Recognizing & Identifying the Psychosocial Impact of Vision Loss

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Objectives

• To understand the impact vision loss has on your patient beyond not seeing the big “E”
• To recognize the signs of depression
• To appropriately intervene
Vision Loss & Depression

• Older adults with visual impairments are at higher risk for depression as compared to their visual counter parts

• Depression after vision loss represents a secondary source of disability
What is *DEPRESSION*? What does it look like?
Signs & Symptoms of Depression


- **Major depression** is defined as
  - 5 or more of the following symptoms
  - Occurring nearly all day every day for at least 2 weeks

- **Mild depressive disorder**
  - Has fewer symptoms
  - but with episodes of equal duration

- • Depressed mood
- • Diminished interest or pleasure in activities
- • Significant weight loss, or weight gain
- • Insomnia or hypersomnia
- • Psychomotor agitation or retardation
- • Fatigue or loss of energy
- • Feelings of worthlessness or guilt
- • Diminished ability to think or concentrate
- • Recurrent thoughts of death, suicidal ideation, or a suicide attempt
How severe is the vision loss before it leads to depression...?

• Psychological dysfunction is NOT related to severity of visual impairment
• There is no correlation between visual acuity and depression
• The association is based on the patient’s perceived interference with daily activities
Sighted Culture:
We take in vast amounts of information visually

• Pointing to give direction, “it is over there”
• Beauty in building, crosswalks, graphic design, furniture design
• Cars and driving
• Responding through facial expressions
Greatest FEAR...

• Losing vision
  ➢ More than anything else except for mental capacity (Daily Living by Dr. Mogk et al. March 25, 2004)

• Blindness
  ➢ According to a new survey, Dr. A Scott Dept of Ophthalmology at Johns Hopkins University School of Medicine (Aug. 4, 2016, HealthDay News)

• Loss of independence
Lose ________ ➔➔➔ Grieving Process

(Fill in the blank)

• A leg/ an arm
• Your spouse
• A child
• VISION
• Ability to drive

We all go through the 5 Stages of the Grieving
Stages of Grief ➔ Kubler-Ross (1969)

1. Denial/Shock: defense mechanism to rationalize things that are overwhelming
2. Anger: masks pain
3. Depression: sadness
4. Bargaining: reaction for patients to regain some control
5. Acceptance/Acknowledgement: support groups & education

*People who are grieving do not necessarily go through the stages in the same order or experience all of them*
5 Stage-Process for Low Vision Patients

1. I REJECT IT
   • Quickly dismiss any information - “I am not listening”
   • So, the patient says...
     “How about a new pair of glasses!” or “Just make the glasses a little stronger

2. I’LL IGNORE IT
   • If you ignore it, it will go away...
   • Anger and frustration – because things can’t be don’t as before.
   • Family must assist: reading mail, menus, etc.

3. I’LL EXPLORE IT

4. I’LL USE IT

5. I’LL EMBRACE IT

www.southwestlowvision.com
5-Stage Process (continuation)

1. REJECT IT

2. I’LL IGNORE IT

3. I’LL EXPLORE IT
   • Patient is finally receptive to discussing alternate way of reaching their goals
   • It may take 6 months to a year for them to return
   • Patient is coming to terms that using devices makes you different
     o Support groups or self-help groups

4. I’LL USE IT

5. I’LL EMBRACE IT

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5-Stage Process (continuation)

1. REJECT IT
2. I’LL IGNORE IT
3. I’LL EXPLORE IT

4. I’LL USE IT: Acceptance and hope can be noticed
   • Success with one or two devices for essential needs is the foundation
   • NOW they becomes more open to other goals and devices
   • Support group & making friends with other visually impaired people is crucial

5. I’LL EMBRACE IT
   • SUCCESS!!! Patients have a different outlook and attitude

   *It’s a process; a JOURNEY with family and our Rehab Team*
High school teacher for 18yrs, developed DME

• First impression: A very angry man.
• Rejecting all things that are not “glasses”.

_He has gone thru a 10 month journey with our rehabilitation service and looks like a totally different person._

• Embraced retirement
• Enjoying life:
  • Fishing and using the optical devices to achieve this goal
  • Manages his medications independently – insulin with prismatics
  • Reading with CCTV
During your Clinical LV Evaluation - History

- Frequent feeling of apathy/ unmotivated
- Frequent feeling of agitation, empty or numb
- Feeling negative about self or pessimistic
- Social withdrawal
- Sleeping too little or too much
- Losing or gaining more than 5% of your body weight in a month
- Noticeable decrease in energy
- Unexplained episodes of crying
Understand Depression...

1. It is a REAL physiological condition
   • Not a mindset or a bad attitude

2. If triggered by loneliness, isolation or inactivity
   • Then, it won’t go away
   • Address the root of the problem
     o for example, not leaving the house because of vision loss
       “I can’t drive any more”
       “I’m embarrassed at not recognizing faces & friends”
Geriatric Depression Scale (GDS)

- Self-report screening tool
- It does NOT provide a diagnosis of depression
- The original “long-form” consist of 30 items
- The “short-form” consists of 15 items
- It is an effective screening tool for *cognitively intact* patients
Geriatric Depression Scale Short-Form

• Each answer “YES” counts one point
• Total score greater than 5 indicates probably depression
• Referral for a more thorough clinical evaluation is recommended
Addressing Depression...

• Refer to a doctor/counselling – *send referral letter*
  - Anti-depressant or alternative treatments
  - Diet may contribute to depression:
    - Patients that are sensitive to sugar or alcoholism may need to switch to a more balanced carbohydrate-protein diet

• Develop social network – *help locate resources*
  - YMCA, local coffee shop, church

• Alternative modes of transportation
  - Public transportation/local organizations provide transportation

• Routine physical exercise has shown to be effective

... in conjunction with Vision Rehabilitation Team
Depression Study (2005) by Horowitz

The effects of low vision rehab service on depression in visually impaired older adults:

• 33.7% of the patients were depressed @ baseline
• 25% were depressed at FU (remember, pt’s may take a while to come around to accepting their situation.)
VA Low Vision Intervention Trial (LOVIT)

• Looked at effectiveness of a LV rehab program
• Treated groups demonstrated significant improvement in ALL aspects of visual function
• Control group declined in functional ability
Untreated depression has been linked to...

- Worsening function (disability)
- Immuno-endocrine dysregulation
- Greater likelihood of institutionalization
- Suicide
- Increased mortality
Referral to appropriate doctors & counselling

Research your local resources

• Psychologist/Neuropsychologist
• Counselling for the visually disabled
• Behavioral Science Department
Developing Social Network: Providing resources

Evidence based: Better social support presents with less depression
What is the hardest thing to talk about with your patient?

www.katekelsall.typepad.com
Know your state laws... they are all different!

• Driving regulations for class D

• Restricted driving
  o Vision/field parameters
  o Restrictions placed

• Restricted bioptic driving
  o Vision requirements thru the bioptic → training required
  o Behind the wheel evaluations
  o Restrictions placed
Patient’s with field loss...
How do we convince them of functional loss?

- Homonymous hemianopsia
- Bilateral altitudinal field loss
- Glaucoma
- AMD with small island of good, central vision

- DynaVision
  - Reaction time

- Useful Field of View
  - Divided attention
BrainHQ.com – to replace UFoV
Driving Cessation: Alternative Mode of Transportation

- Public transportation/fixed route service
  - Reduced rate fares for the disabled
  - *Travel training is available* – free hands-on instruction

- Paratransit service
  - Not available everywhere and must schedule 24-hrs in advance

- Volunteer driving programs
  - Faith-based and non-profit organizations (United Way)
Identifying Resources in Your Area

• National Association of Area Agency on Aging (AAA)
  www.n4a.org
• Department of Aging and Disability Resources Center (ADRC)
  855.937.2372
  www.capcog.org/divisions/area-agency-on-aging/ADRC
• Eldercare Locator
  800.677.1116       www.eldercare.gov
• National Center on Senior Transportation (NCST)
  866.528.6278       www.seniortransportation.net
Central Vision Loss in AMD

• About 20% of patients with dry AMD have a ring scotoma/doughnut with a small island of good vision
  o Eye chart may say 20/40, but patient is incapable of reading continuous text
  o Visual function is extremely poor

• This situation can cause confusion and frustration to both patient and family members

• Optometrist working in Vision Rehabilitation should recognize and treat appropriately
SLO and MP1 technology

- Drs. D. Fletcher, A. Colenbrander
  Beyond BCVA. *Retinal Physician*,
  Issue: November 2011
  - and others like RA Schuchard, G. Watson

- The size of the central island will determine reading ability
- The size of the outer ring will determine general function
An issue that isn’t spoken about enough...
Visual Hallucinations
Charles Bonnet Syndrome:
Complex visual hallucinations

Charles Bonnet was an 18th century Swiss philosopher

- **Sensory deprivation theory:** Brain fills in for the lack of visual input from the eye
- CBS affects 12% to 15% of visually impaired patients, yet the condition often goes undiagnosed. WHY???

Review of Optometry: Oct 15, 2005
Why does CBS go undiagnosed??

• Cause of the visual hallucination → Vision loss
• Population mostly affected by vision loss → older adults
  o AMD, PDR, glaucoma

• Patients are reluctant to tell anyone about these hallucinations for fear of being labeled crazy or insane.
• Many doctors lack awareness
Important aspects of the visual images for proper diagnosis

- Patients recognizes they are not real
- Images are vivid and described in great detail
  - Remember: Patient has poor vision
- Images are solely visual (no other sense: smells, hearing, feeling things)
- Images do not interact with patient
- Images are pleasant
How many have hear your patients describe what are visual hallucination???
Charles Bonnet Syndrome...

• How long will the images last?
  • Seconds/minutes/hours

• Triggers for these images:
  • Social/physical isolation
  • State of drowsiness/relaxation
  • High or low levels of illumination
  • Stress

• Has been reported in children sustaining rapid vision loss
How to make the images go away...?

• Increasing sensory stimulation can lead to decrease in frequency of the images
• Maximizing remaining visual function (thru the use of TS, MS, magnifiers)
• Complete vision loss will stop the hallucinations
Understanding by Patient & Family Members

• Ocular condition & Prognosis

• Functional limitations – family must understand
  • Going to dark restaurants – impossible to enjoy for patient
  • Rearranging furniture, pantry, refrigerator, medicine cabinets – not helpful without the patient’s input

• Orientation & Mobility
  • Sighted Guide skills for both patient and family members
  • Cane travel – difficult to accept
SUMMARY

• Do not overlook the impact of depression in patients with vision loss

• The amount of vision loss does not correlate with the amount of depression – it is based on the impact in the patient’s daily activities

• Your homework: find Specific, local referral sources
  ✓ Psychologist/behavioral science dept.
  ✓ Counselling as it relates to disabilities
  ✓ Support groups
    o Specific to vision loss
    o Specific to ocular diagnosis
References

• [www.lowvision.preventblindness.org/daily-living-2](http://www.lowvision.preventblindness.org/daily-living-2)
• [www.southwestlowvision.com](http://www.southwestlowvision.com)
• [www.amd.org/depression](http://www.amd.org/depression)
• [www.ajmac.com/newsroom/studies-find-fear-of-vision-loss](http://www.ajmac.com/newsroom/studies-find-fear-of-vision-loss)

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