



## Eye Health and the Geriatric Patient

The following is intended as a general guideline for those who have been diagnosed with some of the maladies discussed below. For specifics on an individual patient please consult with the attending optometrist directly and review all consult notes and orders related to that individual's care.

Some of the most common eye conditions associated with an elderly nursing home population are: Diabetic Retinopathy, Cataracts, Dry Eye, Blepharitis, Glaucoma, and Macular Degeneration. Below are some helpful ideas for the daily care of residents with these conditions.

**Diabetes:** Leading cause of preventable blindness in adults in the U.S.

- All Diabetics need a dilated retinal evaluation at a minimum of every 12 months. Some more frequently if there is other pathology present.
- Any changes in vision should be reported to the staff eye care professional
- In addition to blood sugar control, blood pressure control and blood cholesterol control contribute to severity of retinopathy.

**Cataracts:** The lens behind the pupil becomes cloudy over many years. This leads to decreased visual acuity, changes in color perception, and difficulty with glare. When cataracts are advanced, surgery may be recommended.

- Residents with cataracts may need better lighting for activities
- Be aware of glare entering through windows.
- Label items with bright colors for ease of identification

**Dry Eye Syndrome:** Most Residents with dry eye syndrome have symptoms of scratching or burning eyes. Some will report intermittent blurred vision as well. There are some patients with neuropathy who may be asymptomatic, but a risk for serious corneal scarring if they are not treated.

- Artificial Tears are the first line of therapy
- Sometimes steroids or punctal plugs are used in severe cases
- There are now lab tests that can determine the severity of dry eye

**Blepharitis:** This chronic lid condition can mimic acute infections. Red lids and crusty lashes can be uncomfortable.

- In addition to medications, lid hygiene may be recommended.
- Use a warm wash cloth to clean and soak the eye lids for 3-5 minutes in the morning. Do not use baby shampoo.

**Glaucoma:** Labeled as the silent thief of sight, glaucoma can have no symptoms until vision is significantly and permanently decreased. Caused when the pressure in the eye is too high for the optic nerve to receive sufficient blood flow.

- Generally treated with eye drops, but there are surgical options as well.
- May have eye pain, but often asymptomatic
- Vision loss is usually peripheral, but can affect vision in low light conditions.
- Should be extra careful when ambulating, as may miss curbs or other obstructions in their path.

**Macular Degeneration:** This condition reduces the vision in the central part of the eye. Very debilitating as our central vision is the only area with fine detail. Often slowly progressive, but can cause a sudden loss of vision in one eye.

- Dry form progresses slowly, and can only be treated with vitamin supplements with medium efficacy.
- Wet form is acute and severe; can be treated by a retinal specialist with injections.
- Residents with advanced macular degeneration will actually see items better out of their side vision than straight ahead of them. Very difficult concept to teach.
- Magnifiers and other vision enhancement aides can be effective tools.