UPTAKE OF LOW VISION SERVICES

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Definition of Low Vision

- ICD - 10
- Person having vision <6/18 to 3/60
  (Surveys and for reporting)

Definition (WHO1992)

A person with low vision is one who has
- Impairment of visual functioning even after treatment
  and/or standard refractive error correction
- Has a V/A of <6/18 to light perception in better eye
- Or a visual field < 10 °from the point of fixation

BUT
- who uses or is potentially able to use vision for
  planning or execution of a task.

Global Estimate

- 161 million visual impaired
- Total for LV Care : 64 million

Estimate

In addition to 161 m VI
  - 153 VI due to uncorrected refractive errors
    a. 148 million V/A < 6/18- 3/60
    b. 5 million V/A < 3/60

- SEAR Estimate of Low Vision : 14.5 m

Prevalence of Low Vision – India

- 1.05 %
- 10.6 m in need of low vision care!
Causes of low vision

- Little is known!!!
- APEDS:
  - 35% was due to retinal diseases,
  - 6% amblyopia,
  - 14% optic atrophy.
- These are results of only one study!

Low Vision Services

Primary, Secondary & Tertiary levels

Primary level..  
- Awareness
- Identification & Screening
- Rehabilitation & Education
- Environmental modification
- Community sensitization/ participation
- Referral

Secondary level ..  
- LV assessment
- Clinical
- Functional
- Counseling
- Dispensing of devices
- Referral

Primary level..

- Camps
  - Clinical assessment in community
    - trained ophthalmic personnel
  - Prescription & dispensing
    - glasses & LVD
  - CBR
    - Door to door screening
    - Counselling/ FUP/ Rehabilitation

Dandona et al: ophthalmology 1999
Secondary level:
- Part of regular clinical work
  - No extra eye care staff needed
- Training of para-medics
  - & of the Ophthalmologists too!

Training:
- Eye care personnel
  - Basic module
  - Periodic refresher workshops
- CBR personnel
  - Counselling & identification
- Community
  - Volunteers - Parents, Teacher, Relatives

Tertiary Level:
- Comprehensive low vision services
  - Multi/Cross-Disability
- Environmental modification
- Rehabilitation
- Training
- Networking
  - Service providers
  - Policy makers

Barriers:
- Lack of
  - Awareness among General population
  - Accessibility/Follow up
  - Identification & Referral System
  - Motivation (parents/care-givers)

Community:

Services:
- Lack of
  - Awareness amongst care providers
  - Training
  - Networking
  - Access to low cost LVD
- Time consuming & not ‘Lucrative’
- No dramatic improvement in QOL
Challenges

- Acceptance by clients & family
- Gender inequity
- Follow up
- HR issues
  - Low volume
  - Low priority

Strategies..

- Systematic networking
- Other health providers
- Primary health care
- Special focus – children with special needs
- Educational bodies / Authorities

Strategies..

- Linking secondary hospitals with CBR
  - To increase follow-up !
  - Increase networking !

Strategies..

- Cross referrals
- Opportunistic screening
  - DR & Glaucoma screening camps
  - Promote DPO's

Advocacy

- A conscious paradigm shift
  - From cataract to RD, DR, Glaucoma, CB
  - But LV still remains "LOW" !!

- Awareness / Sensitization
  - Amongst all stakeholders
  - Collective 'social' lobbying

Outcome

- Direct implication on QOL of individual
  - Development ↑
  - Education ↑
  - Poverty ↓
Thank you!