A Holistic Approach to Low Vision
C-107713

Preeti Singla
MSc MCOptom DipTp (IP) Prof Cert Glauc
Optometry and Low Vision Engagement Manager, RNIB
Preeti.Singla@rnib.org.uk

RNIB
See differently

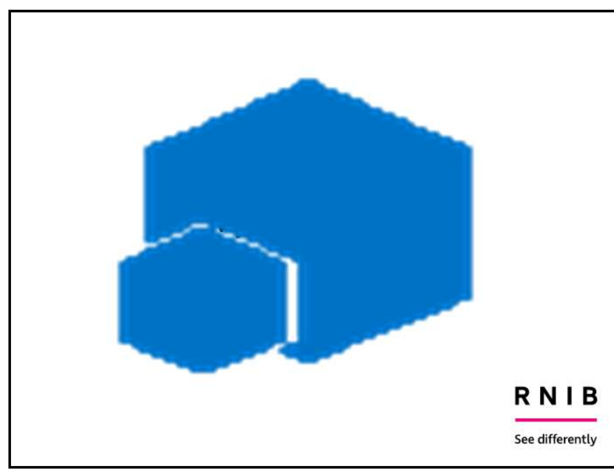
Overview – learning objectives

- Be able to carry out a detailed and relevant needs assessment including the importance of active listening
- Be able to identify what other support a patient might need beyond optometric and medical management
- Know what support is available and how your patients can access it
- Understand the social, emotional and functional impact of diagnosis and sight loss

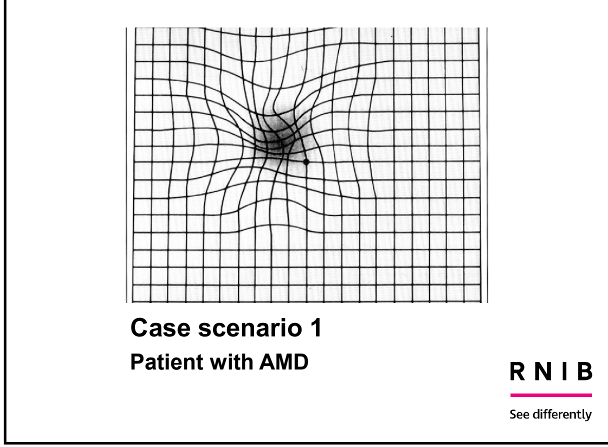
RNIB
See differently

What is RNIB?

- RNIB is the leading UK charity for blind and partially sighted people.
- We focus on three key activities:
  - Supporting blind and partially sighted people to remain independent today
  - Preventing avoidable sight loss; and
  - Creating a fairer, more inclusive world for people with sight problems tomorrow



RNIB
See differently



Case scenario 1
Patient with AMD

RNIB
See differently

Details

Male
Age 83
Diagnosis: Wet AMD
Treatment: R eye previous anti-VEGF now stopped
L eye anti-VEGF monthly for 10 mths
Prescription (done during appointment):
R +1.00 / -0.50 x 90 VA 1.6 Add +4.00 N48
L +1.00 / -0.50 x 85 VA 1.0 Add +4.00 N24
Social: widower, lives alone. Son lives nearby
Current LVAs: simple x3 bought over the counter
Falls: nil

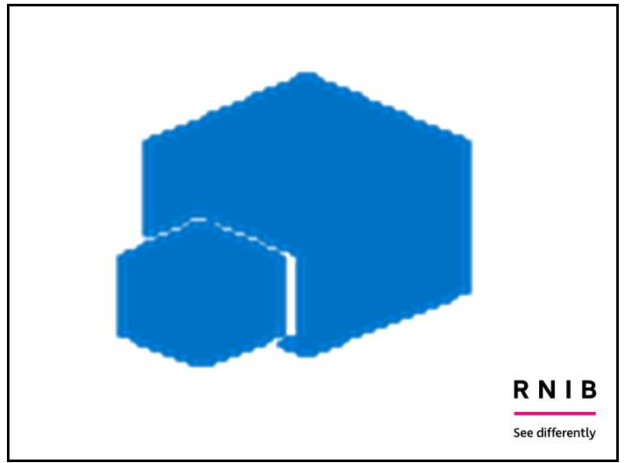
RNIB
See differently

More details

Health: Diabetes Type 2 borderline control

Patient targets:
- Reading the racing pages of the newspaper (N4)
- Cooking instructions (N8)
- Monitoring his sugars (N4)
- Managing his medications
- Shopping independently

Patient reports:
- Feeling low and lonely



RNIB
See differently

Things to think about?

- Is there any other information you may want to know
- What other tests might you want to do?
- What would be your management ideas?

Outcome

Optical aids

For spot and fluent reading

6x ill Hand mag

Fluent reading optical aid may be tricky – needs alternative

Other support

Emotional support, peer support

Taking a detailed History and Symptoms

Goal of vision rehabilitation is to:
- Maximise an individual's visual function
- Increase independence
- Increase quality of life

A comprehensive H&S is often the key factor to ensuring success

The following are important topics when taking a history

- ocular history
- general health
- family history
- Charles Bonnet Syndrome
- emotional impact
- falls
- glare
- registration status
- hobbies
- employment
- social situation
- previous low vision assessment history

Charles Bonnet Syndrome

- It causes people who have lost a lot of vision to see things that aren't there – medically known as having a hallucination
- Brain does not receive as much information as it used to so it 'fills in the gaps'
- Can be in the form of patterns, colours, shapes, faces or seeing things much clearer than you have previously
- Up to 30% of patients attending a low vision service will have experienced CBS
- Doesn't only occur in central vision loss or AMD
- Often occurs when there's been a sudden change of vision
- Has no other sensory elements – cannot smell it, touch it etc
- Many do not know what it is and may be too frightened to tell anyone.
- Some patients who experience these hallucinations are still incorrectly being referred to psychiatrists rather than being correctly diagnosed with CBS.

RNIB
See differently

It is important to address this directly during questioning by asking something along the lines of:

'It is well known that some people with sight loss can sometimes see things they know are not there. Have you experienced anything like this?'

Additionally, if they say that they do see these images it is important to ask:

'Can you also hear, touch or smell these images?'

RNIB
See differently

Currently there is no effective treatment for CBS, but patients can be supported with empathy, reassurance, education and by signposting to useful online resources.

Even if they do not get hallucinations, it is still important to give information about CBS so that they are prepared should it happen to them.

Esme's Umbrella (charlesbonnetsyndrome.uk)

RNIB | Charles Bonnet syndrome

NHS Charles Bonnet syndrome

RNIB
See differently

Emotional Impact

- Link between depression and low vision is well known
- Early referrals for emotional support are likely to improve effectiveness of vision rehabilitation outcomes
- NICE guidelines recommend non-mental health professionals use the Whooley questions when screening for depression
- These can be asked outright or incorporated into conversation
- If the answer to either of these is yes patients can be referred for support via GP
- for some people peer support groups and emotional support services provided by sight loss, eye condition specific and mental health charities can be an excellent source of support

RNIB
See differently

The Whooley questions

- 'During the last month, have you been bothered by feeling down, depressed, or hopeless?'
- 'During the last month, have you been bothered by having little interest or pleasure in doing things?'

RNIB
See differently

Falls

- Older people with sight loss are at a higher risk of falls than sighted people.
- Almost half of all falls amongst people with sight loss have been found to be directly attributable to their sight loss, although recurrent falls are seldom due to a single cause.
- The risk of falls can be reduced through adapting the environment, improved lighting, updating spectacles and in some cases changing from multifocal and bifocal lenses to single vision lenses.
- A key question to ask is whether they have suffered any falls or near misses in the last 12 months so that an onward referral can be arranged if necessary.

RNIB
See differently

Case scenario 2

Patient with Glaucoma

Female Patient
66 years old

Diagnosis:

Advanced POAG. Taking g.Lumigan nocte BE, g.Azarga BD BE and g. Alphagan BD BE

Under HES up-to-date on glaucoma checks. IOP was 10mmHg last visit

POH:

Very poor vision in LE

Bilateral previous cataract surgery

Registered SI

More details

Recent history of note:

Fall at the end of 2022, went to A&E. Thinks it was due to dizziness. No falls since then. Not sure if under falls clinic. Getting ears checked next week

Social Situation:

Lives alone. Attended appt alone – came on hospital transport

Has normal walking stick and a 'blind stick'. Using the walking stick more than the 'blind stick'.

Son and daughter-in-law nearby but very busy

Finding it harder to go out and about

Neighbours help with shopping. Tends to have microwave meals

RNIB
See differently

More details

Health:

Generally ok. Takes blood pressure tablets

Patient reports:

Would like to read mail that comes through the door and read the TV guide

Has bifocals – quite old. Wears all the time

More details

Prescription:

R +1.50/-4.00 x 90 VA 1.20 add +4.00 N36

L Bal VA HM

Current LVAs:

Uses 5x ill HM – doesn't like it as has to hold it very close

Can see N12

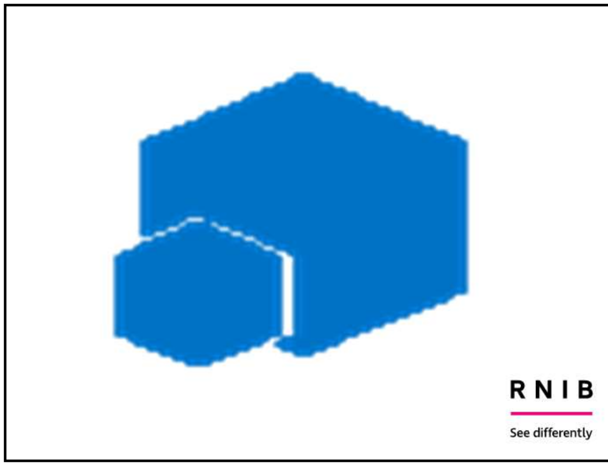
Refraction checked today

No change noted

Contrast sensitivity: could not see chart well enough to do test

Visual Fields

RNIB
See differently



RNIB
See differently

Things to think about

- What else might you want to know?
- What other tests might be useful?
- What else could be causing the falls?
- What might the management be?

- **Click on the next slide for the outcomes of the assessment…**

Outcomes

Magnifier:
Explained use of magnifier and that a stronger one will have a smaller field of view. Happy to continue with this power. Issued a stand magnifier in same power to try at home in case prefers that design. Can continue to use HM for labels etc
Shown digital magnifier – likes it but finds it fiddly

Non-optical:
Discussed test to speech devices and where to purchase from

Multidisciplinary:
Referred to ECLO to discuss further and possible re-referral to sensory team for O&M training and change in registration to SSI

Discussed case with glaucoma consultant. She will write to GP to see if whether topical Beta Blocker may be causing problem

What does a VRS do?

Assessment: specialist assessment of a person's functional vision and the relationship of this to all aspects of daily life and its impact on any other disability the person may have

Orientation and mobility: working with people to increase their confidence to move around safely both indoors and outdoors; providing training in the use of mobility aids, such as white canes; route training in specific areas and learning orientation skills to know where you are in your environment and to be able to interpret what the environment can tell you

Independent living/daily living skills: developing a person's activities of daily living e.g. preparing and cooking meals and drinks; managing household tasks, personal finances and money transactions; personal care, identifying and taking medication appropriately

Communication skills: developing communication and information skills for a visually impaired person may involve using a number of formats such as print, audio or tactile systems like Moon or Braille. It may also encompass a number of platforms or settings including computer, tablet or smart phone with or without specialist access-software.

RNIB

See differently

Case scenario 3
Active Wet AMD

Female Patient
85 years old

Diagnosis:
Wet AMD. Under HES for 4 weekly injections

Social Situation:
Not registered

Main concerns:
Help with reading

Glare from sunlight when outdoors

Using your iPhone to set up diary

Would like to find out about audio books

Health:
Says she is fit and well

More details

Prescription:
Spectacles:

R: +0.75 1.06 LogMar

L: +1.25 0.74 LogMar

Add +2.50 N18

Contrast Sensitivity: 11%

Current LVAs:
None

RNIB
See differently

Things to think about

- What else might you want to know?
- What other tests might be useful?
- What might the management be?

- **Click on the next slide for the outcomes of the assessment…**

RNIB
See differently

Outcomes

Optical

- 20D Schweizer illuminated hand-held magnifier issued to help with reading

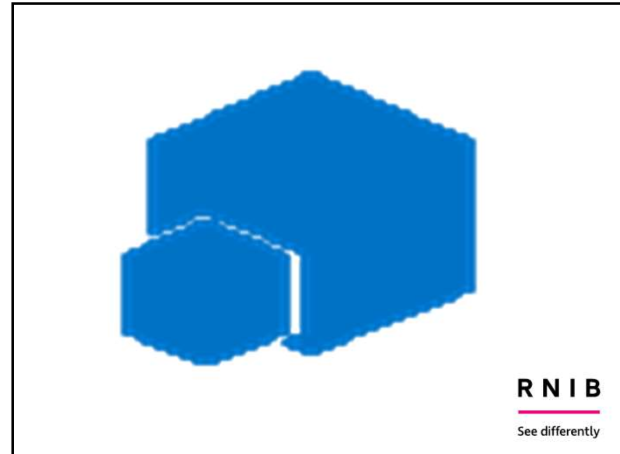
Non-optical

- Light grey glare shields to wear in sunlight bright outdoors

Multidisciplinary

- Referred to RNIB tech for life team for help with setting up iPhone diary
- Discussed and demonstrated CCTV. Referred to the tech for life team at RNIB. They can also advise about how to adapt your current tech devices and give an idea of what other assistive technology might help.

RNIB
See differently



RNIB
See differently

Audiobooks

Calibre Audio
Borrow Box
Audible
RNIB Talking books

How to listen
Daisy players
Stream
Alexa

RNIB
See differently

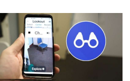
Low vision solutions

Electronic magnifiers
Handheld, portable and desktop devices enable users to zoom into and magnify images and text using video technology, as well as change colour and contrast on a digital display.

RNIB
See differently

Smartphone apps

In addition to built-in accessibility features, which open-up the normal functions of a smartphone, third party apps can be downloaded to help with navigation, reading printed material, and identifying objects and people.



RNIB
See differently

Other assistive hardware

ORCAM

PENfriend™

RNIB
See differently

Useful resources and weblinks

RNIB talking books
RNIB Sight Loss Counselling Team
Macular Society
TPT Lighting Guide
Glaucoma UK
RNIB everyday living friends family and carers
RNIB Coping with light sensitivity
RNIB Technical support
Henshaws Technology

RNIB
See differently

Useful resources and weblinks

RNIB helpline RNIB helpline for blind and partially sighted people
Talking books Talking Books | RNIB and
Borrow box BorrowBox – Your library in one app

Esme's Umbrella (charlesbonnetsyndrome.uk)
RNIB | Charles Bonnet syndrome
NHS Charles Bonnet syndrome

RNIB
See differently

Eye care support pathway

RNIB
See differently

How you can help your patients

- Identify the stages at which your patients might need additional support.
- Refer to the support in your area.
- Refer to RNIB for the relevant support if you are unable to offer it – we can link your patients with any support they might need. Call our advice line on **0303 123 9999**
- Don't assume someone else has checked that the patient has the support they need.
- Training: email **eyecare.professionals@rnib.org.uk**
  - RNIB free e-learning in sight loss awareness
  - RNIB e-learning holistic approach to low vision

RNIB
See differently

RNIB can provide support and advice to a wide range of patients in the optometry practice.

Does your patient:

- Need information on eye conditions or managing treatment?
- Need information or practical support to help improve independence?
- Is your patient worried about their secondary care referral or about sight loss?

Patients can be directly referred into RNIB's support and will be contacted directly by RNIB.

RNIB welcomes referrals from anyone in the optometry team

How to refer to RNIB

Email referrals directly to rnib.eclolincolnshire@nhs.net

This referral facility will also be available on the local EeRS in the next few months. (Either method can be used).

Signposting information will also be available on the EeRS

How to refer to RNIB

When referring please provide:
Name and practice of referrer
(Must gain patient consent for the referral)
Name of patient
Patient's DOB
Patient phone number
Eye condition (diagnosed or under investigation)
Reason for referral to RNIB

(mandatory information in red)

RNIB
See differently

Useful information for patients awaiting secondary care

Anyone who has been referred for secondary care might find it helpful to receive the leaflet linked here: Waiting to see an eye specialist (rnib.org.uk)

Available as download on RNIB website or free copies can be ordered from the RNIB shop Waiting To See A Specialist (Booklet) Print | RNIB

Waiting to See an Eye Specialist

Contents

3 Introduction
4 Your referral to a specialist
6 If your optometrist notices a problem, what next?
8 Questions to ask the optometrist
9 What to do if your sight changes suddenly
10 Get support while you're waiting
12 Preparing for your hospital appointment
16 Who you might meet and what they do
18 After your appointment
22 For your notes

Annabelle Magee BSc(Hons)
MCOptom
Prof Cert Paed Eye Care

Director / Optometrist Clear View Opticians
Lincolnshire LOC Chair
COTATS Low Vision Service Provider

Questions
?
RNIB
See differently