From the Director

This is a summary of an article published recently by WISC News. I know we can all relate.

Vision Support Group A Way To Learn From Others

Shared knowledge is just the kind of support that Ford, of Lodi, Wisconsin, says he needs most. He might learn about a new medical technique or device to aid people who have little or no vision. Or, he might learn how someone with low vision might thread fishing line onto a hook, or measure the right amount of toothpaste for a toothbrush.

"These people are full of great ideas," said Ford, who has macular degeneration and is co-facilitator of a year-old support group. “Although many of the speakers at monthly meetings offer practical advice,” Ford said, "sometimes they just tell compelling and inspiring stories." He knows there are many people with low vision in the area who may think of vision loss as "just part of getting older," and may not seek out assistance or companionship from others who have dealt with vision loss.

"I hate to hear that," he said. There are a lot of things people with low vision can do. There are things we can do for people, and things we can do for ourselves." [end article]
This story is being told all over the world, and I’m happy that more than 2,000 people who are telling it are members of our IMDSG. Soon, we hope to at least double that number, as we are about to send out over 20,000 mailings reminding retirement centers about our service. Please help us spread the word by inviting someone you know to your next meeting. And be sure to thank your facilitator for bringing this to your community!

Dan Roberts

Latest News

Red-eyed Hockey Players

BBC News reported on July 31 that the UK’s Olympic women’s hockey team will wear red contact lenses for clearer vision in Beijing’s smog. The reporter wrote that "smog is seen by the human eye as a red colour, and the red lenses force the eye to filter out red light."

Australian head coach Frank Murray has called the decision a stunt (Canberra Times, 7/31) and that he is "not sure of the science behind it."

Actually, science is quite specific about the benefits of wearing red lenses. A red lens, however, does not filter out red light, as the BBC article states. A red lens absorbs green and blue light, letting only red light pass through. Green and blue would appear black and shades of grey.

As we in the low vision community know, lenses with red content (eg. amber and orange) result in greater contrast by filtering out the blue light spectrum. This is very helpful for viewing on cloudy or smoggy days. The British hockey team is wise to use this knowledge to their advantage. Of course, it won’t hurt, either, that staring with fiery red eyes at the opponent could be disarming enough to also be an advantage.
Pearls from Recent Studies on Low Vision Rehabilitation and Psychosocial Issues

Research of interest to the AMD Community as presented at Vision 2008, Montreal, Canada

These findings are derived by the referenced authors based solely upon the results of their respective studies. In every case, more research is recommended before final conclusions can be drawn.

Pearl #1

Cultural factors unique to current senior adults have a significant influence on their perceptions of visual impairment, disability, and aging. These impact their self-perception and response to their own vision loss, and may impact their participation in rehabilitation.

Presentation: “The difference age makes: Cultural factors shaping older adults’ experience of and responses to vision loss from age-related macular degeneration” (Mogk M.)

Pearl #2

Walking with safety and confidence and enjoying hobbies and leisure activities contribute to the quality of life among the senior low vision population. Self-esteem explains a nearly equal amount of variance in quality of life, specifically, ability to help with chores around the house, using remaining vision effectively, and often leaving the property and walking without help.

Pearl #3

Vision impairment is associated with a reduction in activity in the areas of work and leisure, but not in domestic areas of daily living. Vision impairment is associated with a reduction in all areas of independence. People with impaired vision are least satisfied with independence in quiet recreation, and sighted people are the least satisfied with independence in active recreation.

Presentation: “Activity and independence: A comparison study of older people with and without impaired vision” (Good G.A., et al)

Pearl #4

Older adults with visual impairment and severe depressive symptoms are most likely to be current smokers, to be obese (BMI>30), to be physically inactive, to have fair/poor health, to have difficulties with activities of daily living and to use special equipment to navigate the environment.

Older adults with both visual impairment and depressive symptoms experience the greatest health disparities except alcohol use. Without timely intervention, older adults with visual impairment who also experience depressive symptoms are vulnerable to health decline and further disablement.

Presentation: “Effects of depression on health and functional status among older adults with visual impairment” (Jones G.C., et al)

Pearl #5

The majority of daily activities (such as nutrition, fitness, personal care, communication and mobility) and social roles (such as responsibility, community life and leisure) are compromised by visual impairment. Furthermore, nearly 1/3 of the visually impaired population has depressive symptoms. The most important services are Activities of Daily Living followed by Orientation and Mobility, Optometry and Adapted Computer. Psychological services are among the least provided activities.
Presentation: “Waiting for services from a vision rehabilitation center: Are services related to the needs of elderly clients?” (Témisjian K., et al)

Pearl #6

Increased age results in a greater number of relinquished activities for those with good sight, but not for those with impaired vision. Poor vision, poor hearing and lack of transport are reasons given by the visually impaired for stopping activity. In comparison, physical difficulties, lack of interest and lack of time are reasons given by normally-sighted people. Relinquished activities which most strongly correlate with a lower level of life satisfaction include dancing, sex and shopping for those with impaired vision and gardening, social activities and travel for those with sight.

Presentation: “Activities relinquished by older people with impaired vision: Why are they relinquished and what is the impact on life satisfaction?” (Good G.A.)

Pearl #7

It does not appear that, with the exception of the number of friends and family identified, psychosocial factors are a significant influence on quality of life. Use of magnifiers does appear to influence the quality of life domains which relate to near vision tasks.

Presentation: “Psychosocial aspects of quality of life - A pilot study” (Dickinson C.M., et al)

Pearl #8

Overall social participation of people with visual impairment is significantly lower than that of people without visual impairment. The groups also differ on all social participation domains except housing and interpersonal relationships. Depressive symptoms and perceived quality of distance vision together explain more than 60% of the variance in the level of social participation of the group with
visual impairment.

Presentation: “Social participation and visual impairment in older adults” (Desrosiers J., et al)

Pearl #9

Quality of Life Index (QLI) scores globally suggest good quality of life of those with visual impairment—similar to those without visual impairment. The mean score for the “Health and functioning” domain of the QLI was the lowest, while the “Family” domain was the highest. Fewer depressive symptoms, greater satisfaction with participation in social roles and with social support, and fewer secondary health problems best explained better quality of life.

Presentation: “Subjective quality of life of older adults having visual impairment” (Levasseur M., et al)

Good Visual Outcome Following Cataract Surgery In Patients Over Age 90

A new study (Nature, Aug 2008) has found good visual outcome following cataract surgery in patients aged 90 and older. The study compared visual outcome of patients with macular degeneration, glaucoma and various other ocular conditions.

Overall visual acuity (VA) improvement was 68%, whereas unchanged and worsening rates were 16% each. Results showed that AMD patients showed less than patients with glaucoma or with no visual problems.

The researchers concluded that approximately 70% of very elderly patients can achieve VA improvement following cataract surgery, which rises to 82% in those without accompanying problems. Although patients with AMD show less improvement, 62.5% can still enjoy improvement in VA.

AMD patients should remember, however, that cataract surgery increases the risk of developing late stage wet AMD. The procedure should be performed only if the benefits outweigh that risk.
Free News Reading Service

A message from Roy Cole, OD (MD Support Advisory Board):

I want to share with you a program that we have at The Jewish Guild for the Blind in NYC. Most of you are familiar with radio reading services. We have such a service here at The Guild, and it is available over the internet free of charge for all who meet the criteria, which most of you do.

One point I'd like to make is that even if you currently use a local reading service, many read mainly from local news (some do use content from InTouch). InTouch will give you access to national and international news and features, and many general interest magazines, and can greatly expand the extent of news and information available. AND...it's there when you want to listen. You don't have to tune in at a specific time.

You can see the whole schedule (and sign up) on the website at www.intouchnetworks.org. I hope you take advantage if you are interested.

Seeing With Your Tongue

One of the most exciting developments reported at Vision 2008 in Montreal was new device called BrainPort, which (according to the abstract) enables perception of visual information using the tongue and camera imaging system as a paired substitute for the eye.

Visual information is collected from a head mounted image sensor and translated into electrical patterns displayed on the surface of the tongue.

The system has tested favorably on subjects with no vision, and it is now being adapted to assist individuals with macular degeneration and related diseases.

The long term goal is to develop a fully portable, unobtrusive
device that will track with the userís gaze point, capture information centered in the area of vision loss, and display the information on the tongue. This device will "fill in" the area of vision loss, will be compatible with other vision-assisting devices, will not be surgically invasive, and will be easily customizable and upgradeable.

Developers are hoping to have the BrainPort commercially available within 2 years. Here is where you can access a video for more information:

www.brightcove.tv/title.jsp?title=716073035&channel=49798904

September presentation:
"What You See Is What You Eat"
Lylas Mogk, M.D.
Henry Ford Medical Center
Lavonia, Michigan