

The Way I See It

Considering Eyesight in Dementia Care
8/1/2021

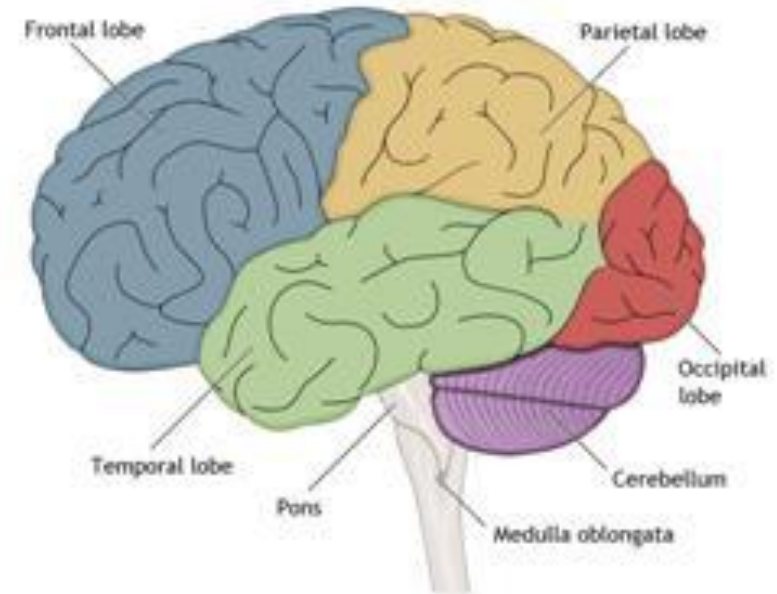
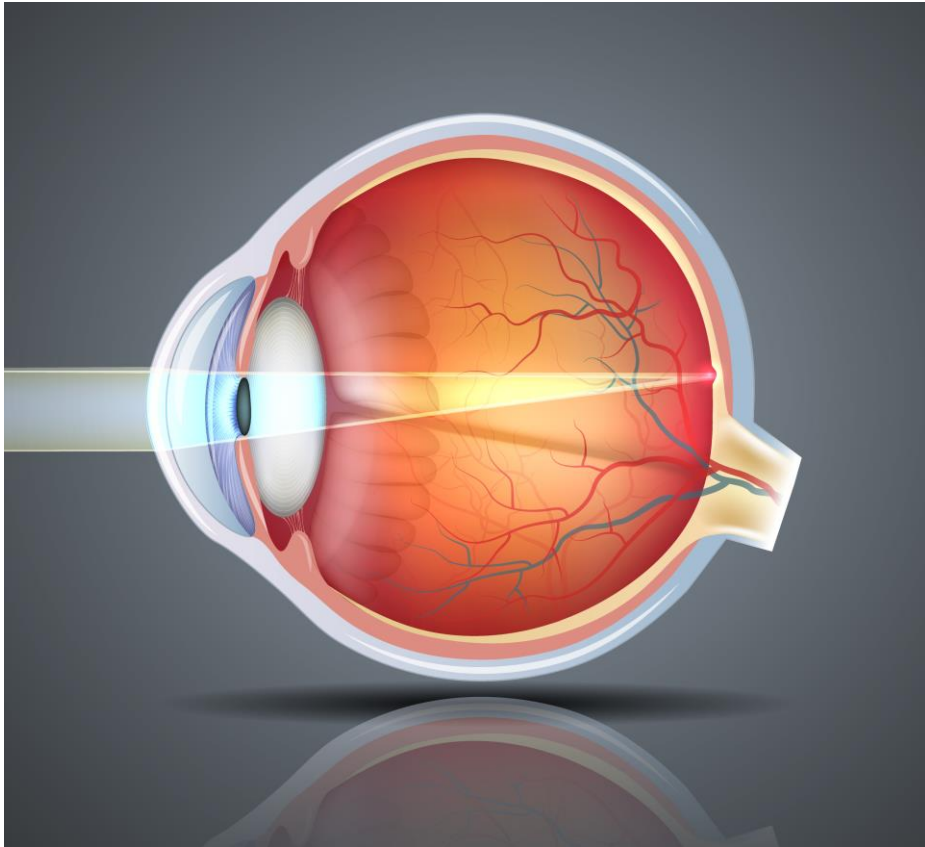
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TOPICS

- Normal changes in the aging eye
- Age related eye conditions
- Eyesight as it relates to dementia
- Creating a vision friendly environment

VISION

Seeing Processing Interpreting



Normal Changes in the Aging Eye

- Adjustment to light
- Focusing
- Declining sensitivity to color and contrast
- Dry eyes
- Floaters

Age Related Eye Conditions

- Cataracts
- Macular degeneration
- Glaucoma
- Diabetic retinopathy
- Other causes of vision impairment: stroke, head injury, brain tumor, side effects of medications, dementia

Cataract



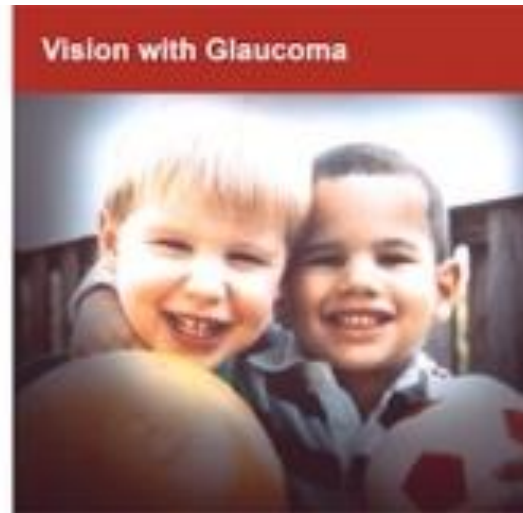
- Clouding of the lens
- Blurred, hazy vision
- Sensitivity to light and glare
- Frequent change of prescription
- Typically resolved by surgery

Macular Degeneration



- Central vision obstructed
- Visual distortions
- Declined sensitivity to color, contrast, detail
- Depth perceptions affected
- Two types: dry and wet
- Peripheral vision intact
- Treatments: injections (wet)

Glaucoma



- “Silent thief of sight”
- Degeneration of optic nerve cells
- Pressure higher than eye can tolerate
- Loss of peripheral vision in late stage
- Decrease sensitivity to contrast, details
- Treatment: drops, medications, surgery

Diabetic Retinopathy



NORMAL VISION
Vision remains intact



DIABETIC RETINOPATHY
Vision is obstructed by macular edema

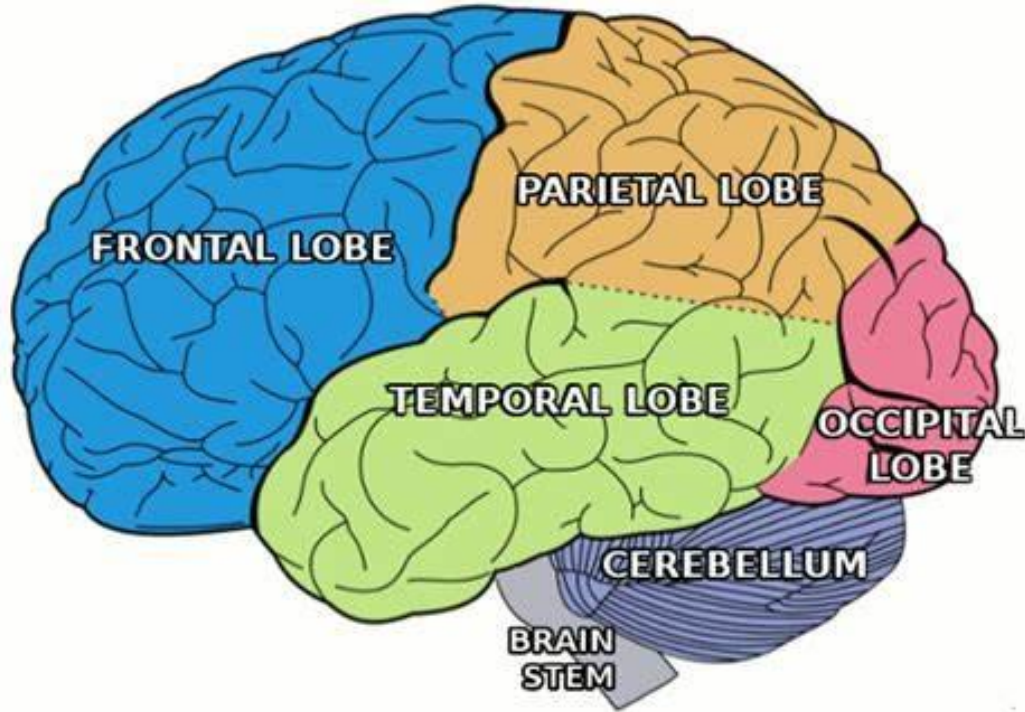
- Damage to retinal blood vessels
- Central or peripheral vision obstructed
- In advanced stage, specks of blood “float” in field of view
- Treatment: blood sugar control, laser treatment, surgery

Stroke



- Hemianopia; blind or reduced vision in vertical or horizontal field
- Optic nerve damage
- Depth perception compromised
- Treatment: vision therapy

More Than Meets the Eye



- Occipital: (visual cortex), initial processing, contour, contrast, depth, color, shape, size, motion detection, transmits visual info throughout brain
- Parietal: appraises overall scene, depth and spatial processing
- Temporal: “visual library,” initiates/stores visual stimuli for shape/face/object recognition
- Frontal: directs eye movements, focuses on area of attention

Impacts of dementia on visual processing

- **Alzheimer's Disease:** depth perception, peripheral vision, color and contrast discrimination, following moving objects, directing gaze, recognizing/identifying people and objects, processing 3D images, paying attention to multiple images, hallucinations
- **Posterior Cortical Atrophy:** Picking out an item from clutter, seeing more than one object at a time, judging depth/distance, use of peripheral vision, detecting motion, reading, sensitivity to bright light, blurriness, double vision, perceiving color/size/shape; recognizing familiar people/objects Symptoms may initiate a visit to eye doctor
- **Lewy Body dementia:** detailed hallucinations, depth perception, visual-spatial processing, identifying familiar images, sensitivity to glare
- **Parkinson's Disease dementia:** double vision, blurriness, dry eyes, slower tracking, depth perception, sensitivity to glare, difficulty interpreting visual information, hallucinations

Creating a Vision Friendly Environment with **TLC**

- **T**ake time to observe, explore, reach out
- **L**ighting
- **C**ontrast

Take time to observe

Observe possible signs of vision changes:

- Difficulty recognizing familiar people/objects
- Focuses by squinting, tilting head, moving closer
- Difficulty judging depth (curbs, steps)
- Needing lower or brighter lighting
- Bumping into objects
- Startled when approached from side or front
- Locating food on plate
- Difficulty reading

Take time to **explore** what helps

- Arrange regular eye exams
- Glasses: keep clean, update prescription, label, extra pair, contrasting color/case, bifocals increase risk of falls
- Check side effects of medications
- Simplify person/place/things; introduce small changes slowly
- Approach slowly from front (unless Macular degeneration where peripheral approach may work better)
- Announce when you leave or enter a room as well as the interaction about to take place



Take Time to Reach Out for Resources

- Adaptive aids: bigger, bolder, brighter, bumpier, audio books, clocks, labels, task lamps
- Protect eyes: Contrast sensitivity filtered glasses, hat/visor, Diet rich in brightly colored fruits and vegetables
- Offer activities that utilize other senses: Music, clay, tactile sorting, aromas, gardening, hand massages





Lighting

- Minimize bright lights and glare
- Remove or cover mirrors, glass tabletops
- Shades or sheer drapes to diffuse sunlight
- Matte finish on floors, walls
- Maintain even lighting between rooms
- Have lights available in dark areas (closet, hallway)
- Stand in front of solid object vs window



Contrast

- Clothing: contrast tops and bottoms; avoid patterns
- Tableware: contrast mats, dishes, food
- Toileting: colored water, contrasting towels and toilet mat, red seat
- Bathing: non-skid mat of different color inside tub, contrasting grab bars/soap
- Edges of steps: mark with yellow tape or paint
- Labels: large black font on white or yellow background
- Rooms: Similar flooring (changes in color/texture may appear like changes of depth, contrast switch plates, knobs)



Resources

Lighthouse for the Blind: Low Vision Clinic (contrast sensitivity glasses, adaptive aids)

- requires eye exam/referral

- 206-436-2228

- 2501 S. Plum, Seattle lhblind.org

College Optical: quiet store with magnification aids, contrast sensitivity glasses

- Call to make appt with Ron Swengel, Optician

- 425-774-3501

- 8325 212th St. SW, Edmonds

Resources

- Low vision aids: Maxi Aids www.maxiaids.com
- WA Talking Book and Braille Library: 800-542-0866
- Veterans Visual Impairment Services Team: 206-764-2758
- Detailed list of tips room by room that address vision loss/dementia. Google: Home Safety Tips and Recommendations Rare Dementias. This will route you to a link www.raredementiasupport.org
- A copy of this article is included with this PowerPoint in the archive of wellness talks