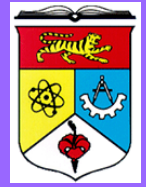




LOW VISION PERSPECTIVES ON GLAUCOMA

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ABSTRACT

Background: Patients who have vision loss were either not told about the many services that exist to help them or they find out about these services by chance. This article was written to create awareness and encourage referrals for low vision (LV) rehabilitation services that can help people with vision loss due to glaucoma to continue functioning.

Method: Data for 267 visually impaired patients were analysed. Information collected included age, visual needs, visual acuity at distance and near, subjective assessment of glare, mobility and low vision devices (LVD) prescribed.

Results: 6.2% of the patients attending the clinic had glaucoma (mean age 45.2±24.6SD years old). The distance visual acuity range from 6/30 to 6/180 and the near visual acuity range from N12 to N128 for the better eye. Majority of the glaucoma patients complained of mobility and glare problems. These patients reported that their vision were worst during sunny day. 75% of the glaucoma patients had magnifiers prescribed to help them to achieve their visual needs, which were to read newspapers in the majority of cases.

Conclusions: Glaucoma patients identified to have low vision require suitable expert assessment of their visual problems and visual needs as well as appropriate low vision devices and rehabilitation prescribed.

Keywords: Glaucoma and low vision

BACKGROUND

Loss of vision brings with it a loss of status (stigma) as well as a loss of functional ability. When medical and surgical intervention cannot alleviate all of the impairments resulting from diseases of the eye, vision rehabilitation has the opportunity to reduce the associated disability and/or handicap. Patients with these problems are frequently told, after long medical and surgical interventions that there is nothing more that can be done to restore or improve their vision. This however is not true. Much can and should be done for patients when they have irreversible vision loss. Most patients who experience vision loss still retain some measure of useful vision. All too often, patients who have vision loss either not told about the many services that exist to help them or they find out about these services by chance.

OBJECTIVE

To create awareness and encourage referrals for low vision (LV) rehabilitation services to help people with vision loss due to glaucoma to continue functioning.

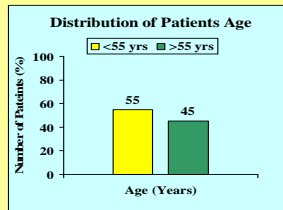
METHOD

Visual rehabilitation information was analysed for 267 visually impaired patients attending the Universiti Kebangsaan Malaysia Low Vision Clinic (UKM LVC). Data collected include age, gender, visual needs, visual acuity at distance and near, subjective assessment of glare, mobility and low vision devices (LVD) prescribed.

RESULTS

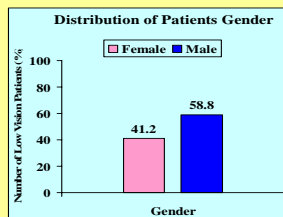
267 records were analysed and it was found that 6.2% attended the UKM LVC patients had glaucoma. Referrals to the UKM LVC were received mainly from Ophthalmologists 51.4%, Optometrists 45.7% and Teachers 2.9%.

1. DISTRIBUTION OF PATIENTS AGE



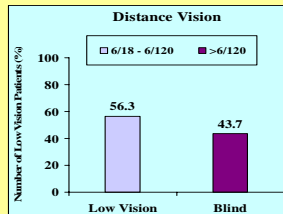
Majority of the patients are from younger age group <55 yrs old and mostly these patients are still working or studying.

2. GENDER



Higher percentage of male LV patients attended the UKM LVC than female LV patients.

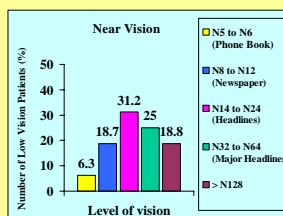
3. RANGE OF DISTANCE VISION



The range of distance vision for glaucoma patients attended UKM LVC were 6/30 to 6/180.

Majority of these patients fall in the low vision category.

4. RANGE ON NEAR VISION



Reading newspaper N10 font was the majority visual needs.

Before prescribing LVD, about 75% of the LV patients able to read newspapers headlines only.

5. TYPES OF OPTICAL DEVICES PRESCRIBED FOR VISUAL NEEDS

Optical devices	Percentage (%)
Spectacle	
Distance & bifocal	21.0
Low vision devices	
Spectacle Magnifier	15.8
Hand Magnifier	5.4
Stand Magnifier	10.5
Distance Telescopes	15.8
Others	10.5
Total Required LVD	79.0
Total pt can't benefit from LVD	21.0

6. SUBJECTIVE ASSESSMENT OF GLARE AND MOBILITY

- Most of these patients complained of glare and they commented that their vision were worst on sunny day.
- Most of these patients had difficulty in mobility & require referral to Orientation & Mobility training.

DISCUSSION

This study showed that only 6.2% patients had glaucoma were referred to the UKM LVC for LV rehabilitation. Most of these patients (55%) were in the studying or working age group < 55 years old. More male LV patients seek for the LV rehabilitation services. Majority of these patients (58%) fell in the LV category whereby VA was better than 6/120. This study also found that 79% of the these patients benefited from the spectacles and LVD prescribed. These findings suggest that majority of the patients still have good useful vision which can be maximised with LVD. These patients still need to continue with their daily living activities. Therefore the provision of LV rehabilitation services is of extreme benefit to the glaucoma patients who are LV because it then becomes an adjunct to medical care. Hence LV vision rehabilitation should be consider to optimised residual vision.

CONCLUSION

Patients with LV due to glaucoma have special needs specific to their available vision. Uncorrected LV conditions will restrict the patients' quality of life. Therefore, glaucoma patients identified to have LV require suitable expert assessment of their visual problems and visual needs as well as appropriate LVD and rehabilitation prescribed.

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