



## FINDING THE MISSING PIECE

OT reports on an innovative project that is helping dementia patients receive the eye care they need

**A**cross the UK there are men and women who look out the window but cannot see the garden below, who stare at the television but struggle to make out the characters, and who put the newspaper to one side because they can no longer make out the headlines. All it would take to restore these simple pleasures is an equally simple fix: a pair of spectacles.

But these residents struggle to articulate their vision problems because of a disease slowly taking away their memory. This distressing situation is the focus of an award-winning project run through a partnership between the West Midlands local eye health network

(LEHN) and the Royal National Institute of Blind People Scotland (RNIB) that aims to break down the barriers that those living with dementia face when accessing eye care.

West Midlands LEHN chair and optometrist, Claire Roberts (pictured, right) highlighted that the programme aims to address disparities identified through the Prevalence of Visual Impairment in Dementia (PrOVIDe) study. The research determined that close to half of people who were classified as visually impaired no longer met this threshold when wearing an up-to-date spectacle prescription.

*“All they need is a sight test and a pair of glasses so they can see the television, read or look at the birds outside”*

“When you stop and think about that – if that was your mum – it’s really eye opening. All they need is a sight test and a pair of glasses to see the television, read or look at the birds outside,” she shared.

Ms Roberts explained that several factors were at play in people living with dementia not accessing eye care. Optometrists were not always aware that people had dementia, while care workers and other non-eye health professionals were uncertain about whether dementia patients can have a sight test.

She emphasised that anyone living with dementia can have a sight test. “It is about adapting the sight test to the individual needs of the person. For somebody who is further on in their dementia journey, you could use simple pictures or individual letters,” she explained.

Training events were organised by the West Midlands LEHN, delivered by RNIB Scotland and funded by Health Education England. One-day Vision Friends courses were delivered across three sites in the West Midlands, with 120 places available.

The courses focused on teaching non-eye health professionals about the prevalence of different eye conditions and how sight loss may affect someone who is living with dementia.

“It was a very interactive workshop,” Ms Roberts explained. “We used simulation glasses to show people what the impact of sight loss is. Some of the learnings were around trying to work out if someone might be having problems with their sight, and not just attributing it to dementia,” she elaborated.

“If they are struggling with things it might be because they cannot see properly not because their dementia has got worse,” Ms Roberts added.

A further 40 places were offered on an Advanced Vision Friends workshop that went into greater detail and provided insight into how to share what attendees had learned with colleagues in their teams.

For optometrists, 60 places were offered in evening sessions that gave practitioners a greater understanding of dementia-friendly principles of practise.

Ms Roberts shared that when the training places were first released, she was uncertain about how great the demand would be. “We wondered if we had been ambitious with the number of places we were offering. But it quickly booked up. People asked to go on waiting lists if any places became available,” she said.

The project won the Local Optical Committee Support Unit’s 2017 National Optical Conference poster competition, and has been praised by leaders within NHS England. Dr Kiran Patel, medical director at NHS England West Midlands, said: “Our collaborative approach to work with Health Education England and RNIB to develop and deliver bespoke training to both dementia and eye health workforce has shown significant positive changes in practice and is delivering benefits to patients.”

### Lasting impact

Following the courses, a significant number of eye health professionals said they had changed their communication style and the way they conducted an eye examination following the training.

Non eye-health professionals such as nurses, care workers, managers and voluntary sector support staff shared how they had changed their approach on returning to work.

“Many of the light bulb moments came from people who had never, ever thought about sight loss, when they started thinking about some of the people they looked after,” Ms Roberts observed.

One care home worker noticed that a resident who had previously enjoyed jigsaws was no longer completing the puzzle.

“They realised the resident was wearing the wrong set of glasses. Once it was sorted out, the resident was doing their jigsaw puzzle again,” Ms Roberts shared. ●

### CLAIRE'S STEPS TO A DEMENTIA-FRIENDLY SIGHT TEST



- 1 Do not ask vague questions or give out too much information at once
- 2 Adapt the sight test: simple pictures or single letters could be an option for a patient further on their dementia journey
- 3 Ensure good lighting, limiting shadows and glare. If possible, use a room with plain not patterned carpet
- 4 Offer appointments at the best time of day for the patient and give their carer the opportunity to attend with them
- 5 Find out information in advance of the sight test if possible to avoid overwhelming the patient on the day.