patient with 1.5-2D of corneal astigmatism must be done with caution since residual astigmatism greater than 0.75-1D (depending on the success of the limbal relaxing incision) may cause unacceptable blur for the patient. The toric lens is also a perfect choice for someone with 1D or more of astigmatism and who does not want to spend as much on an IOL as a Restor or Crystalens but would like vision as sharp as possible. This lens is good for patients who tend to be perfectionists and engineers.

The Restor IOL is a lens made for people who want maximum freedom from glasses postoperatively. Four out of five people who have this IOL implanted bilaterally do not use glasses. It gives excellent distance and near vision, and intermediate vision is good although patients might have to lean a little closer than usual to the computer. However, one must be careful to under promise and over deliver with all of these IOLs. We should never guarantee that a person will see without glasses in all conditions after surgery. I always remind patients that the goal of the surgery is to minimize their dependence on glasses, but that every person heals differently and this is not an exact science. We cannot make a lens quite as perfect as the one they were born with. It is also very important to determine if they could live with a few compromises associated with this lens. Namely, they have to be willing to put up with halos around lights since this IOL has several concentric rings. Secondly, they need good lighting to be able to read. Lastly, some studies have shown decreased contrast sensitivity with this IOL that may be perceived by the patient. One must look for pathology such as uncontrolled severe dry eyes, significant EBMD, corneal scarring, significant glaucoma, macular degeneration, epiretinal membranes, or other macular findings—if present, it’s best to suggest another IOL such as the Crystalens, toric or standard IOL. This might not be the best lens for perfectionists or engineering types.

The Tecnis multifocal IOL is very similar to the Restor lens, but there have been reports that the intermediate vision achieved with this lens might not be quite as good and that the contrast sensitivity is diminished...
compared to the Restor lens. One advantage, though, of this IOL is that it is not pupil dependent. This means that one can read in dim light more easily with this lens.

The Crystallens is an excellent lens for people who want to minimize the use of glasses postoperatively, and is especially useful in people who have any of the aforementioned pathology who still want maximum spectacle independence. I have found that the best strategy to use with this lens is to have the dominant eye aimed for distance and the non-dominant eye aimed for between -0.25 and -0.50 for mini monovision. Most of the patients who have these bilaterally implanted have minimal use of their glasses and are very happy. I do caution patients that they might need to use glasses in certain situations postoperatively such as when reading fine print. Because this lens does not split light like the Restor lens, they do not suffer from a loss of contrast sensitivity. This would be a good choice for people who would mind seeing halos.

The TrulignToric IOL is the newest Crystallens developed now with astigmatism correcting capability – the first of its kind in this country to be approved by the FDA. As this becomes available, this will be an excellent choice for people who want to achieve a broader range of vision despite having a significant amount of astigmatism.

Finally, combining the use of these IOLs with laser assisted cataract surgery with the use of the LenSx laser is an incredible addition to what we can offer our patients. Now we can tailor the incisions, astigmatism correction, creation of the capsulotomy, and breaking up of the cataract with extraordinary precision and reproducibility. I have found this to lead to more predictable outcomes, less postoperative inflammation since we are using less energy to break up the cataract, and happier patients overall. It certainly adds a wow factor to the overall experience of the patient here at the Orange County Eye Institute.

We certainly live in a wonderful time when we can offer our patients such a vast array of options that we can match to the patient’s desires and personality, and this discussion best starts with you, the doctor that knows the patient best!
We are excited to announce that TLC Laser Eye Centers has launched a joint venture partnership with Harvard Eye Associates at our Laguna Hills location.

TLC Laser Eye Centers
at HARVARD Eye Associates

John A. Hovanesian, MD, FACS
Diana H. Kersten, MD, FACS

TLC brings your patients the very best in technology, surgical outcomes and a personal approach for both LASIK and refractive IOLs. TLC was founded on the philosophy of co-managing patients with Optometry, working with some of the most experienced surgeons while maintaining our strong commitment to our affiliate optometrists.

24401 Calle de la Louisa, Suite 300 | Laguna Hills, California 92653 | 877.TLC.2020

INTRODUCING A REVOLUTION IN PROGRESSIVE LENSES

VARILUX series

"From the moment I put them on, I could see the difference."

DISCOVER LIMITLESS VISION™ WITH VARILUX S SERIES

©2013 Essilor of America, Inc. All Rights Reserved. Essilor, Varilux, and Varilux S Series are trademarks of Essilor International in the United States and in other countries.
John Legend once said, "Experience is a great teacher. In my 16 years of working with Laser Vision Correction (LVC), my experiences have taught me five pearls to successfully co-manage refractive surgery patients that are very much worth sharing.

- **Be Proactive** and let your patients know you co-manage with TLC Laser Eye Centers. TLC is the leader in LVC and your patients know it. Make it a point to let every patient know you are knowledgeable and confident in managing and advising patients in LVC. This can be done with receptionist scripts, patient questionnaires, on-hold messages, brochures, posters, etc. A well-trained and motivated staff is most important.

- **Be Educated.** Your patients want and need to know all their options. Stay up to date with the latest in refractive corrections. Including LVC, Refractive IOLs, Phakic ICLs, Multifocal IOLs, Accommodative IOLs, Corneal Cross-Linking, CK, and Intacs. Your patients want to know all of their options.

- **Build an Image.** Make sure your patients know you embrace LVC and are the go-to person with any questions about it. If you are the conduit for all of the LVC information, it greatly reduces the change of losing that patient to direct marketing. Conduct your practice in a way that ensures your patients know you are the LVC expert. Before considering surgery they should consult with you for guidance on the best options available for their specific ocular situation. Make sure that your patients are aware that both you and TLC are always available to them before, during and after their procedure.

- **Be Professionally Trained.** Allow your staff to be educated by the professional at your TLC center. Opportunities such as in-office staff training, technician nights at a local center, and continuing education seminars all help to create a more professional, enthusiastic, and educated team. Ask your TLC center for assistance in coordinating these events. We welcome you and your staff to come and visit our centers.

- **Thorough Pre and Post-Op Care.** Each patient is an ambassador for your practice. LVC patients are normally very enthusiastic and verbal after their procedure. This can help grow your practice. Make sure you provide the best experience in both the pre-surgery workup and all post-op care visits. By providing excellent and compassionate pre- and post-op care, your patients will promote your LVC business for you. Let them sing your praises and make their testimonials available for other patients at your office and on your website. (Make sure they sign a release first.)

Co-managing LVC patients diversifies revenue, improves cash flow, earns you a "seat at the surgeon’s table", and helps you hold on to your patients at risk of leaving your practice.

Rely on your nearly 20 years of experience to help you promote LVC to your patients. We are here to help you be successful.
COA Town Hall Webinar

Tuesday, September 17 at 7 pm

A representative from the COA Board and a COA staff member will be present to answer your questions.

Share your thoughts and concerns about health care reform implementation, COA-sponsored legislation, etc.

Keep an eye out for an OCOS email with the link for the webinar.

OAKTREE WEALTH GROUP INC.

We specialize in helping eye care professionals to protect their wealth, grow their net worth and to maximize cash flow in retirement.

David Chong, CFP®
4695 MacArthur Ct. STE 1100
Newport Beach, CA 92660

DIRECT 949.514.8588
FAX 949.468.0937
EMAIL dchong@oaktreewealthgroup.com
WEB www.oaktreewealthgroup.com
A Formula for Failure

Any way you look at it, investors are failing. 95 percent of Americans are on a path to retire with not enough retirement savings. A study by Dalbar Inc. shows that over the past 20 years, investors have underperformed the S&P 500 index by nearly half (4.25% vs. 8.21%). Investors are notfairing well. The end result of is that most investors will not have enough money to live out the life they envision. Why is this happening? Why are people such poor investors?

I believe that the formula that leads to investing failure is:

$$C < (I + E + P) M$$

This is not a scientific formula. It's a symbolic one that represents what happens in the lives of investors. $C =$ cognitive, $I =$ instincts, $E =$ emotions, $P =$ perceptions and $M =$ media. For most investors, the cognitive side of the mind loses to the combination of instincts, emotions, perceptions and the damaging messages of the media. Let me explain in further.

The Cognitive Mind
This is the part of the mind that processes facts, statistics and data. It is the rational and reasoning part of the mind. It is what we "know." Most investors have a limited understanding of the principles and rules of investing. The average investor might know a few idioms such as "buy low, sell high" but they don't know how capital markets work and how to prudently invest. Much of this is by design. It is very profitable to Wall Street to keep investors confused and uninformed.

Instincts
As human beings, we all have instincts. The two most powerful of which are pain and pleasure. We flee from pain and run towards pleasure. When markets go down, our instincts tell us to sell our investments and move to cash. When markets go up to new highs, our instincts tell us to move back in. Instead of buying low and selling high, our instincts lead us to do the very opposite: buy high and sell low.

Emotions
Just like instincts, all human beings have emotions such as fear, regret, envy, greed and loyalty. We would all like to think that we make rational decisions. However, this just isn't true. Research has shown that most of the decisions we make are based on emotion. This is typically not a good thing for investors. Some of the more common emotional responses are:

"What if the market drops tomorrow and I lose some of my money?"

"My friend made 25% on his money with a hot stock tip, and I only made 8% in my diversified portfolio."

"It would be wrong for me to sell the company stock that my father left me. After all, he worked at the company for 30 years."
Perceptions

Perception is the way we use our senses to see and understand the world we live in. Unfortunately, our perceptions are often biased and wrong. Incorrect perceptions can destroy our portfolio. Common biases include hindsight bias, overconfidence bias, familiarity bias, and false patterning bias. For example, many people have had negative experiences with investing. Therefore, they believe that no one can get ahead by investing, when in fact, many prudent investors have done very well throughout the years.

Media

In modern day America, it is impossible to escape the constant barrage of the media as it pertains to investing. There are constant commercials on TV selling different mutual funds. There are constant ads on the radio telling us to buy gold. The E-Trade baby appears during every Superbowl trying to convince us that it’s so simple that even a baby can do it. The internet is filled with doom and gloom headlines predicting the demise of the US economy. Believe it or not, the media is not on our side. They are in the business of sensationalizing things. They sell by playing on the emotions of fear and greed.

So there you have it: what we know about investing is wrong, instincts and emotions cause us to act impulsively, the lens through which we see the world is flawed, and the media magnifies all of these factors. Apart from this, investing is easy.

What can you do? Here are three helpful actions that you can take to protect your investments and your financial future.

Realize that behavior is the key. Your behavior is the greatest determinant to the outcome of your investing experience. Be aware that following your instincts, emotions, perceptions and the “advice” of the media can be harmful to your portfolio.

Arm yourself with knowledge. The greater your understanding of the true principles of investing, the more control you will have over the right side of the formula (Instinct, emotion, perception, media). Two books that I highly recommend that all investors read are “Main Street Money” by Mark Matson and “Simple Wealth, Inevitable Wealth” by Nick Murray.

Work with a financial coach vs. a financial “salesman.” Much of the financial services industry focuses on selling products and services. The financial services industry has made a fortune by keeping investors confused and uninformed. A financial coach on the other hand focuses on helping you to learn the important truths of investing, overcome the harmful instincts and emotions that you have, and ignore the “financial noise” of Wall St. and the media. If your investments are a source of anxiety, stress and concern, then you are working with a financial salesman. If your investments are a source of security, peace and comfort, you are working with a financial coach.

If your investments are a source of security, peace and comfort, you are working with a financial coach.

All investing involves risk, and particular investment outcomes are not guaranteed. This article is for informational purposes only and does not constitute an offer to provide advisory or other services.
WELCOME
NEW
OCOS
MEMBERS!

Alina Ho, OD
Jennifer Tran, OD
Thao Nguyen, OD
Carolyn Duong, OD
Vipal Gandhi, OD
John Ikeda, OD
Krystal Nguyen, OD
Elizabeth Je, OD
Alaina Lavine, OD
Valerie Ng, OD
Kimberly Pham, OD
Christine Truong, OD
Vicki Vu, OD

VMR Institute
is proud to offer pioneering
diagnostic and therapeutic
approaches to complex disorders
of the
VITREOUS, MACULA, & RETINA
(VMR)

When LA Magazine asked 31,000
doctors "Who would you choose as
your doctor?" only two vitreo-retinal
specialists in Long Beach and Orange
County were named by their peers
from 2010 through 2012
Super Doctors
of Southern California
Dr. Sebag & Dr. Chong of the
VMR Institute in Huntington Beach

VMR Institute
bringing university-level care
to the local community
in a private setting

Phone: (714) 901-7777 • Fax: (714) 901-7770
7677 Center Avenue, Suite 400 • Huntington Beach, CA 92647
www.VMRinstitute.com