Geriatric Vision Care – a New Look at the Old

World-wide, Optometry is expanding its scope of practice in many jurisdictions. The campaign to use therapeutic pharmaceutical agents (TPAs) is on-going in most countries and optometrists are increasingly becoming involved in co-managing glaucoma and the ocular complications of diabetes, interfacing with systemic and ophthalmic specialists. Optometrists continue to define their role as members of the healthcare team by serving as post-operative care specialists following refractive and cataract surgeries. In addition, Optometry continues to be a leader in pediatric eye care and pediatric eye research, including working with children with learning disabilities and children with special needs (multiple-challenges). While low vision, contact lenses and orthoptics (vision training/binocular vision) remain staples of the traditional domain, they should not be ignored at the expense of new growth. Even as we struggle, some ask, “is the time ripe for Optometry to begin to recognize its own sub-specialities?” Although all optometrists graduate as primary eye care providers, as the profession expands special interest practitioners have laid claim to areas of expertise such as sports vision specialist, rehabilitation vision specialist, neuro-optometric specialty and so on. Just as medicine, and then ophthalmology before us, recognized sub-disciplines, should Optometry mature along a similar path?

Geriatric optometry is, perhaps, the newest subspecialty of Optometry. We do not need to remind readers of the aging of the population in most developed and developing countries and the increased eye care needs that will ensue. While a large proportion of the older population maintains an active and healthy life for many years, there is a percentage that requires more health care, including eye care. Eye care is still under-provided in nursing homes, and the rate of visual impairment is 3 to 30x higher compared to community-dwelling adults.1,2 Fifty-seven percent of this population have visual impairment (VA <6/12) and near acuity is often poorer than distance acuity (indicating that spectacle correction could be improved). As many as 94% of patients with dementia in nursing home settings require glasses for near acuity and colour vision, difficulty with reading and object activity and smooth pursuits and fixation, reduced contrast sensitivity or diagnosis of Alzheimer’s disease, s/he should be vigilant for the visual deficits which may occur (e.g. difficulty with smooth pursuits and fixation, reduced contrast sensitivity and colour vision, difficulty with reading and object recognition) and suggest accommodations as necessary.

It is clear that there is need for more research on the elderly and vision (e.g. there are few studies that specifically consider the impact of disease management or surgery in the elderly) and there is much work to be done to improve the clinical eye care of elderly persons. While Optometry has an obvious and major role to play in the measurement and optimization of functional vision and in the treatment of many vision disorders in the elderly population, Optometry is also responsible for building the evidence base for the treatments we offer the elderly.

References


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