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Original article

Low vision devices

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ABSTRACT

Purpose: To find out indications of low vision devices and their utility in a tertiary health care centre in North India.

Methods: All the patients presented to low vision aid clinic from January 2014 to June 2015 were evaluated in detail. Various types of low vision devices were applied and improvement of visual acuity for distance or near was noted.

Results: There were 231 patients in which low vision aids were tried. There were 150 (64.93%) males against 81 (35.07%) females. Mean age was 53.5 years. The major causes for low vision were Retinitis pigmentosa 31 (13.4%), optic atrophy 36 (15.5%), macular dystrophies 20 (8.65%), microphthalmos 31 (13.4%), congenital nystagmus 25 (10.85) and congenital iridochoroidal coloboma 8 (3.4%). The optical devices used were telescopes 24 (38%), stand magnifiers 22 (34.9%), hand held magnifiers 11 (17.4%) and spectacles 6 (9.5%). 65 (28.13%) patients benefited from low vision devices.

Conclusion: Low vision devices can be very useful in improving the quality of life in certain incurable ocular conditions.

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1. Introduction

The number of people with impaired sight, that cannot be improved with the use of spectacles or any other treatment modalities is growing. A person with low vision is one who has permanent visual impairment with best corrected visual acuity (BCVA) less than 6/18 to perception of light or central visual field $<\!10^{\circ}$ because of an untreatable cause in both eyes, but who uses, or is potentially able to use, vision for the planning and/or execution of a task. In diseases for which no specific treatment is available visual acuity can be increased by low vision aids. This study retrospectively analyses low vision assessment and the utility of low vision aids.

2. Purpose

To find out indications of low vision devices and their utility in a tertiary health care centre in North India.

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3. Material and methods

All the patients presenting to our low vision aid clinic from January 2014 to June 2015 were evaluated in detail regarding complete history, visual acuity for distance and near, best corrected visual acuity, pupillary reactions and slit lamp examination for anterior segment was done. Posterior segment evaluation was done by 90 D lens as well as indirect ophthalmoscope. Repeat refraction was done in all cases. Two hundred and thirty one (231) visually handicapped patients were examined for low vision aid assessment. The criteria for success was a near visual acuity of N8

age distribution

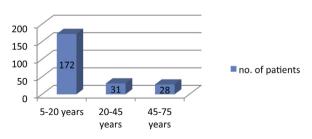


Fig. 1. Bar diagram showing age distribution of the patients.

Types of Ocular Pathologies

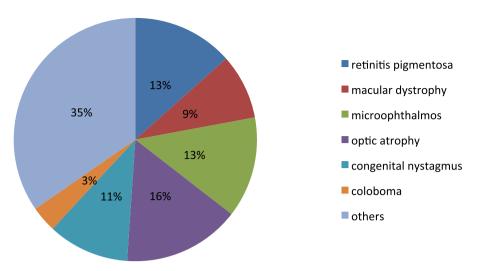


Fig. 2. Pie-chart showing types of ocular pathologies encountered during study.

PATIENTS BENEFITTING WITH LOW VISION AIDS

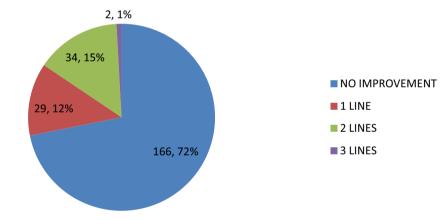


Fig. 3. Pie chart showing number of patients benefiting with low vision aids.

Types of LVA used

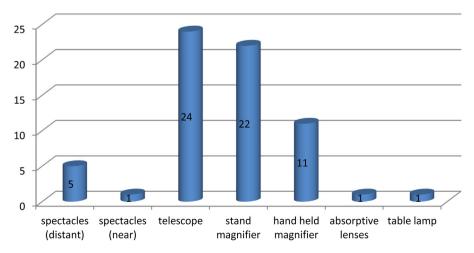


Fig. 4. Bar diagram showing types of LVAs used.

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