

THE LOW VISIBILITY OF LOW VISION

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Vision loss and blindness can adversely affect an individual's independence and quality of life. Regardless of how young we feel or act, age does take a toll on our bodies—our eyes notwithstanding.

Ocular changes come with age. Some of these changes are normal, but there are some that aren't. For example, slight reduction in vision is considered a normal change, and this can be measured in an eye examination. There are also other normal ocular changes that are difficult to assess, since they rely on what the patient is experiencing. Usually, they are complaints about a slight reduction in brightness, decreased contrast sensitivity, colours seeming duller, and increased glare. These changes are relatively mild and can be perceived as an overall reduction in visual function - leaving some patients to say the familiar phrase, "I just don't see as well as I used to." However, these changes are not the same as low vision.

LOW VISION OR LEGAL BLINDNESS?

When we speak about low vision, we are referring to abnormally large changes in vision caused by factors apart from age.

So, what exactly is low vision? Low vision has different definitions depending on who is defining it. According to the World Health Organization (WHO), a range of visual acuity from 20/60 to 20/400 (inclusive) is considered moderate visual impairment or low vision.

At its core, low vision is an uncorrectable vision loss that impairs one's ability to function normally and perform the activities needed to live independently.

The actual visual acuity causing this disability varies from person to person.

Results of the Lighthouse National Survey on Vision Loss (The Lighthouse Inc. 1995) indicated that there is a great fear and limited understanding about vision loss and ageing among older adults. Approximately 21 percent of persons aged 65 and older report some form of vision impairment, representing 7.3 million people (Lighthouse International Survey 1995).

As the population ages, the number of people with vision impairments that significantly impact their quality of life grows. Vision rehabilitation services are largely underutilized despite the need and benefit that such services would provide.

Low vision should not be confused with legal blindness. Legal blindness is mainly used as a determinant of eligibility for government services. In the United States, it is typically defined as visual acuity with best correction in the better eye, which is worse than or equal to 20/200 or a visual field of fewer than 20 degrees in diameter.

Though many patients who are legally blind are low vision patients, the majority do not fall into that category.

EFFECTS OF LOW VISION

Signs of low vision interfering with normal activities can be subtle at first.

Patients may notice that even with glasses or contact lenses, they have difficulty with tasks like recognizing familiar faces, reading, cooking, matching clothes, writing cheques, and watching TV. Lights may seem dimmer and glare harsher.

These problems often lead to a gradual loss of independence and the ability to enjoy leisure activities or hobbies. It is not uncommon to develop feelings of confusion, frustration, avoidance, isolation, fear and even depression. These feelings can debilitate people and prevent them from seeking out and utilizing low vision care, leaving them to further spiral downward.

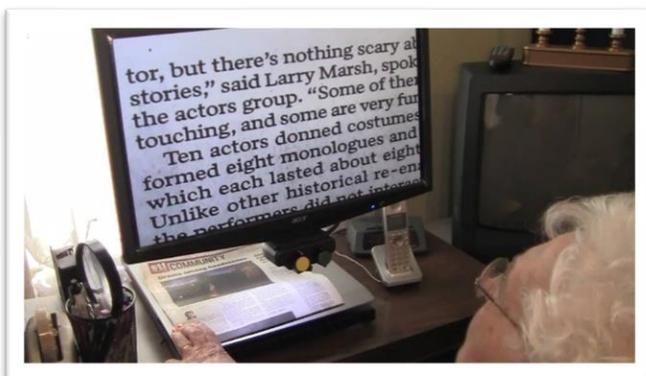
Most age-related vision loss occurs as a result of eye conditions like age related macular degeneration, cataracts, diabetic eye disease, or glaucoma. Though usually associated with the elderly, the low vision population encompasses people of all ages. Other contributing factors may be systemic diseases and the medications used to treat them. Each condition affects vision differently. Whatever the cause, lost vision cannot be restored. It can, however, be managed with proper treatment and low vision care.

LOW VISION CARE

Low vision care tries to maximize any remaining vision through the use of various optical and electronic products. It is rehabilitation, not a cure. It must be stressed that low vision aids do not restore the sight you once had. The people who are most helped have accepted their vision loss, have realistic expectations and goals, and are motivated to try to cope with their "new normal."



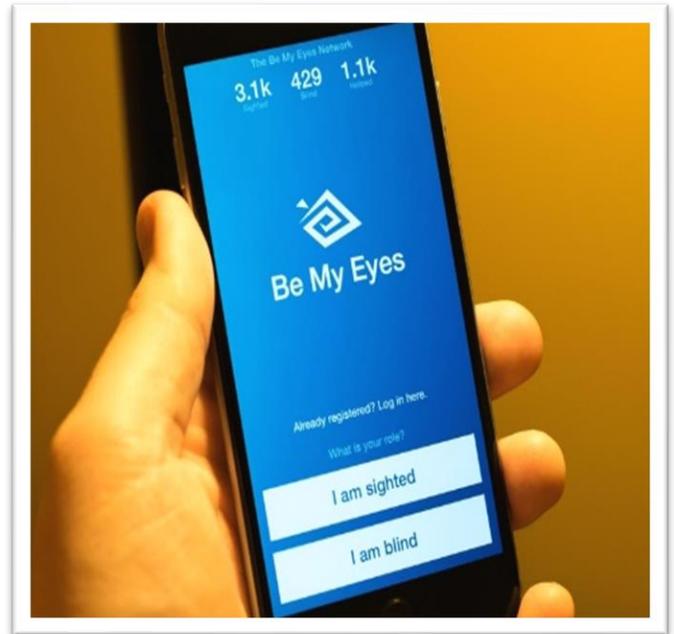
By offering low vision care, we try to improve someone's quality of life, regain some independence and allow him or her to live more safely. Many people can learn to make better use of their low vision and function efficiently with even small amounts of visual information. Practice, patience, and proper training will go a long way in low vision care.



The ideal time to offer low vision services is as early as possible in the course of the disease. With mild to moderate vision loss, there is a larger choice of low vision aids available. Ultimately, this makes it easier for most patients to incorporate the devices into their daily routines.

There are several apps designed for smartphones that help the visually impaired with tasks like magnification, object recognition, money reading, and colour identification. For those who are comfortable with technology, this can be a viable option in low vision care. There are dozens of apps specifically designed to help people with visual impairments live their best lives.

“Be My Eyes” is an app that connects visually impaired people with sighted volunteers who provide virtual assistance through a live video call and is available in 180 languages.



Restoring and maintaining the ability to function independently, sometimes calls for the collaboration of various healthcare professionals. The Low Vision professional (Optometrist) is often an essential part of a multidisciplinary team including ophthalmology, social workers, occupational therapy and orientation and mobility specialists, as well as institutions like the Trinidad and Tobago Blind Welfare Association and Persons Associated with Visual Impairment (PAVI).

For further information and to find a Low Vision Practitioner who will be able to assist, you can contact the University of the West Indies Optometry Clinic (Tel: 868-225-1014), Persons Associated with Visual Impairment (Tel: 868-220-1073), The Trinidad and Tobago Blind Welfare Association (Tel: 868 -624-4675) or contact the Trinidad and Tobago Optometrists Association ([ttopoma@gmail.com](mailto:ttoptoma@gmail.com)).

About the Author

Phillip Rossouw is a Senior Optometrist employed at Dalton-Brown Optometrists, where he has been practicing optometry since 2013. He graduated from the University of Johannesburg, South Africa, with a bachelor's degree in Optometry in 1997.

After graduation, he worked and lived mainly in Johannesburg, specializing in Low Vision for 7 years, and supervising at the University of Johannesburg for two years.

In 2013, he relocated to Trinidad & Tobago. Since then he has been helping out at the UWI Optometry Department as a supervisor, served as a committee member of the Trinidad & Tobago Group of Professionals Association as well as the Trinidad & Tobago Optometrists Association, and is the Immediate Past-President of the Trinidad & Tobago Optometrists Association (2021).

Phillip Rossouw
IMMEDIATE PAST PRESIDENT



Picture References:

1. Monocular low vision aid

<https://th.bing.com/th/id/OIP.gFuDg6mQ7LjF4uJjJl7mzgHaE8?pid=ImgDet&rs=1>

2. Hand-held magnifier

<https://th.bing.com/th/id/R919bd436c89bef994ea2fc5efb1dedf5?rik=4bA0Ev8em1vhSA&riu=http%3a%2f%2fscience.netarticleshack.com%2fwp-content%2fuploads%2f2020%2f01%2fimage-5-from-cerrxian-portable-80mm-diameter-5x-magnifying-glass-magnifier-with-wooden-handle-hand-held-magnifierfor-help-the-old-man-clearly-readingdurable-viewing-device-product.jpg&ehk=Dpb%2flbeSmyvBui6uCVxsWnWxhWggEM3gjQKEtlq4tjE%3d&risl=&pid=ImgRaw>

3. Computer large print <https://i.ytimg.com/vi/rAOCbxfCf4s/maxresdefault.jpg>

4. Be my eyes app

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