

Address Prevalent Vision Issues to Maintain Quality of Life

By Doug Streifel, O.D., Chief Medical Officer
of Optometry, Aria Care Partners



Today, 37 million Americans 50 years and older have vision loss. Starting at about age 60, prevalence climbs dramatically. And the implications for quality of life can be severe.¹

When seniors enter a skilled nursing facility, it's typical for them to have at least one of four serious eye conditions: cataracts, glaucoma, diabetic retinopathy, and/or age-related macular degeneration. Cataracts are most common. But all are leading causes of vision loss in older adults.

These conditions can interfere with residents' daily living. Loss of depth perception can throw a person off balance, increasing risk of falls, as well as strain ability to pick up eating utensils, grasp handrails, or be physically active. Recognizing faces and distinguishing between similar colors, such as seeing different foods on a dinner plate, can become challenging. Decreased peripheral vision may mean the individual startles easily. Disease-related vision blur creates difficulties finding assistive devices.

A closer look

Understanding common eye diseases can help skilled nursing facilities enhance care and positively impact resident activities and quality of life. Key indicators and recommendations include:

- **Cataract:** This clouding of the eye's lens is the chief culprit in vision loss in the U.S.
 - Signs of cataract include blurred vision, muted colors, light sensitivity, and seeing a halo around lights. Decreases in balance, stability, hazard awareness, and night vision are other red flags.
 - Decluttering the resident's room, especially within walking paths, good quality room lighting, encouraging eye protection when outside, and promoting the use of assistive devices can help.
- **Glaucoma:** This group of diseases damages the eye's optic nerve. Often, there are no early symptoms, and about half of those with glaucoma don't know they have it. If caught early through routine eyecare, vision loss can be slowed or prevented.
 - Signs of glaucoma include loss of peripheral vision, blurred vision, seeing a halo around lights, reduced range of vision, eye pain, red eye, and severe headaches. Decreased peripheral vision, unequal step placement, and an increased propensity to bump into things are behavior indicators.
 - Avoiding quick movements in the person's periphery of vision so as not to startle and create imbalance, alerting the resident to door jambs and hanging objects, and adjusting curtains and

shades to reduce light intensity are useful care practices.

- **Diabetic retinopathy:** This complication of diabetes causes damage to the retina of the eye.
 - Signs of diabetic retinopathy include blurred vision, seeing spots or floaters, and the presence of dark spots in the center of the resident's vision. Difficulty seeing well at night or in low light and reduced vision are also typical symptoms.
 - Clearing paths between the bed and bath and between the bed and chair, ensuring easy access to bedside light, and placing nightlights in the resident's room and bath can help mitigate fall risk.
- **Age-related macular degeneration (AMD):** This disorder of the macula can cause severe loss of central vision. The macula is an oval-shaped pigmented area in the center of the retina.
 - Signs of AMD include gradual loss of vision sharpness, loss of clear-color vision, and difficulty recognizing familiar faces. Impaired balance, slow visual reaction time, distortion of object shapes, and straight lines appearing wavy are characteristics of AMD.
 - Placing frequently used items at the resident's side to prevent overreaching, encouraging the use of assistive devices, and alerting the resident to changes in floor color or texture when walking are effective precautions.

The value of onsite vision care

The eyesight of older adults can degenerate quickly. But skilled nursing facilities can partner with an experienced ancillary onsite vision care provider to carry out routine vision assessments and active monitoring. Doing so bolsters the odds of identifying problems early, making way for more favorable outcomes.

Trained teams of vision specialists are equipped to conduct exams onsite. They can assess visual acuity, eye pressure, side vision, eye movement, and the health of the cornea, iris, lens, eyelids, retina, and optic nerve. A complete service also offers onsite selection, fitting, delivery, and adjustments of eyeglasses.

Importantly, such providers can support facility staff in understanding common eye diseases and ways to improve resident safety and mobility in the face of visual impairment.

Sustaining quality of life

When elders begin to lose their ability to see, it impacts every aspect of their lives. It interferes with mobility, elevates the likelihood of falls, hampers social functioning, increases the chances of depression and anxiety, amplifies the effects of other chronic conditions, contributes to poor health, presents an increased risk of death, and degrades overall well-being.²

Given such cascading consequences, it befits skilled nursing facilities to collaborate with onsite vision services providers. Together, they can deliver the level of resident-centered, comprehensive, compassionate care that supports quality of life, improves health, and helps facility staff be more efficient.

References

¹A. Pelletier, L. Rojas-Roldan, J. Coffin, "Vision Loss in Older Adults," *American Family Physician*, August 1, 2016.

²A. Welp, R.B. Woodbury, M.A. McCoy, et al., "The Impact of Vision Loss," *Making Eye Health a Population Health Imperative: Vision for Tomorrow*, September 15, 2016.