

Enhanced Care for Older People  
Learning Session Number 28

**Vision and Frailty**

*Stephanie Cairns*

**Clinical Lead Gateshead integrated low Vision Clinic, Low Vision  
Optometrist. Vision and Hearing Support (Gateshead and South  
Tyneside**

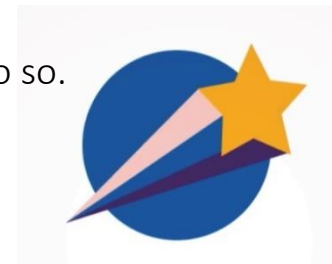
**EnCOP**

Enhanced Care for Older People

EnCOP Lead: Lynne Shaw , Wednesday 17<sup>th</sup> July 2024 1.30 – 3pm

## Housekeeping

- Please ensure microphones are muted and during presentation cameras are turned off.
- The event will be recorded and shared.
- The webinar recording and presentation will be circulated and uploaded on to the website following the event.
- If you have any questions during the session then please use the chat facility. We will attempt to address questions, if we can't then we will follow up after the event.
- Please also use the chat facility to inform us of any technical issues as this will be monitored closely throughout by one of the EnCOP team.
- Occasionally you may have difficulty seeing or hearing video clips that are played, this will usually be due to your own device or software settings and not something we can influence during the webinar session. Please be assured all content will be shared following the event so you will have an opportunity to view afterwards.
- If you need to take a break at any time throughout the session please feel free to do so.



# Session Aim & Linked Competencies

**Aim: To increase awareness and understanding of the prevalence , causes and impacts of low vision on older people**

**Linked EnCOP Domains:**



<b>Domain A: Values, Attitudes and Ethical Practice</b>
<b>Domain B: Evidence Based Care : Supporting learning, leadership and improving care for older people</b>
<b>Domain C1: Partnership working and communication with older people, families and others</b>
<b>Domain C2: Inter-professional and inter-organisational working, communication and collaboration</b>
<b>Domain D1: Understanding Frailty - Prevention, Identification and Recognition</b>
<b>Domain D2: Assessing, Planning, Implementing and Evaluating Care &amp; Support with Older People</b>
<b>Domain D3 : Ageing Well : Promoting &amp; Supporting Independence, Autonomy &amp; Community Connectivity for Older People</b>
<b>Domain D4: Ageing Well: Promoting and supporting holistic physical health and wellbeing with older people</b>
<b>Domain D5: Ageing Well: Promoting and supporting holistic psychological health and wellbeing with older people</b>

# Sight Loss

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**STEPHANIE CAIRNS**

BSC(HONS) OPTOMETRY,

DIPLOMA CLINICAL OPTOMETRY ,

COO HIGHER CERT LOW VISION,

COO PROF CERT GLAUCOMA,

COO PROF CERT MEDICAL RETINA



# Objectives

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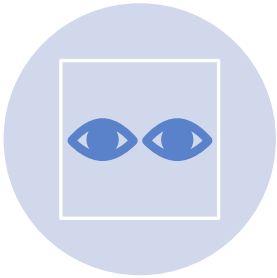
Vision Loss and its impact –  
increasing the risk of social isolation,  
frailty and falls

Prevention and Identification -  
Primary Care Optometry



# Who I am?

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Optometrist, qualified 2001.



Clinical lead for Gateshead Integrated Low Vision Service (worked for this for over 14 years).



Chair of Northumberland, Tyne and Wear Local Optical Committee

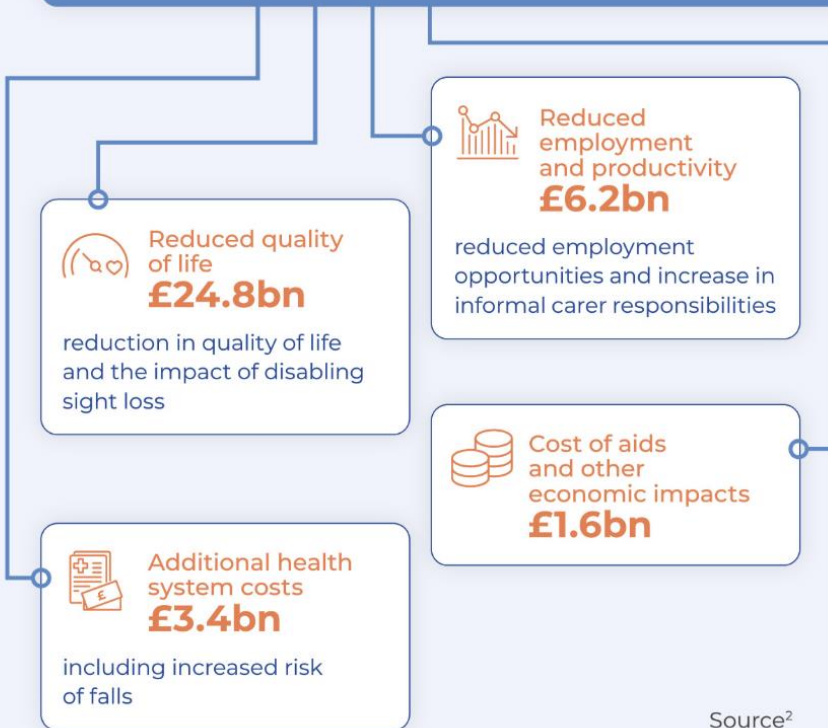


NENC Primary Care Collaborative – Optometry Rep



**2.1 million**  
people living with sight loss

It costs **£36bn** each year



# Sight loss prevalence in UK

There are an estimated 1.1 million people over the age of 50 with **avoidable** sight loss <sup>9</sup>

- 39% was due to uncorrected vision (not wearing the correct prescribed glasses or NOT having a sight test)

**Over 50% of sight loss can be prevented!!**

It is estimated that at least 250,000 people in the UK are living with both sight loss and dementia <sup>1</sup>

# Sight Loss predictions in UK

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## Risk of sight loss increasing with ageing population



TODAY

**2.1 million**  
People living  
with sight loss

2030

**2.7 million**  
People living  
with sight loss

Every day, **250 people start to lose their sight** in the UK. There are more than **600,000 people with age-related macular degeneration (AMD)**, and more than **500,000 are referred for cataract surgery each year**.<sup>15</sup>

## Predicted increase due to ageing population



**44% rise**  
in glaucoma cases  
(2017-2037)



**59% rise**  
in 'wet AMD'  
(2017-2037)



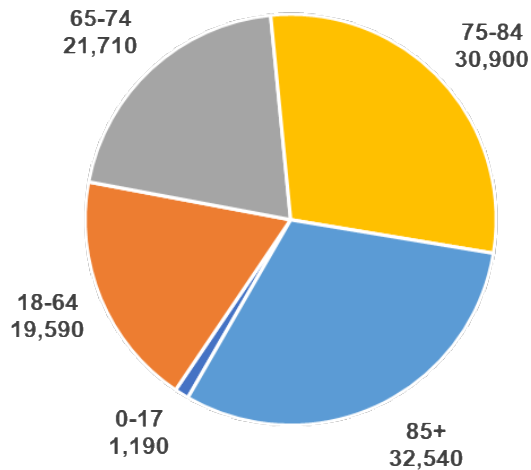
**50% increase**  
in cataract operations  
(2017-2037)<sup>16</sup>





# North East and North Cumbria: People living with sight loss

Estimated Number of People living with sight loss: By Age Group (NENC ICB)



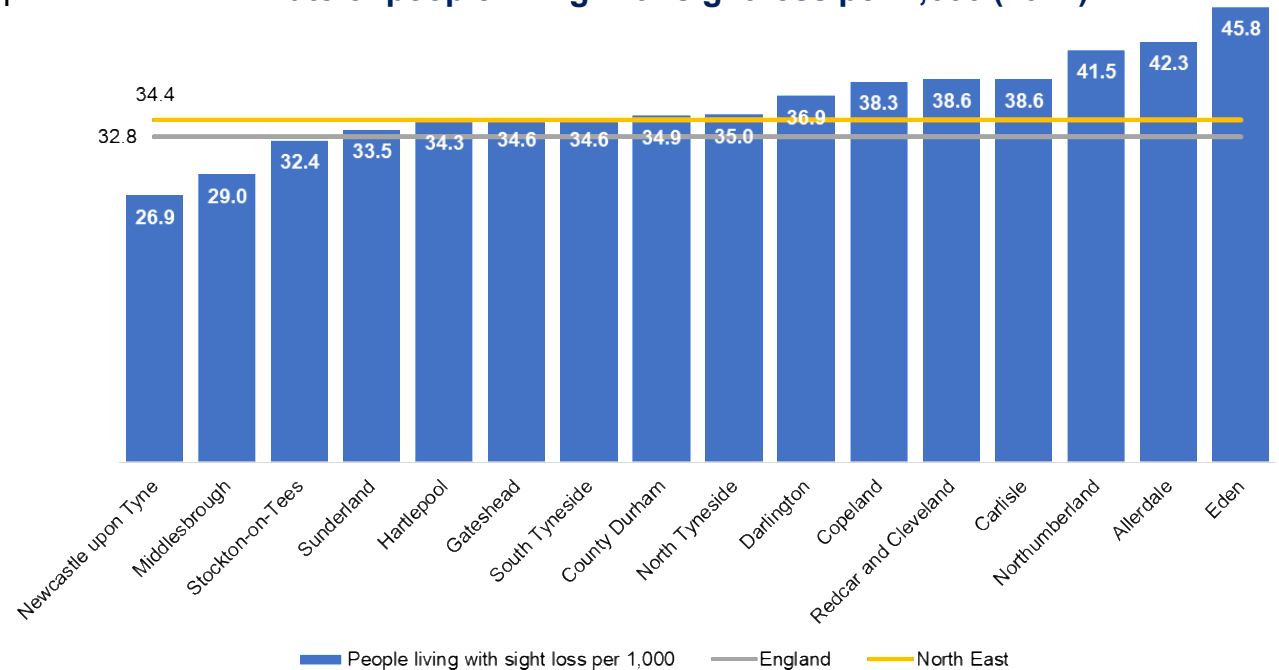
**60%** of people living with sight loss are 75+

Of those living with sight loss, it is estimated that:

- 64%** (67,950) have **mild** sight loss
- 22%** (23,690) have **moderate** sight loss
- 13%** (14,140) have **severe** sight loss

**13 of the 16** local authorities (2022) in NENC have a higher prevalence vs England

Rate of people living with sight loss per 1,000 (2022)



## Sight loss and frailty

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Vision loss may be an important risk factor for frailty <sup>2</sup>

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Elderly with poor vision who are not frail have twice the risk of developing pre-frailty and frailty over 4 years. <sup>5</sup>

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Poor vision is associated with later prefrailty and frailty development <sup>6</sup>

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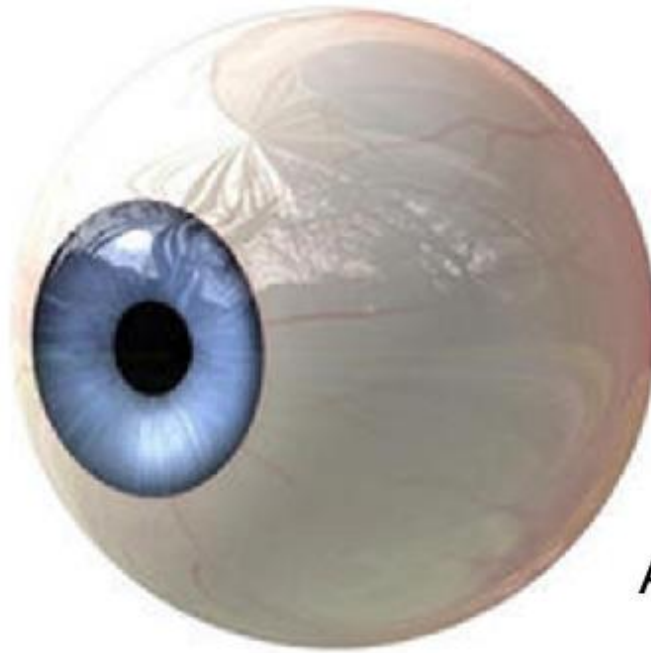
Treating vision impairment may delay frailty development in the elderly <sup>7</sup>

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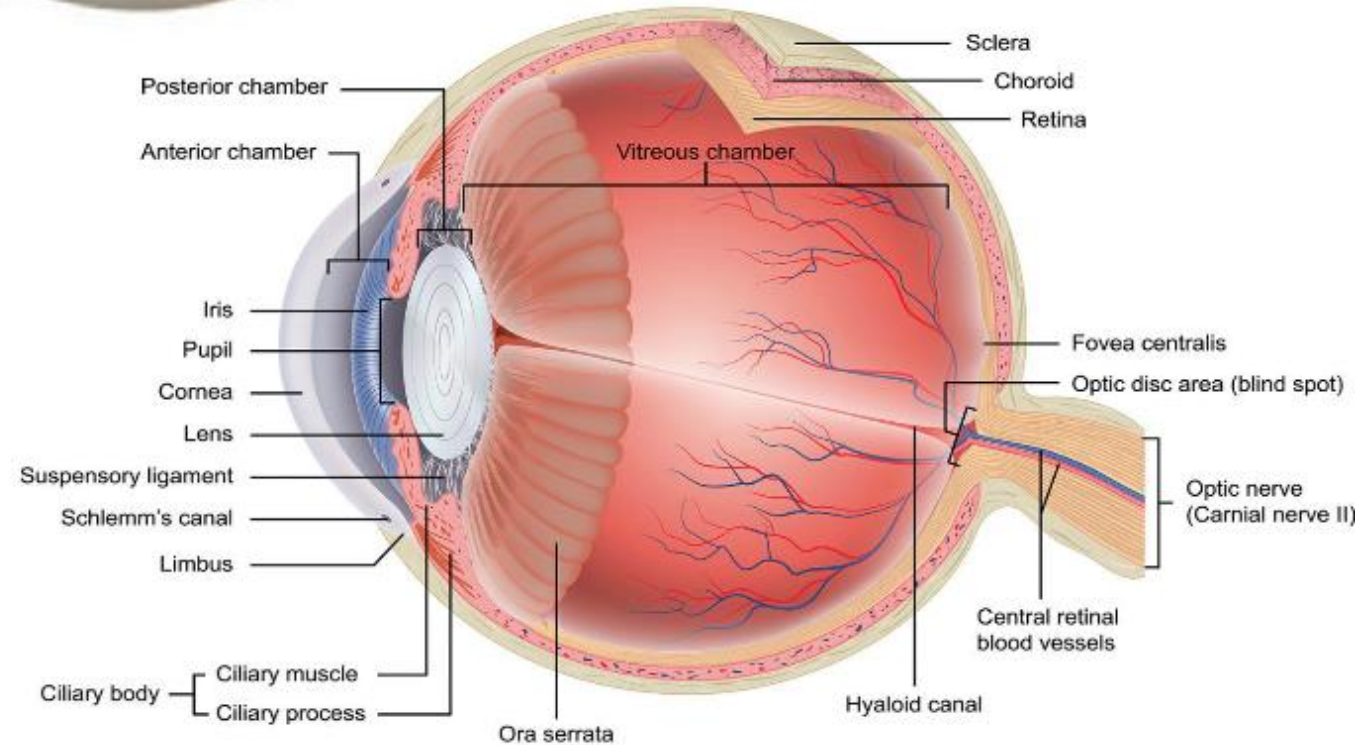
Those aged 60+ with near vision loss are more likely to be frail <sup>12</sup>

# Anatomy Reminder

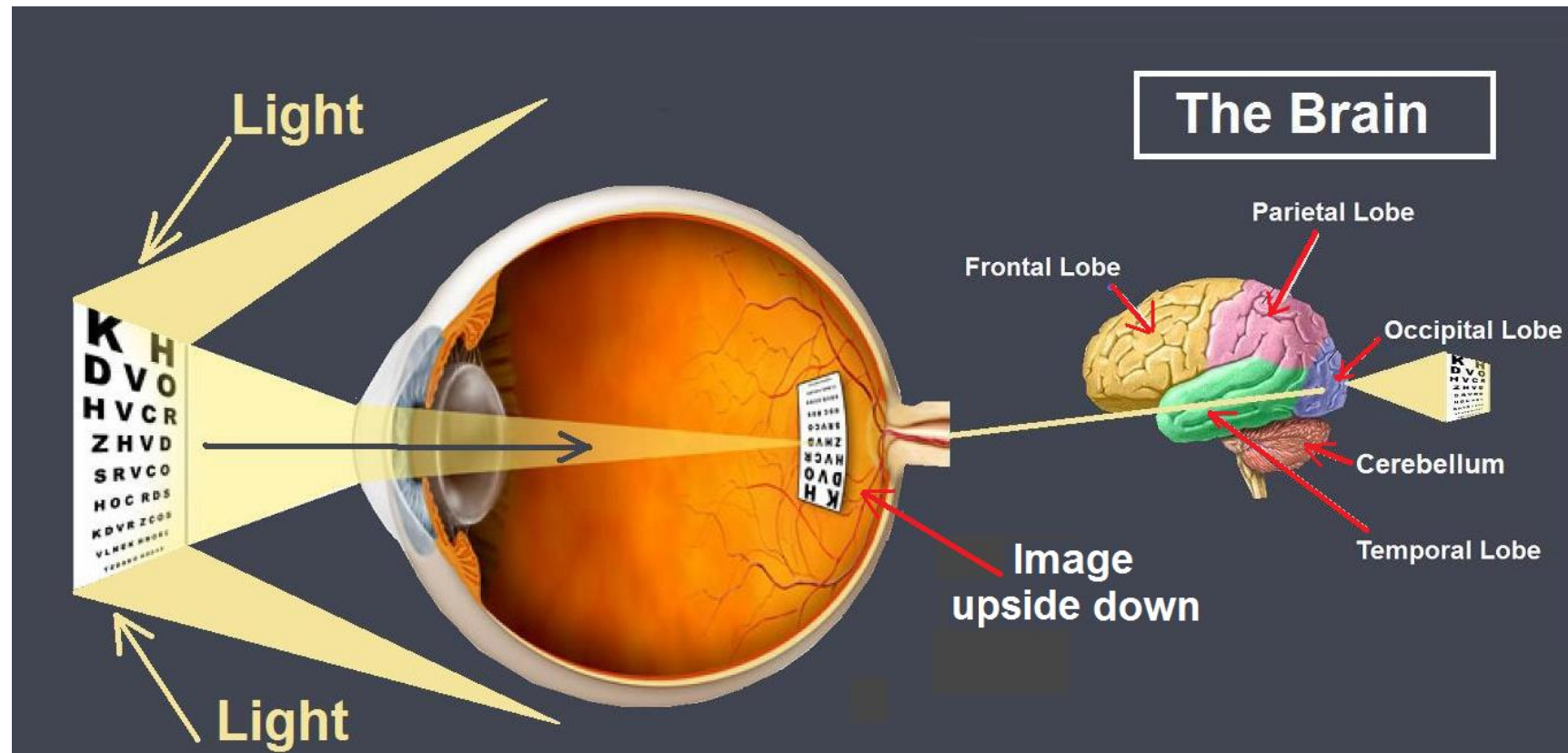
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Anatomy of the Eye



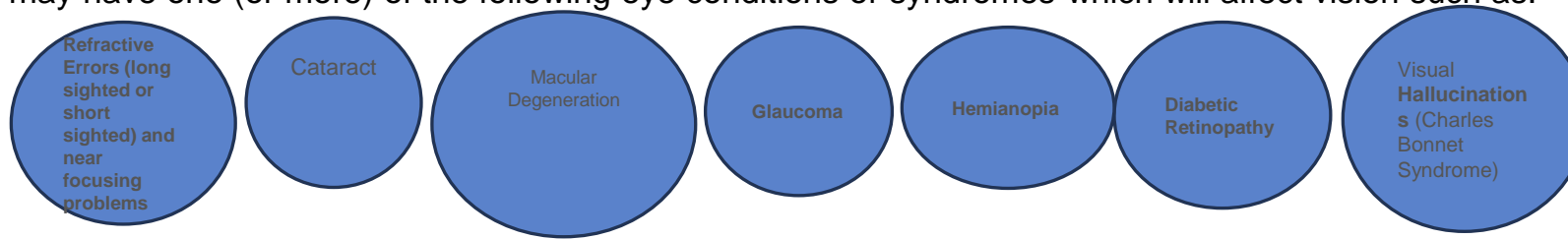
# Visual Pathway



# Conditions and syndromes affecting vision

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The person may have one (or more) of the following eye conditions or syndromes which will affect vision such as:



- **Loss of depth perception**
- **Reduced colour and contrast sensitivity**
- **Reduced visual acuity**
- **Reduced peripheral vision**

**NB** However this may be a **hidden sight loss** as the person may not be able to communicate that they have difficulties with their vision.

The person with dementia may also have problems with visual processing that will significantly increase their risk of falls by affecting balance, confidence and co-ordination

- Shrinking peripheral vision. (By mid-disease, Alzheimer's patients have the equivalent of tunnel vision)
- Right eye preference. (In some types of dementia, the brain may stop or reduce processing information taken in by the left eye)

# Case Study

## Central (near) Vision loss

During an ASC Hearing support consultation, it was identified that an 86-year-old gentleman was struggling with his eyesight.

Diagnosed with Macular Degeneration in both eyes 18 months ago by an Optometrist. He's struggled for several years before but thought he needed new glasses. Updating these had not helped.

A low vision assessment was arranged as he was struggling to see his large print wordsearches.

He lives alone and has been less inclined to go out over the past few years because of the pandemic. Following a fall and prolonged hospital stay, he now has poor mobility and uses a wheeled trolley in the house.

Recently returned to his own home. Carers visit once a day to prepare food and his daughter visits most days.

**He had also been experiencing visual hallucinations on an evening which he had not discussed with anyone.**



While difficulty reading had been identified by ASC, in reality, he was struggling with a much wider range of visual tasks .

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His functional vision was hampered by severely reduced contrast sensitivity in his central vision.



At the domiciliary Low Vision Assessment, it was also identified; that his house was poorly lit. He was struggling to see the food on his plate, the handles of his walker, the time on his mobile phone and he was struggling from glare if lighting was placed incorrectly.



# Impact of reduced contrast sensitivity!

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This meant that most objects blend in with the background, including the handles of his walker (against the dark brown carpet) and the food on his plate.

# Charles Bonnet Syndrome

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- Charles Bonnet syndrome refers to the visual hallucinations caused by the brain's adjustment to significant vision loss.
- It occurs most often among the elderly who are more likely than any other age group to have eye conditions that affect sight, such as age-related macular degeneration.
- Many people who suffer from Charles Bonnet syndrome do not consult with their doctor out of fear and embarrassment, as hallucinations are associated with mental illness

Generally, the hallucinations tend to occur when the person is alone, quiet and in a familiar environment, for example, when lying awake in bed.

The two types of visual hallucination most common to Charles Bonnet syndrome include:

- Simple – such as patterns and lines, for example, the person may see brickwork images, netting or mosaics
- Complicated – such as seeing people, buildings, landscapes or places. Complicated hallucinations are more likely to occur in people with severe vision loss.





# Outcomes

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Helped him understand his eye condition and the symptoms this can cause, including the visual hallucinations therefore helped reassure his anxiety.

Being able to help both GB and his daughter understand why daily living tasks were difficult and provide solutions to help enable him to regain control over some of this.

Both he and his daughter were immediately motivated to make the most of the equipment provided as until then they felt there was **nothing that could help** him. With the Low Vision equipment provided, he can retain some independence and hopefully reduce his chances of declining frailty.

An onward referral back to Ophthalmology was generated to confirm the diagnosis and to arrange certification as Sight Impairment.

# Living with macula degeneration - Jane

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<https://fb.watch/t2j-UKYwmb/>

Courtesy of the Macula Society

# How does peripheral vision loss impact mobility?

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# Glaucoma

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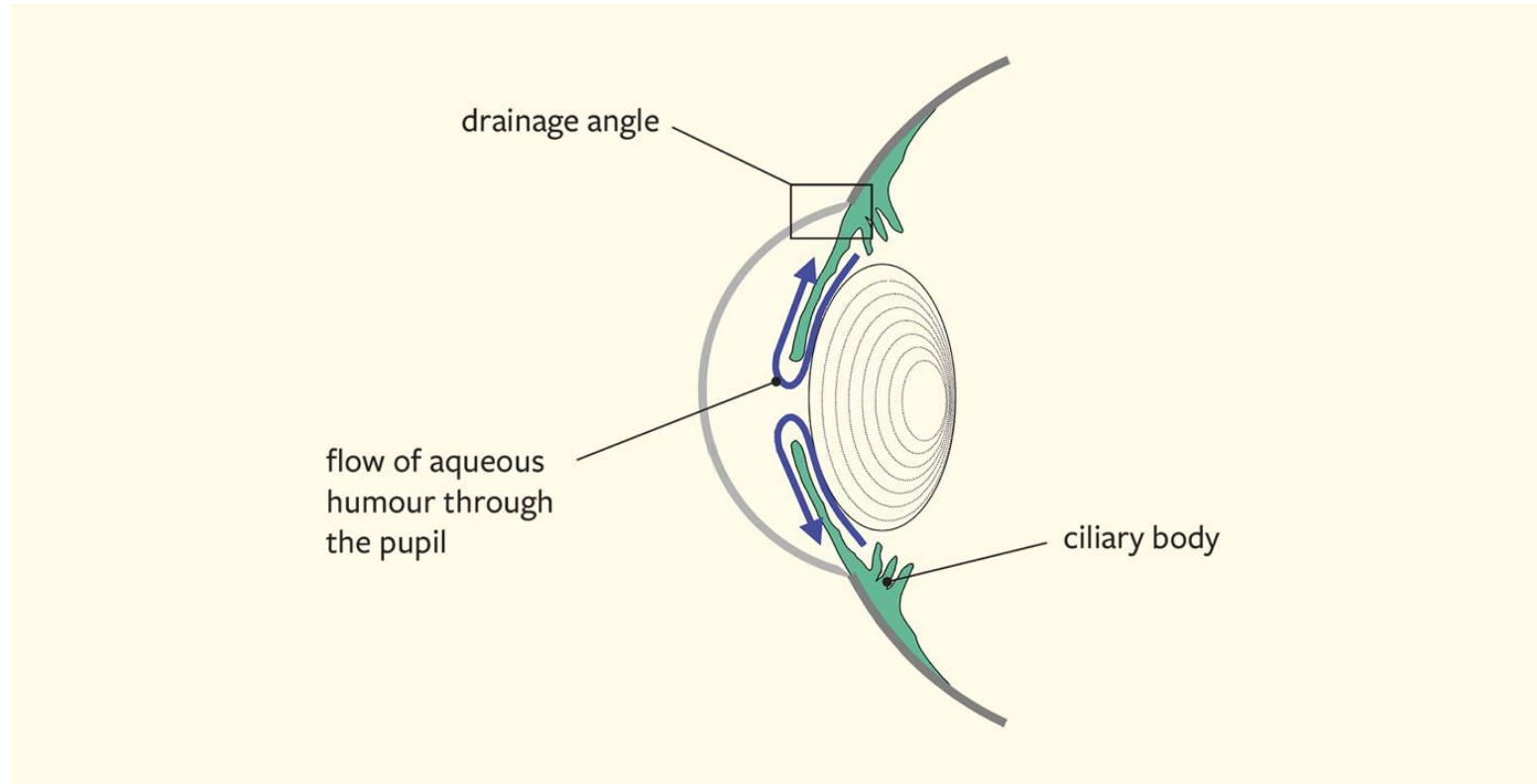




Image courtesy of Glaucoma UK

Glaucoma UK

 **Glaucoma Awareness Week 2024**

**Your family ties can protect your eyes**



<https://glaucoma.uk>



# How does peripheral vision loss impact mobility?

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**No longer meet driving standards**



Miss steps, curbs and street furniture



Moving objects just appear out of nowhere (more likely if child or animal)



Misjudged where arms of chairs and edges of tables are.

Glaucoma UK simulation video

<https://fb.watch/sV2jcBrrSq/>

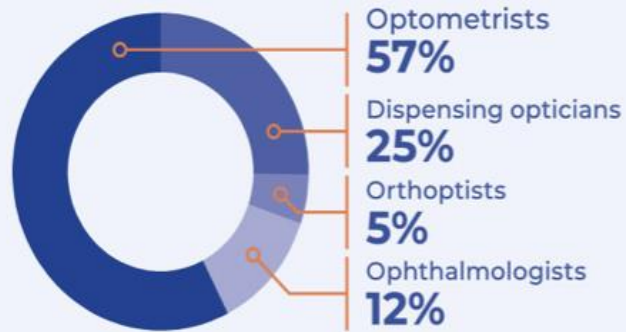
# Role of the optometrist in frailty

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A random-effect meta-analysis demonstrated a significant association between visual impairment and the risk of frailty <sup>10</sup>

Visual impairment increases the risk of frailty in later life and should be accurately assessed in frail older adults.

## Eye health professionals in the UK<sup>26</sup>



Most **optometrists and dispensing opticians** work in **primary eye care settings** across the UK



24 **Optometrists** per 100,000 people, including **2 Independent Prescribing Optometrists** per 100,000



11 **Dispensing opticians** per 100,000 people, including **2 contact lens opticians** per 100,000



5 **Ophthalmologists** per 100,000. Including **2 consultant ophthalmologists** per 100,000

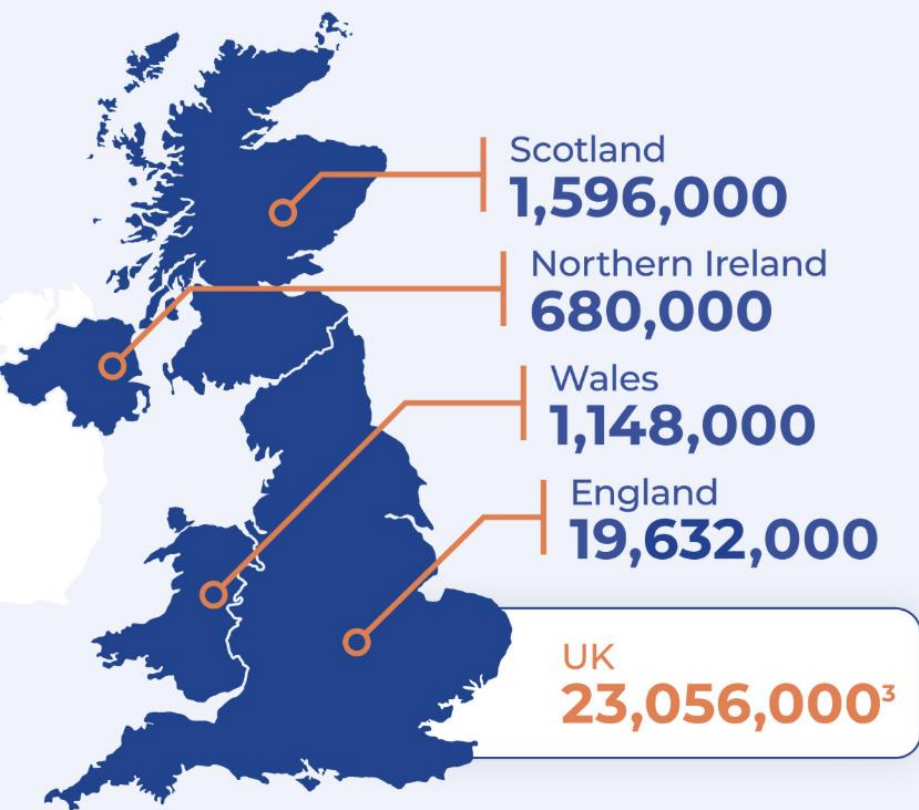


2 **Orthoptists** per 100,000 people

## Prevention and Identification Primary Care Optometry

- Many eye disease does not have obvious symptoms at the early stages
- Many eye diseases are easier to manage and prevent sight loss if identified early, often before obvious symptoms.
- Everyone should have a sight test approximately every 2 years from the age of 3!

## Total number of sight tests provided each year



## Detecting and referring eye conditions

The average referral rate ranges between

**3-5%**<sup>4-5</sup>

Evidence shows optometrist **referral accuracy following a sight test is good**.<sup>5-6</sup> Referral refinement following a sight test can help further improve accuracy of referrals, **enabling more patients to be managed in primary care**.<sup>7-9</sup>

# Sight Test prevalence in UK

**3 in 10 people in the UK are not getting their eyes tested every two years** <sup>4</sup>

- The main reason given is that they can see fine, perceived anxiety about 'Optician finding a problem and/or perceived cost of glasses)
- Under the impression 'glasses wont work' and unaware of other help available
- Many conditions cause gradual vision loss in their early stages
- This also prevents early detection of progressive 'silent' ocular disease (e.g. primary open-angle glaucoma)

**10% of adults over 40 have not had an sight test in the past five years** <sup>4</sup>

**41% of adults aged 40-75 in the UK have noticed their eyesight deteriorating and have done nothing about it.** <sup>11</sup>

# Role of the optometrist in frailty

**All optometrists must provide or supply information on how to access domiciliary services**

**Identify people exhibiting frailty risk factors through regular eye checks**

- NHS recommend an eye examination at least every two years
- Optometrists conduct routine history taking and become familiar with their patients through routine visits.
- Red flags include:
  - Broken glasses following a fall
  - Inability to attend for their routine eye examination

**Correct refractive error**

- Lens choice is important
  - Multifocals (“varifocals”)
  - Bifocals
  - Single vision

**Correct diplopia (double vision)**

**Detect and refer common eye diseases**

**Help their patients understand vision loss and how to manage it - Referral to specialist low vision services**

# NHS funded Sight Test - (The GOS contract)

All optometrists have to follow the General Ophthalmic Services (GOS) contract for NHS examinations

This document clearly defines their responsibilities:

- Determine if a person requires an optical appliance
- If you detect injury, disease, or abnormality requiring medical treatment – refer to an ophthalmic department and inform the GP

Frequency of NHS eye examinations in England (simplified)

- **Every 2 years unless a patient presents with symptoms or concerns requiring further investigation**

# The GOS contract - what's not included?

- Investigation into:
  - Red eye
  - Dry eye
  - Flashes and floaters
  - Raised intra-ocular pressure (repeat pressures, detailed field assessment)
- Eyelash removal
- Dry eye therapies
- Contact lens provision
- **Low vision aid assessment**
- Dilation/cycloplegia (unless required to obtain a reasonable view of the fundus)

# Who is entitled to an NHS funded Sight Test?

- Age
  - Under 16 (or 19 if in FTE)
  - **Over 60**
- Diabetics
- Glaucoma
- Registered sight impaired or severely sight impaired
- Persons requiring glasses with a high prescription
- Those over 40 with a family history of glaucoma or considered at risk of glaucoma by an ophthalmologist
- Prisoners on leave
- Those in receipt of some benefits





# Unidentified or unsupported visual impairment affects System priorities;

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**Ageing well** – good vision helps promote independence and the ability to stay active and engaged with society.

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**Living with long-term health conditions** (including eye conditions)

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**Frailty** – prevention and identification of at-risk or progression

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**Keeping people out of hospital** - Falls prevention

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**Mental health issues** – high levels of depression associated with developing sight loss.

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**The Best Start in Life** – undiagnosed and uncorrected sight problems lead to less engagement with schooling/education and difficulties claiming benefits and accessing support.

## Local Optometric Committees (4 across NENC)

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Recognised by the NHS as the representative organisation for optometrists and dispensing optometrists who provide ophthalmic services in the area.

We represent all optometric contractors and performers

We liaise with NHS England on local and national issues.

Through our national commissioning company we provide enhanced services beyond our NHSE contracts aiming to improve health inequalities by providing eye care in the community

See our website [HERE](#)

chair@ntwloc.org.uk



# Sense



# Ability

# Matters

[sightservice478.team@nhs.net](mailto:sightservice478.team@nhs.net)

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**Tel 0191 478 5959**

Gateshead (GP or resident)

South Tyneside (resident (nhs LV contract sits with SEI))

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1. Bowen M, Edgar D, Hancock B et al (2016) The Prevalence of Visual Impairment in People with Dementia: a cross sectional study of 60-89 year old people with dementia and qualitative exploration of individual, carer and professional perspectives. National Institute for Health Research.
  2. Bonnielin K Swenor, Moon J Lee, Jing Tian, Varshini Varadaraj, Karen Bandeen-Roche, Visual Impairment and Frailty: Examining an Understudied Relationship, *The Journals of Gerontology: Series A*, 2019, glz182
  3. FODO The Federation of Primary Care Providers – The Future of Primary Care – principles and priorities June 2024
  4. International Glaucoma Association survey, 2014
  5. Klein BE, Klein R, Knudtson MD, Lee KE. Relationship of measures of frailty to visual function: the Beaver Dam Eye Study. *Trans Am Ophthalmol Soc.* 2003;101:191–199
  6. Liljas AEM, Carvalho LA, Papachristou E, et al. Self-reported vision impairment and incident prefrailty and frailty in English community-dwelling older adults: findings from a 4-year follow-up study, *Epidemiol Community Health* 2017;71:1053-1058.
  7. Liljas, AEM, Carvalho LA, Papachristou, E, et al. Vision impairment and risk of frailty: the English longitudinal study of aging, *Lancet*, 2016,
  8. nhs.uk. (2019). *Blindness and vision loss*. [online] Available at: <https://www.nhs.uk/conditions/vision-loss/> [Accessed 2 Oct. 2019].
  9. Optometrists, A. and Today, O. (2019). *Over one million people with avoidable sight loss*. [online] Aop.org.uk. Available at: <https://www.aop.org.uk/advice-and-support/for-patients/celebrate-your-sight/avoidable-sight-loss> [Accessed 2 Oct. 2019].
  10. Ripa M, Schipa C, Rizzo S, Sollazzi L, Aceto P. Is the visual impairment a risk factor for frailty in older adults? A systematic review and meta-analysis of 10-year clinical studies. *Aging Clin Exp Res.* 2023 Feb;35(2):227-244. doi: 10.1007/s40520-022-02296-5. Epub 2022 Nov 11. PMID: 36367632.
  11. Simplyhealth Advisory Research Panel Healthy Ageing report 2013
  12. Varadaraj et al. Near vision impairment and frailty: Evidence of an association. *AJO*, 2019

Thanks





## Ideas for Learning Consolidation & Competency Conclusion

### Consolidating Learning:

Reflection on the session & considering application to practice  
& what this means 'your people'

Think about this session in relation to your own role

How much of this was revision?

What have you learned today ?

How will this help you in your role ?

Think about your EnCOP self-assessment; consider which  
performance indicators this session may relate to and how  
this can be used as part of your own development /  
competency achievement.

**Domain A: Values, Attitudes and Ethical Practice**

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**Enhanced Care for Older People  
Learning Session Number 29**

**Ageing Well:  
Menopause and Ageing Well**  
Jacqui McBurnie, Menopause Lead, NENC ICB



**EnCOP**  
Enhanced Care for Older People



**Wednesday 21<sup>st</sup> August 2024 1.30pm – 3pm**

Feedback about today's session and any future sessions you may like to see included in our webinar series....

All feedback welcomed; You may want to consider the following –

Was it easy to book onto the session?

Did you find the session went well in this online format ?

Was the content of the session relevant to your area of practice / job role?

Did you enjoy the session?

Thinking about future webinar's, which topics linked to older person's care would you be most interested in?

Please put any suggestions in the chat.

Please comment in the chat today or feel free to email us: [ghnt.encop@nhs.net](mailto:ghnt.encop@nhs.net)







**More information can be found within  
the Frailty icare website**

[www.frailtyicare.org](http://www.frailtyicare.org)

Our EnCOP pages are located in the  
workforce section

**EnCOP Library of Learning &  
Development Resources can be found  
at:**

<http://frailtyicare.org.uk/making-it-happen/workforce/enhanced-care-of-older-people-with-complex-needs-encop-competency-framework/encop-learning-resources/learning-resources/>

