

Seeing well - Being well

Poor vision is bad for you...

This may sound silly but we are not talking about blindness here, we are talking about even slightly reduced vision; anything worse than 6/12 which is the standard for a driving licence in New Zealand.

There is very good evidence from around the world that even a mild reduction in vision to less than 6/12 has a significant impact on social isolation and healthy aging. It also significantly impacts morbidity and mortality when you adjust for the many other factors you can measure.

Reduced vision really is a bad thing to have when measured against other health indicators. Blindness and cancer are the two things people fear the most, so there is already recognition in the community that blindness should be prevented. Vision loss is also a significant cost to society and the economy.

An optometrist report can help you obtain the information you need when assessing patients with vision-related symptoms.

Low vision is related to five major eye conditions.

Uncorrected refractive error: In New Zealand, half of all vision impairment is due to refractive error. Either people do not have glasses but need them, or they are wearing the wrong prescription. This is more common in the elderly but still very common in the middle aged.

Key Action Point:
Regular eye exams and glasses easily address uncorrected and under-corrected refractive error.

Cataract: this remains a major problem as 100% of 90 year olds have clinically significant cataract (or have had cataract surgery)! As the population ages we will have to do more surgery more efficiently, probably with no additional resources. There are 2 proven modifiable risk factors for cataract – smoking and UV exposure.

Key Action Point:
Encourage smoking cessation and encourage use of sun-protection for eye health.

Diabetic retinopathy: people with diabetes have 25 times more vision loss than healthy people. This is almost entirely preventable with good diabetic control & timely application of laser treatment. Good blood sugar control and screening for diabetic retinopathy are really important.

Key Action Point:
Ensure your diabetic patients are enrolled in an eye screening program or see their optometrist for photos every two years.

Glaucoma: 1 in 10 people will develop glaucoma if they live long enough. This is a very common disease. The problem is that half of the people with glaucoma do not know they have it and therefore can't be treated. The strongest indicator for glaucoma is a positive family history, so we need to promote this knowledge so that glaucoma patients can alert their family members.

Key Action Point:
know the risk factors for glaucoma.





Glaucoma Risk Factors Include:

- Having a parent or sibling with glaucoma.
- Being over 60 years old.
- Having certain medical conditions: high blood pressure, diabetes, thyroid disease.
- Taking steroids over a prolonged period.
- Having a history of eye injuries.
- Being myopic (*for POAG*) and being hyperopic (*for angle closure glaucoma*).

Macular degeneration: Close to 70% of people over 90 have the early stages of ARMD and 1 in 4 have vision loss because of it. There is one major lifestyle risk factor – smoking. Recent studies on nutrients and eye health have suggested that diets rich in fruits, vegetables and fish decrease the risk of eye disease, in particular macular degeneration and, to some extent, cataracts ^{1, 2}.

Key Action Points: Encourage smoking cessation and encourage healthy eating.

Sources:

- 1 *AREDS; Cho et al. Archives of Ophthalmology, 2004; 122: 883-892.*
- 2 *Diet and Cataract. The Blue Mountains Study: Cummings. Ophthalmology 2000;107: 450-456*

Poor vision is far more common in our community than most people realize:

Data has shown that blindness and vision loss treble for each decade over the age of 40 years. By age 90 half of the population has some form of visual impairment and 1 in every 8 are blind. With the increased life expectancy and changing population profile there will be a significant increase in the amount of blindness and eye disease by 2020.

If you have any concerns about vision-related symptoms order an optometrist report

APOLOGY:

Some General Practitioners will have been disappointed by the standard of their last copy of Primary EyeCare Quarterly. If you received the early uncorrected draft which was printed in error and circulated to some GPs then please accept our sincere apologies. We hope you enjoy this issue.

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