Eying Better Vision for ALF Residents

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Enjoying a beautiful sunset, watching the birds dance around on the branches through a bay window, watching the snow fall and the Christmas lights blink on a December day. Adequate vision allows residents to live well, thrive, and enjoy maximum quality of life in ALFs. It also enables them to be safe and functional and maintain a certain level of independence.

Unfortunately, a decline in visual acuity is a normal part of aging and a growing problem in this country. As America grows older, the prevalence of visual impairment and blindness is rising due to the increase in the numbers of seniors and age-related eye diseases.[1] The impact of blindness and poor vision in the elderly include depression, confusion, falls, loss of independence, and diminished quality of life. These problems, in turn, contribute to increased overall care costs.

The good news is that almost half of all blindness is preventable; and wellness programs centered on the preservation of eyesight is becoming increasingly important in AL residences.

Common Problems Create Challenges

The most common age-related ophthalmic diseases causing blindness include macular degeneration, cataracts, diabetic retinopathy, and glaucoma. But numerous other physiological changes, such as a drop in distance accommodation for reading (presbyopia), laxity of ophthalmic

muscles, loss of elasticity and downward sagging of the upper eyelid obstructing vision, poor color differentiation and inadequate accommodation to light and darkness, and an increased susceptibility to glare, can affect vision. Additionally, medication side effects can cause visual disturbances. This is a noteworthy concern founded in the numbers of medications our seniors use daily. Strokes, brain tumors, infection, injury, changes in blood flow or enervation into the eye also can lead to changes in vision.

As we develop vision wellness programs, it is important to identify residents at greatest risk for visual impairment or further visual decline. Toward this end, it is important to realize that African Americans and Hispanics suffer blindness more frequently than whites. It also is important to note that the rate of visual impairment declines with alacrity after the age of 75. According to the 2000 U.S Census, in fact, blindness in the population aged 40 and older is more prevalent in women than men by a rate of about two to one.[2] A regular eye examination and its prescribed treatments are the most important course of action in the preservation of eyesight.

The American Academy of Ophthalmology recommended guidelines for eye exams in patients 65 years old and older is every one or two years. For diabetics, African Americans over the age of 40, or patients with a family history of eye disease, a diagnosed eye disease, or eye injury, eye exams should be performed annually or more often. On admission to ALFs, it is important to determine the date of the last eye exam and ask the resident or his or her family to maintain annual or bi-annual appointments. When our residents visit the ophthalmologist, there are a few simple steps facilities can take to assure a successful appointment:

- Arrange for transportation in the event of a dilated eye exam that may keep a resident from driving.
- Have the resident bring all of his or her eye glasses and contact lenses for evaluation for correction.
- Provide a list of current medications so the physician can evaluate drug-eye drop interactions, drug-disease interactions and inquire about any possible drug side effects that may be the cause of a change in vision.
- The resident may want to take along his or her eye drop bottle(s) so the physician can check the directions and review self administration techniques.

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During the office visit, the resident should be ready to discuss the occurrence of vision problems, time of day it is worse, blurred or double vision, distortions, haloes, flashing lights, light sensitivity, pain, itch, discharge, missing side vision or missing colors.

A Clinical Look at Vision Problems in ALFs

Presbyopia is the age-related inability to focus[3] and, therefore, it is a common problem in ALFs. The primary treatment strategy is the use of eyeglasses including reading glasses, bifocals, or trifocals.

Residents requiring eyeglasses should have them in good repair and available at all times, own a second pair, if possible, and have the prescription evaluated annually for correction. Contact lenses are an alternative to eyeglasses for some residents, especially as newer technology has developed bifocal and multi-focal contact lenses. In fact, many seniors have been wearing these for years.

Surgical correction is another alternative to address presbyopia. Corneal surgery—such as Lasik and Keratoplasty or Surgical Reversal of Presbyopia—is very popular and often allows a patient to abandon eyeglasses or contact lenses. Usually elective, these procedures may not be covered by health insurance, but many individuals have seen the value of this out-of-pocket expense. After cataract surgery, the placement of an Intraocular Lens Implant will often correct presbyopia.[4]

While medication management is always an area of concern, the self administration of eye drops presents is own unique conundrum. It is important to review with each resident all of the eye medications he or she is using. The bottles are small and so is the print on the labels. ALF staff should ensure that eye drops are not beyond their expiration date and that containers are clean. Some ophthalmic suspensions must be shaken to ensure that the resident is receiving the full dose. Residents should insert their eye drops in an area where a sink is available so they can wash their hands with soap and water before and after self-administration as part of an individualized infection control plan.

When more than one type of ophthalmic medication is used, the resident should wait a few minutes before administering the next eye drop. If the drops should be used sequentially, it is essential to make sure the resident knows which to use first and which drop is to follow. Many eye drops are initiated after surgery or with an acute infection. These drops should not be used indefinitely.

When a resident returns from the surgeon or ophthalmologist, staff

should determine the stop date for use of the drugs. Overuse of antibiotics and steroidal eye drops may cause resistance or risk of another infection. It is critical for glaucoma patients to strictly adhere to the dosing schedule of their eye drops in order to keep their ophthalmic pressure within normal limits and prevent permanent nerve damage and blindness. Other residents who have compromised lacrimal systems may suffer from dry eye syndrome due to impaired production, distribution or drainage of tears. To prevent irritation, damage and eye infection, frequent application of artificial tears or saline solutions with lubricants is essential for cleansing and hydration of the eye.

Staff members must be alert for new onset of changes in the appearance of our residents' eyes or new complaints about eye discomfort or pain. A red or swollen eye may mean an allergy, a dry eye, a bacterial or viral infection, structural change, inflammation of the eye or surrounding tissues, or acute exacerbation of an existing disease. These symptoms require the immediate attention of a physician or ophthalmologist in order to prevent permanent eye damage. Unfortunately, access to an ophthalmologist may be impeded by a health plan's requirement for pre-authorization to see a physician specialist. It will be necessary to consider the use of emergency care services when ophthalmic care is delayed.

Other clinical approaches to preservation of vision may include control of blood pressure to minimize hypertensive retinopathy; tight glycemic control to prevent diabetic retinopathy; and good hydration and a balanced diet to provide blood, oxygen, vitamins and essential nutrients to the eye. Most residents with visions problems have ophthalmic diseases or conditions that are treatable. A quality initiative centered on healthy eye care can prevent blindness.

Promoting Vision Health in the ALF

Addressing the environment to promote normal routines and to maximize functionality and safety is key to any vision wellness program. If residents suffering from low vision have needs exceeding a correction to the lens through eye glasses or surgery, some fundamental accommodation of needs in their private quarters and across the facility should be considered. For example, lighting may be brightened to prevent accidents, allow for reading or sewing, and enable residents to recognize faces. The use of dark colored light switches makes them easier to see on light colored wallpaper or paint. The installation of motion lights that automatically turn on as one enters a room is especially helpful in preventing falls.

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Elsewhere, the facility can provide large-print reading materials, magnifiers, and clocks and phones with large faces and numbers. Providing bold-line writing implements can help residents see what they write.[5] When they travel outdoors, residents should be encouraged to wear brimmed hats and sunglasses to protect their eyes from harmful ultraviolet radiation.

For residents who continue to drive, some common-sense counsel may be needed as declining vision in the presence of slower reflexes converge to increase risk. Upon admission, check the expiration of the driver's license and ensure that it is in date. Many states, like Florida, are adopting new laws for senior motorists that mandate a drivers test to renew their licenses. Older residents should avoid driving at certain times of the day. They should not drive at peak traffic hours to avoid road congestion, at dawn when accommodation to light and color may be a problem, late in the afternoon due to the brilliance of the sun, or at night to avoid glare from headlights.

A vision wellness program is a low cost component of a healthful service promoting optimal resident satisfaction, safety, and independence. By embracing this quality care initiative, facilities will be able to promote and attract new clients who are seeking a residence where their visual problems are understood and supported. ALC

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