

Care Provision for Poststroke Visual Impairment

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Background: We sought to explore the care provision for poststroke visual impairment and variations in this in the United Kingdom. *Methods:* Survey questions were developed and piloted with clinicians, academics, and users. Questions addressed types of visual problems; how these were identified, treated, and followed up; care pathways in use; links with other professions; and referral options. The survey was accessed via a Weblink, which was circulated through UK professional organizations to multiprofessional members of ophthalmic and stroke teams. *Results:* A total of 548 completed electronic surveys were obtained. In all, 49.5% of respondents represented stroke teams, 42.5% eye teams, and 8% from other teams, for example, emergency care. Many respondents (41%) saw patients within 1 week of stroke. Nineteen percent did not personally test vision: 11% had a visiting clinician to test vision, and 22% used screening tools. Validated tests were used for the assessment of visual acuity (39.5%), visual field (57.5%), eye movement (48.5%), and visual function (58.5%). Visual problems suspected by family or professionals were high (88.5%). Typical overall follow-up period of vision care was less than 3 months. In all, 46% of respondents used designated care pathways for stroke survivors with visual problems; 33.5% of respondents did not provide visual information leaflets. *Conclusions:* Significant inequality exists in care for stroke survivors who experience visual problems. There is great variability in how vision screening is undertaken, which vision tests are used, methods of referral to eye care services, how visual problems are managed, and what vision information is provided to stroke survivors/carers. Further work is required to ensure equality and effective care. **Key Words:** Visual impairment—stroke—care provision—survey—professional—unmet need.

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Introduction

Stroke affects 150,000 individuals per annum in the United Kingdom and is estimated to cost the National Health Services (NHS) almost £3bn a year.^{1,2} Visual

impairment is a deficit of visual function, and after stroke, includes abnormalities of central and/or peripheral vision, eye movements, and a variety of visual perception problems (how we interpret what we see) such as

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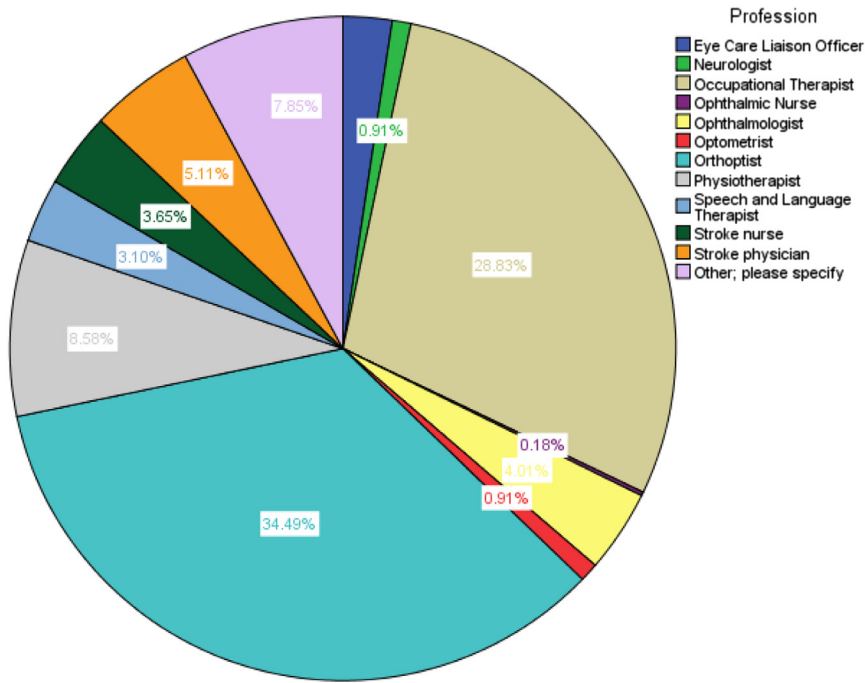


Figure 1. Professional categories.

inattention and agnosia. The prevalence of visual impairment amongst stroke survivors is reported as approximately 60%.³ The visual problems (types of visual impairment) can be complex including ocular and cortical damage.⁴

Visual symptoms are frequently poorly described by patients particularly where individuals have coexistent communication and cognitive impairments. Visual symptoms can be wide ranging including blurred vision,

hallucinations, diplopia, and reading impairment.⁵ It is unknown what symptoms are perceived to be the most problematic to stroke survivors and which cause the greatest impact to everyday life such as navigation issues, reading difficulty, loss of confidence, or loss of independence. It is important to ascertain this information as specific types of visual symptoms can be targeted by a range of therapy options such as prisms, occlusion, eye scanning training, and medical and surgical interventions.⁴

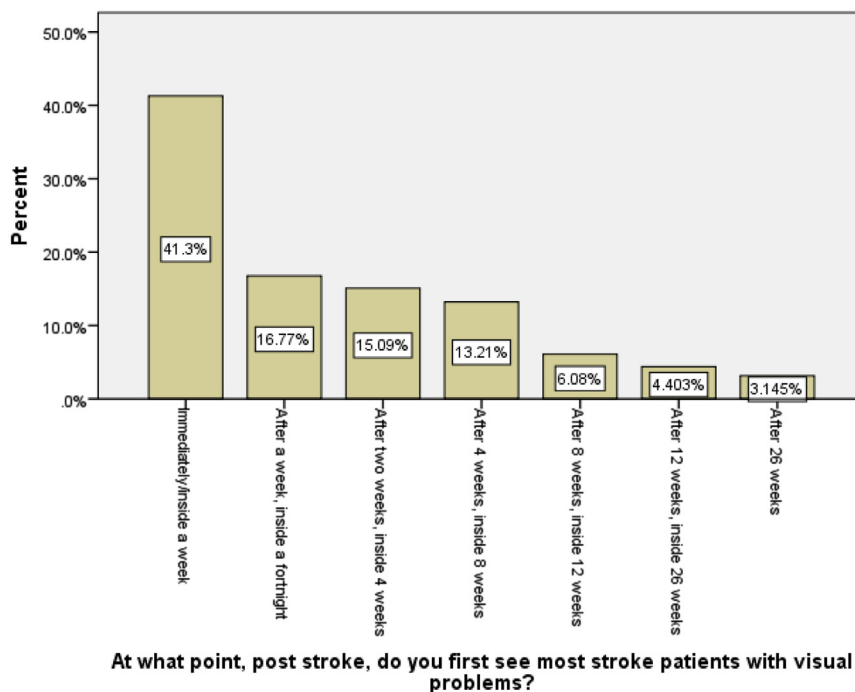


Figure 2. Time period for visual screening.

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