



SESSION 2: Why the Eye: Forum on the Public Health Connection Between Mental Wellness and Vision

Moderator



Steven M. Silverstein, PhD

Professor of Psychiatry, Neuroscience,
and Ophthalmology

University of Rochester Medical Center

INTRODUCTION TO: WHY THE EYE: FORUM ON THE PUBLIC HEALTH CONNECTION BETWEEN MENTAL WELLNESS AND VISION

Steven Silverstein, Ph.D.

Departments of Psychiatry, Neuroscience, and Ophthalmology

Center for Retina and Brain

University of Rochester Medical Center

steven_silverstein@urmc.rochester.edu

EFFECTS OF VISION LOSS

- People with vision loss are more likely to experience:
 - Depression
 - Diabetes
 - Hearing impairment
 - Stroke
 - Falls
 - Cognitive decline
 - Premature death
- Decreased ability to see is associated with reduced ability to:
 - Drive
 - Read
 - Manage finances
 - Travel
- The cost of vision loss, including direct costs and lost productivity, is estimated to exceed \$35 billion (Rein, Zhang, Wirth, et al., 2006)

- When people first access vision rehabilitation services, data from the USA indicate that the prevalence of depression is ~ 30%.

- Brody, et al., 2001, Depression, visual acuity, comorbidity, and disability associated with age-related macular degeneration. *Ophthalmology*;
- Brody, et al., 2005, Self-management of age-related macular degeneration at the 6-month follow-up - A randomized controlled trial. *Arch Ophthalmol*.
- Rovner, et al., 2001, Neuroticism predicts depression and disability in age-related macular degeneration. *J Am Geriatr Soc*.
- Rovner, et al., 1997. Screening for depression in low-vision elderly. *Int J Geriatr Psychiatry*.
- Rovner, et al., 2007. Preventing depression in age-related macular degeneration. *Arch Gen Psychiatry*.

INTERNATIONAL FINDINGS

COUNTRY	RATE OF DEPRESSION
Thailand	43% (during COVID)
Bangladesh	58% (during COVID)
Brazil	54% (during COVID)
Australia (pts. w/ cataracts)	31%
England (older adults with VI)	30%
Netherlands (older adults with VI)	27%
India (older adults with VI)	21%

Summary from Tantirattanakulchai et al., 2023, Clinical Ophthalmology

OVER 1/3 OF PEOPLE BELIEVE THEY NEED EMOTIONAL HELP AND COUNSELING AT THE TIME THEY BEGIN RECEIVING SERVICES FOR B/VI

- “If I had someone to talk with about my loss of sight; I would have appreciated psychological help to discuss emotional problems, such as anger and grief. Right now I would still like and appreciate this help” (Conyers, 1992)
- ~25% of people said they felt unable to talk to people in their life about their concerns (Conyers, 1992)

CHANGES IN EMOTIONAL REACTIONS FROM TIME OF LOSS OF SIGHT TO UP TO 2 YEARS LATER (N=104) (FROM CONYERS, 1992)

<u>REACTION</u>	<u>IMPROVED</u>	<u>DECLINED</u>
Nothing to get up for	0	17
Nothing to look forward to	3	26
Meaning and purpose left life	2	23
No hope for the future	3	26
Bitter about loss of sight	2	24
Felt sad	3	34
Felt I would not feel again	1	11
Couldn't accept it happened to me	3	35
Could not accept sight would not return	4	26
Felt embarrassed	2	28
Felt so alone in this experience	2	11
Felt like a second class person	2	15

ASPECTS OF TREATMENT CAN FURTHER IMPACT MENTAL HEALTH

Clinical Ophthalmology Dovepress
open access to scientific and medical research

Open Access Full Text Article ORIGINAL RESEARCH

Through the Eyes of Patients: Understanding Treatment Burden of Intravitreal Anti-VEGF Injections for nAMD Patients in Norway

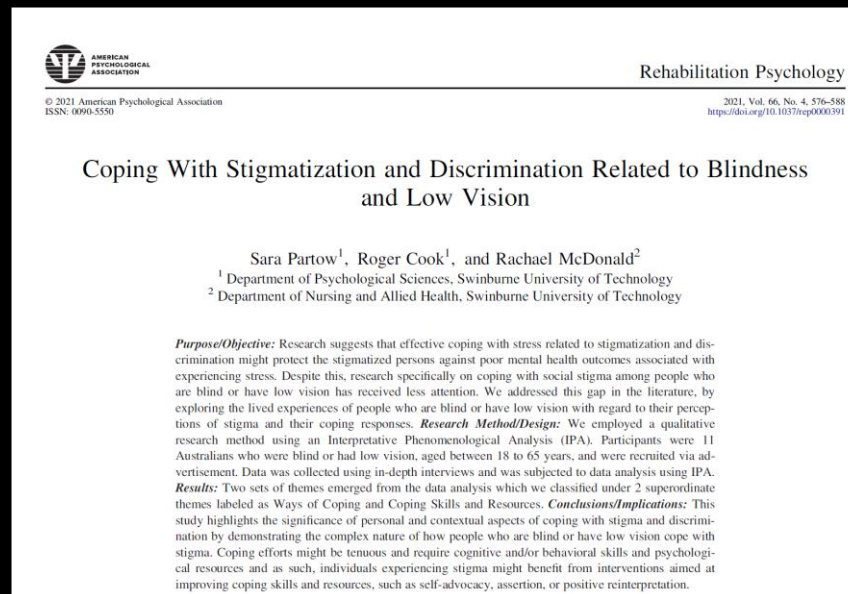
Gudrun Reitan¹, Inga Britt Kjellevoid Haugen², Kristoffer Andersen³, Ragnheidur Bragadottir^{4,5}, Christian Bindesboll³

¹Department of Molecular Medicine, Institute of Basic Medical Sciences, University of Oslo, Oslo, Norway; ²Department of Research, The Norwegian Association of the Blind and Partially Sighted, Oslo, Norway; ³Roche Norway, F Hoffmann-La Roche AG, Oslo, Norway; ⁴Department of Ophthalmology, Oslo University Hospital, Oslo, Norway; ⁵Department of Ophthalmology, Institute for Clinical Medicine, University of Oslo, Oslo, Norway

Correspondence: Christian Bindesboll, Email christian.bindesboll@roche.com

- 130 nAMD patients responded to the survey. The majority of patients reported to receive nine or more injections per year.
- Many patients needed caregiver support for every treatment appointment (37.7%).
- The week before the treatment, 33.1% of patients reported to be stressed and 15.4% struggled to sleep.
- The majority of patients reported the treatment as uncomfortable (54.6%) or as somewhat painful (26.2%).

PEOPLE WITH BLINDNESS OR LOW VISION FREQUENTLY ENCOUNTER STIGMATIZATION IN THEIR DAILY LIVES



- This can lead to:
 - not participating in rehabilitation programs (Southall & Wittich, 2012)
 - limited social inclusion (Bennion et al., 2012; Kong & Loi, 2017)
 - a reduced sense of mastery
 - anger
 - feeling uncomfortable in varied social interactions
 - shame and embarrassment (J. Green et al., 2002; Nyman et al., 2012; Thombs & de Board, 2016).

STAGES OF PSYCHOLOGICAL ADJUSTMENT TO LOSS OF SIGHT


- From Cholden, 1958, *A Psychiatrist Works With Blindness*
 - Depersonalization
 - Depression
 - Recovery
- From Tuttle & Tuttle, 2004, *Self-Esteem and Adjusting with Blindness**
 - Trauma, physical or social
 - Shock and denial
 - Mourning and withdrawal
 - Succumbing and depression
 - Reassessment and reaffirmation
 - Coping and mobilization
 - Self-acceptance and self-esteem

Reaction

Rebuilding

Visual Impairment and Mental Health: Unmet Needs and Treatment Options

This article was published in the following Dove Press journal:
Clinical Ophthalmology

Docia L Demmin¹
Steven M Silverstein ²

¹Department of Psychology, Rutgers University, Piscataway, NJ, USA;

²Departments of Psychiatry, Neuroscience, and Ophthalmology, University of Rochester, Rochester, NY, USA

Purpose: An estimated 2.2 billion people are visually impaired worldwide. Given that age-related vision loss is a primary cause of vision impairment, this number is projected to rise with increases in average lifespan. Vision loss often results in significant disability and is associated with a substantial economic burden, reduced quality-of-life, concurrent medical issues, and mental health problems. In this review, the mental health needs of people with vision impairment are examined.

Patients and methods: A review of recent literature on mental health outcomes and current treatments in people with visual impairment was conducted.

Results: Considerable data indicate that rates of depression and anxiety are elevated among people with visual impairments. Moreover, individuals of lower socioeconomic status may be at increased risk for vision impairment and subsequent mental health problems. Existing psychosocial interventions for improving mental health in people with visual impairment show some promise, but are limited by low adherence and lack generalizability.

Conclusion: In order to improve outcomes, a better understanding of the mechanisms linking visual impairment and poor mental health is needed. It will also be essential to develop more effective interventions and expand access to services to improve the detection and treatment of mental health problems in this population.

Keywords: visual impairment, vision loss, mental health, psychosocial interventions

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7721280/>

SESSION 2: Why the Eye: Forum on the Public Health Connection Between Mental Wellness and Vision



Carol Johnson
Prevent Blindness
ASPECT Patient Engagement
Program Graduate



Melissa Taussig, MA, LCPC
Private Practice



Kelly Scherer, OD
Director of Clinical Services
The Lighthouse Chicago



Varshini Varadaraj, MD, MPH
Research Associate, Johns
Hopkins Disability Health
Research Center



K. Thiran Jayasundera, MD, MS
Paul R. Lichter Professor of
Ophthalmology University of
Michigan



Larry Woodard
Prevent Blindness
ASPECT Patient Engagement
Program Graduate



Julie Grutzmacher, MSW, MPH
Director of Patient Advocacy &
Population Health Initiatives

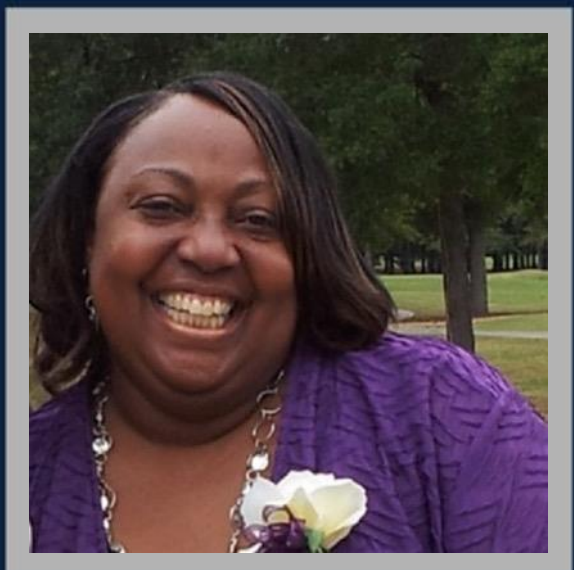


Rochelle Neutra, MSN, FNP-BC
Patient; Provider; Advocate
Prevent Blindness ASPECT
Program Graduate



SESSION 2: Why the Eye: Forum on the Public Health Connection Between Mental Wellness and Vision

Patient Perspective



Carol Johnson

Prevent Blindness ASPECT Patient Engagement Program Graduate