

# Eye Diseases In Old Age

S Sahadevan

The fact that Singapore's population is ageing rapidly and disproportionately is by now a well-established fact. Many more chronic degenerative diseases are to be expected with corresponding elevations of physical and mental disability and if these older patients are to remain within the community (and not be institutionalised), a wide range of community-based services will have to be planned for and extensively implemented<sup>(1)</sup>.

Degenerative conditions with functional consequences are many. One such example posing major difficulties to those afflicted as well as their carers is visual impairment and blindness. In this issue of the journal Ho *et al* report their findings of a nationwide epidemiological survey focused upon eye diseases in the elderly<sup>(2)</sup>. Four major conditions were looked at: cataract, age-related macular degeneration, glaucoma and diabetic retinopathy.

Though the authors themselves acknowledge that there are difficulties in assessing the accuracy of the various prevalence rates reported in the study, their other observations also have practical import and merit further discussion. An overwhelming majority of the four eye conditions were as yet undiagnosed and approximately a third of the sample were asymptomatic. The investigators conclude that only an extensive island-wide screening programme will unravel the true (and undoubtedly high) burden of these eye diseases in the elderly, a significant proportion of which are eminently treatable. Given the impracticality of such a programme, Ho *et al* suggest that the cost-effective long-term solution resides in public education for both the elderly as well as their relatives.

However, such an education and increased awareness must also embrace the medical community, ophthalmologists and non-ophthalmologists alike. It is critical for the primary care physician to realise his or her crucial role in case-finding. As far as it is practicable and meaningful, all elderly patients should have regular assessment of their functional status (including vision) no matter what other illnesses they may be seeing their physicians for. Of all the eye examination procedures, visual acuity testing is the simplest and the most informative and special charts are also available for the illiterate. As Ho *et al*'s study makes clear, asking the patients whether they have visual problems is by itself insufficient. A visual acuity

worse than 6/12 requires an ophthalmologist's assessment.

Besides accurate diagnosis and appropriate treatment of the various eye diseases, the ophthalmologist also plays an equally important role in registering those who are blind or visually impaired with the Singapore Association for the Visually Handicapped (SAVH). In fact, based upon the Association's registration data over the last decade - in 1986 about 36% of those diagnosed blind were above sixty years of age and in 1996 the corresponding figure was around 37%<sup>(3)</sup> and keeping in mind that eye diseases are age-related, there is a suspicion that not many affected elderly patients are being registered over the recent years by eye specialists. It is for the ophthalmologist to reassure these patients and their carers that there is no stigma in the registration and that only benefits which can improve their quality of life await them. Such benefits include frequently subsidised low vision aids, talking literature and specialised counselling.

In summary, as this subject matter of eye diseases in old age illustrates, the health care approach towards the coming medical avalanche of various geriatric syndromes (in particular, immobility, imbalance, incontinence and impaired cognition) includes the general principles of firstly, detecting as early as possible and treating the (often several) clinical problems in each patient and secondly, being aware that frequently these medical problems have closely related functional and social consequences whose resolution or improvement requires the mobilisation of various community-based rehabilitative and social services.

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Department of  
Geriatric Medicine  
Tan Tock Seng Hospital  
Moulmein Road  
Singapore 308433

S Sahadevan, MBBS,  
MRCP (UK), DGM (Lond)