Understanding eye health and vision loss

A resource for families / guardians of residents in aged care facilities
Why is vision health important?

Loss of vision has a major impact on a number of aspects of daily life, including an increase in the risk of falls and hip fractures, depression and social isolation.

For many people in aged care, being able to read, watch TV and look at family photos can be some of the main pleasures of life, so everything possible should be done to preserve functional vision for as long as possible.

Many eye diseases can be treated (or slowed), so it is important that:

- Everyone in aged care (and indeed everyone over the age of 65) should have a comprehensive eye examination every 12 months, or more frequently if certain conditions are present.
- An urgent eye test should be conducted if the person complains of any sudden change in their vision.
- Many people with vision loss do not always notice changes in vision, so family members, carers and guardians should be alert to any changes in behaviour, such as increased difficulty performing normal tasks or if the person suddenly shows a reluctance to walk. While these signs can be due to several causes, vision loss should always be considered and checked with an eye exam.

Prevalence of eye conditions

Research conducted by Macular Disease Foundation Australia has shown that:

- Over 70% of aged care residents have an eye condition requiring regular monitoring and possibly treatment.
- Over 60% of residents have some degree of age-related macular degeneration.
- 12% of residents in their 80s and 35% in their 90s have late stage macular degeneration which can result in serious vision loss or legal blindness.

The leading cause of vision loss in aged care residents is macular degeneration. Other conditions affecting aged care residents include glaucoma, diabetic retinopathy and cataracts.

Macular Disease Foundation Australia is committed to supporting good eye health across the community, including for people living in residential aged care facilities.

While aged care facilities take care of most residents’ needs, family members, carers and guardians often play an important role in supporting the health and wellbeing of people in aged care. Although reduced vision is very common in older people, it should NOT be regarded as inevitable. Many of the conditions that affect vision can be effectively treated. For those who have permanently reduced vision, there is a large range of low vision aids and technologies that can help people make the most of their remaining vision.

1 Vision and eye healthcare study in residential aged care facilities, Oct 2017
Awareness of eye conditions

Many older people believe their vision is good, but when it is tested, their vision is found to be quite poor. Others may know their vision is poor but are reluctant to discuss it as they “don’t want to make a fuss”.

It is therefore recommended that family members, carers and guardians gain an understanding of the resident’s vision status by obtaining an optometrist’s report, plus any additional reports from an ophthalmologist if appropriate.

This will help in decision making and providing informed consent on behalf of the resident, in circumstances where the resident is unable to provide this.

Age-related macular degeneration (AMD)

AMD is a very common condition which is found in the majority of people in aged care, although not everyone with the condition will lose vision.

AMD affects detailed central vision and can have a significant impact on one’s ability to read, see faces clearly, watch TV and move about safely. Most people with AMD experience a gradual reduction in the quality of their central vision.

For the most common ‘dry’ form of the disease, there is currently no treatment but vision loss can be slowed by not smoking, maintaining a healthy weight, some exercise and eating a healthy balanced diet with adequate fish and vegetables. In some people with intermediate or later stage AMD, a supplement with a specific formulation of vitamins and anti-oxidants can help to reduce the risk of disease progression. These formulations should only be taken on the advice of an optometrist or ophthalmologist.

In about 10% of people with AMD, the disease can suddenly change to a more aggressive form, known as ‘wet’ or neovascular AMD. This can be treated very effectively with ongoing injections into the eye.

Injections for wet AMD

If your family member requires eye injections, you should be aware of the following:

- Without injections, wet AMD invariably results in significant and rapid reduction in vision and potentially legal blindness.
- It is critical that injections are commenced as matter of urgency and are given at the recommended frequency. This may be as often as every four weeks, at least initially.
- Treatment should not be stopped unless the consequences of stopping are discussed with the ophthalmologist.
- If the resident is unable to attend in person at the ophthalmologist’s rooms due to frailty or transportation issues, it may be possible to arrange for a local ophthalmologist to visit the aged care facility to provide treatment.

Diabetic eye disease

The most common complication of diabetes is diabetic eye disease (especially diabetic retinopathy). The longer a person has diabetes, the higher the likelihood that vision will be affected.

It is critical that everyone with diabetes has regular, comprehensive eye tests. For aged care residents, this should be every 12 months or more frequently if advised by the optometrist or ophthalmologist.

Early to intermediate stage diabetic retinopathy will often have no symptoms but treatment (with laser and/or eye injections) may be needed, hence the importance of regular eye tests.

If the condition is ignored until vision is affected, permanent damage may have already occurred. In poorly managed cases, diabetic retinopathy can cause serious vision loss and even total blindness.
Glaucoma

Glaucoma is the name given to a group of eye conditions that can gradually lead to a loss of peripheral (side) vision due to damage to the optic nerve.

One in 8 people over 80 will develop glaucoma\(^2\), although if detected and treated early and treatment continued at the recommended frequency, significant vision loss can usually be avoided.

Increased pressure inside the eye is a major risk factor for glaucoma and treatment involves a variety of ways to reduce pressure. These include eye drops, a certain kind of laser, surgery to produce drainage flaps or the insertion of drainage shunts. Sometimes people may have a combination of these treatments.

Cataract

Cataracts are very common in older people and normally develop over many years. A cataract occurs when the normal lens inside the eye becomes cloudy or opaque. Symptoms include a loss of clarity, washed out colours and increased sensitivity to bright lights, including glare and haloes around lights.

When the cataract starts to have a significant impact on vision, the cloudy lens can be removed during a short surgical procedure and replaced with an artificial lens (called an intraocular lens or IOL).

Cataract surgery is rarely urgent and can generally be delayed until vision is significantly affected. The outcome of cataract surgery is normally excellent even if it is delayed by months or years. Cataract surgery can usually be performed safely in people of any age, including those who are quite frail.

In people who have cataracts and AMD, cataract surgery can still be worthwhile as it can improve the quality of peripheral vision, although it may have little or no benefit on central vision loss caused by AMD.

Checklist for supporting eye health

- Understand the practices of the aged care facility regarding:
  - frequency of eye tests
  - caring for those with vision loss

- Access reports from the optometrist or ophthalmologist

- Contact Macular Disease Foundation Australia for advice on:
  - eye disease management
  - living well with vision loss
  - Medicare and other government benefits

Macular Disease Foundation Australia
Helpline 1800 111 709
info@mdfoundation.com.au
Suite 902, Level 9
447 Kent Street
Sydney NSW 2000
www.mdfoundation.com.au

Our focus is your vision

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\(^2\) Glaucoma Australia: www.glaucoma.org.au