

Strategies for Managing Low Vision

With the proper assistance, vision-impaired glaucoma patients can maintain their mobility and independence.

BY GWEN STERNS, MD

Preventing vision loss is only part of our responsibility as glaucoma specialists. Sometimes, despite our best efforts, the disease robs patients of their ability to drive a car, read a book, or perform other important tasks they once took for granted. These individuals need referrals for low vision rehabilitation.

IDENTIFYING IMPAIRED FUNCTION

Unlike myopia and hyperopia, low vision cannot be restored to a normal range with standard spectacle correction. Whereas myopic patients still enjoy a certain range of sight without eyeglasses, those with low vision need help to complete the basic tasks of daily living.

Glaucoma tends to affect peripheral vision first, but it also may cause central vision loss or general blurring. The progressive loss of peripheral vision narrows patients' visual fields to tiny central islands. They may have difficulty navigating through crowds or crossing a room without walking into the furniture. Reading also can be problematic. A peripheral defect in their right eye may cause patients to miss words at the end of a line, whereas a left-sided defect may make it difficult to move from the end of one line to the beginning of the next.

Unfortunately, patients with glaucoma rarely complain about these subjective symptoms unless we specifically ask about them. A simple confrontation test may be informative, but a more objective test will help you assess the extent of patients' visual field loss.

To determine if patients have any functional problems related to visual field loss, you need to ask:

- Do you have trouble reading?
- Do you have difficulty walking around the mall or other public places?
- Do you have problems driving or moving around your house at night?
- Can you see cars coming from the left and the right when you cross the street?

As an expert, you know how glaucoma progresses and its effect on functional vision. Use your knowledge to formulate and ask questions that will identify patients who can benefit from low vision intervention (See *Don't Overlook Simple Solutions*).

A FRIENDLY ENVIRONMENT

Patients may have difficulty getting to and from your office. Help them by scheduling appointments that will get them home before dark and providing information about public or elder transportation.

Make sure your reception area is comfortable for low vision patients. Install low-glare lights. Provide an overall welcoming atmosphere by displaying available low vision resources such as large-print periodicals or other

DON'T OVERLOOK SIMPLE SOLUTIONS

I once saw a glaucoma patient who had not been able to read for several years. Her visual acuity was sharp but scotomata made it difficult for her to follow print from the end of one line to the beginning of another. She was so concerned about whether her IOPs were still low and if her filter were functioning correctly that she never mentioned her reading difficulties to her doctor. He never inquired.

Eventually, she was referred to a low vision clinic, where she learned to use a typoscope (a rectangular slotted card that isolates a single line of text). This device not only reduced glare, but it also helped the patient to move from one line of print to another. She also found other aids and devices that could help her cope with her visual difficulties.

This patient may have found the simple solution to her reading problem much sooner if her doctor had asked some probing questions and referred her for low vision rehabilitation.

nonoptical visual aids including large-print playing cards and talking clocks.

Your staff should be sensitive to the special needs of low vision patients. Placing a note on patients' charts or in the computerized scheduling system can help your staff identify visually impaired patients. Instead of calling these patients' names and waiting for them to follow, a staff

member can assist them to the examination room. At the end of the visit, a staff member should guide patients back to the reception area. Patients will be safer and more comfortable because they know they will not embarrass themselves by tripping over a chair or some other obstacle.

Patients with low vision often have trouble filling out medical history forms and may be reluctant to request assistance. A staff member should guide these patients to another room and help complete the forms. You will collect all the information you need to provide proper care, and patients will not have to reveal private information to others in the reception area.

LOW VISION RESOURCES

Organizations

American Academy of Ophthalmology

PO Box 7424
San Francisco, CA 94120-7424
(415) 561-8500
<http://www.aao.org>

Council of Citizens With Low Vision International

1859 N. Washington Avenue, Suite 2000
Clearwater, FL 33755-1862
(800) 733-2258; (727) 443-0350
<http://www.cclvi.org>

Lighthouse International

111 E. 59th Street
New York, NY 10022-1202
(800) 829-0500
(212) 821-9713 (TTY)
<http://www.lighthouse.org>

National Eye Health Education Program

2020 Vision Place
Bethesda, MD 20892-3655
(301) 496-5248
<http://www.nei.nih.gov/nehep/lowvis.asp>

Products

Enhanced Vision

15882 Machine Drive
Huntington Beach, CA 92649
(714) 374-1829
<http://www.enhancedvision.com>

Independent Living Aids, Inc.

200 Robbins Lane
Jericho, NY 11753
(800) 537-2118
<http://www.independentliving.com>

Maxi-Aids, Inc.

42 Executive Boulevard,
Farmingdale, NY 11735
(800) 522-6294
<http://www.maxiaids.com>

RESOURCES

Many patients do not want anyone to know they have trouble seeing because they are afraid to appear vulnerable. You can help them overcome this obstacle by making them aware of various strategies and visual aids that can improve their mobility. For example, you might give patients the chance to try different handheld magnifiers or other low vision aids when signing forms.

Realize that it may be difficult for patients with low vision to take their medications. Color-coded bottle tops may help, as can new medicine bottles that have recording devices built into their lids. Patients can identify their medication by pressing a button on the cap to hear the name of the drug and the dosing information (Wizzard Software, Pittsburgh, PA; Independent Living Aids, Inc., Jericho, NY; Maxi-Aids, Inc., Farmingdale, NY).

Some low vision patients require more assistance than you can offer in your office. In these instances, gather as much information as you can about their condition and make a referral. Low vision specialists and clinics are few and far between, but those that exist receive fewer referrals than they should. If more doctors were aware of how important it is to treat visual deficits and refer patients for low vision rehabilitation, the demand for these services would increase.

CONCLUSION

The goal of low vision rehabilitation is to give patients the resources and techniques that will help them maintain their quality of life. Low vision patients need to know that assistance is available. Otherwise, they live in fear of blindness. You can help them adapt to their vision loss and thrive by recognizing their needs and providing appropriate care. □

Gwen Sterns, MD, is Chief of the Department of Ophthalmology, Rochester General Hospital, and Clinical Professor at the University of Rochester, New York. She acknowledged no financial interest in the products or companies mentioned herein. Dr. Sterns may be reached at (585) 992-4794; gwen.sterns@viahealth.org.

