Eye Health Problems Among the Elderly: Common Problems but Different Needs

Maintaining good health is important all throughout our lives, more so in old age. However, as with the rest of the body the eye also undergoes significant changes as part of the ageing process. This is especially important because vision and hearing are the two most important special sensory functions of the body that tend to fail simultaneously as we age. In addition, presence of visual difficulties may impair normal mobility, reading, cooking and other normal day-to-day living activities. The common eye diseases in the elderly and special needs associated with them are detailed below.

Common eye diseases in elderly are:

a) **Presbyopia**: it literally means trying to see as an old man sees and is usually the first sign of the ageing in the eye. It usually starts around the age 40 years and is characterised by progressive difficulty in focussing at close distances. It can be improved by the use of glasses and contact lenses which can be either for reading alone, bifocals (for distance and near), or progressive (that enable focussing at different distances).

b) **Cataracts**: this is the second most common eye problem in adults after 45-50 years. It results from the clouding of the eye’s lens that helps focus the light rays in the eye. Patients usually complain of blurred vision that is slowly progressive, glare, reduced perception of contrast and colour hues. Although in early stages, patients may benefit with change of glasses, cataract surgery with removal of the lens and implantation of an artificial lens (Intraocular lens) provides permanent cure.

c) **Glaucoma**: Glaucoma is characterised by increased fluid pressure in the eye (either due to decreased escape from the eye or increased production). This increased pressure in the eye leads to a damage to the nerves, progressive narrowing of the visual field and ultimately in irreversible blindness. This condition has 2 subtypes: Open angle glaucoma which is slowly progressive and associated with a painless decrease in vision. On the other hand, acute angle closure glaucoma may be associated with sudden onset painful decrease in vision and redness of the eye. Sometimes, it may also present as similar to open angle.

Incidence of glaucoma tends to increase after 40 years of age and with a positive family history; hence, it is desirable that geriatric patients undergo a comprehensive ocular examination.

d) **Age related macular degeneration (ARMD/ AMD)**: This condition is characterised by slow age related damage to the central part of the retina called as macula. It is one of the leading causes of decrease in vision in the elderly, especially in the age group > 60 years. It occurs in two forms: Dry AMD which presents with a slow decrease in vision most marked in the central part of the vision and wet AMD which usually presents with a more rapid decrease in vision due to bleeding/ swelling in the retina of the eye.

e) **Diabetic retinopathy and its complications**: In patients with an unusually long duration of diabetes, progressive changes may take place in the retina with collection of fluid and blood in the retina that may impair vision. Since the incidence of diabetes increases with age, this
condition usually reflects in the elderly. Even though good breakthrough has been achieved in control of the condition, the best treatment remains in early detection and strict control of diabetes.

f) **Vascular occlusions of the eye:** This group of diseases (retinal vein occlusion, retinal artery occlusion and ischemic optic neuropathy) usually present with a sudden onset decrease in vision following a cessation of blood flow in the important blood vessels in the eye. Prolonged poorly controlled hypertension, blood sugar and cholesterol predispose to such conditions.

g) **Floaters:** Floaters are characterised by presence of seeing small dots/ black spots in front of the eye. These are more often seen in a well lit room. Floaters often are normal, but can sometimes indicate a more serious eye problem, such as retinal detachment, especially if they are accompanied by light flashes.

The major barriers to prevention and timely intervention are lack of adequate knowledge, presence of concomitant health problems, prohibitive costs of the various treatments, dependency on offspring for accompanying them to seek medical care and long waiting periods. Currently, about 7.7% of India’s population is more than 60 years old and it is projected that by the year 2050, the number of the elderly people would rise to about 324 million. Hence, the elderly not only need a regular eye check up but also a more comfortable and compassionate environment. Hence there is a need for the development of specific ophthalmic geriatric eye care team focusing on preventive, curative and social aspects of elderly people.

Most of these conditions can be detected and serious vision loss prevented by a timely and comprehensive eye examination. L V Prasad Eye Institute’s GMR Varalakshmi Campus, Visakhapatnam has undertaken to develop a specific ‘Geriatric Eye Care Centre’ with a dedicated team of doctors, optometrists, counselors and other supportive staff to augment their clinical and research teams.