

## SYMPOSIUM

### Research-based interventions to reduce the psychosocial impact of vision loss in old age

Chair: Peter Verstraten (Robert Coppes Stichting, Vught, the Netherlands)

Co-chair: Vera Heyl (University of Education, Heidelberg, Germany)



CV of Chair:

Peter Verstraten, MSc, programme manager Expertise, Innovation & Knowledge (EIK) at the Robert Coppes Stichting (RCS). Graduated in Psychogerontology at the Radboud University Nijmegen. Working in the field of visual impairment since 1988 as psychologist and rehabilitation coordinator of adult (incl. older) blind and partially sighted people, as researcher and teacher/coach, senior project manager, science coordinator and knowledge manager. He is involved in many international networks (ENVITER, WBU, EBU, ICEVI, ENPVI), and international conference organisations. As programme manager at RCS he is responsible for knowledge management and R&D-projects.

Symposium Abstract:

The predominant group of people with sight loss is over 70 years of age. Sight loss is often age related but within this age group there is a relatively low referral rate to rehabilitation services. Part of the difficulty is that sight loss in older people is not being recognised as a disability but rather as a part of getting old. With a loss of vision will often come reduced mobility, reduced access to information, reduced self-regulating capacities, poor confidence to go out alone, resulting in social isolation, reduced physical and mental health, all leading to a downward spiral of dependency.

Vision loss and blindness are known to have a cumulative negative impact on quality of life of older people. Blindness and vision loss adversely affect the productivity of older people through premature retirement or inability to work and reduced ability to contribute to community and to family life.

Ageing and vision loss have a compound impact through an increased risk of depression and anxiety and loss of self esteem, reduced social participation, diminished well-being, and a decrease in quality of life and happiness. This emphasises the need for emotional and psychological services for ageing people with vision loss but also for their family and caregivers.

The challenge for rehabilitation is turning a potential downward spiral into increased independence and engagement in the wider society, making use of ageing people's resilience, knowledge on information processing and learning strategies at old age, peer support, caregivers and volunteers. To support the effectiveness of such interventions we need research, be it evidence-, theory- or practice-based. In this symposium several interventions and the research behind it are presented.

This symposium consists of five presentations (presenters underlined) by:

1. Wettstein & Heyl
2. Cimarolli, Reinhardt & Burack
3. De Droog
4. Wolski & Himmelsbach
5. Van der Aa, Margain, van Rens, Heymans & van Nispen (cancelled)

## 1. The Experience of Late-Life Vision Loss: Psychosocial Correlates and the Compensatory Role of Cognitive and Personality Resources

Markus Wettstein<sup>1</sup> & Vera Heyf<sup>2</sup>

1. Heidelberg University; 2. University of Education Heidelberg, Germany

**Introduction/aim:** Vision impairment is one of the most frequent chronic conditions in old and very old age. The aim of this study was to examine psychosocial correlates of vision loss and to identify resources that may compensate for and buffer the detrimental impact of impaired vision on psychosocial outcomes.

**Methods:** Our sample consisted of n = 121 visually impaired (VI) older adults as well as of n = 150 sensory unimpaired (UI) controls. Mean age of the total sample was 82.4 years (Range: 72-95 years, SD = 4.6 years). We measured participants' well-being, health and everyday functioning. Personality was assessed based on established self-report instruments. Moreover, cognitive resources were measured based on comprehensive cognitive test batteries. A follow-up survey took place approximately 4 years after the first measurement occasion.

**Results:** VI older adults reported significantly poorer subjective health and lower everyday functioning compared to the UI group. Regarding the compensatory role of resources, cognitive abilities were found to be more closely related with everyday competence and well-being in the VI group compared to the UI group. Moreover, higher neuroticism was more strongly related with 4-year decline in cognitive abilities and health in the VI group than in UI controls.

**Conclusion:** Everyday functioning is lower in visually impaired older adults compared to older adults without sensory impairment. Cognitive abilities as well as aspects of personality (neuroticism) may be particularly important resources for individuals with vision loss which help to maintain high functional ability despite impaired sensory functioning. Moreover, high emotional stability seems to buffer the negative impact of vision impairment on cognitive functioning. Future interventions for older adults with vision loss should therefore consider elements to promote both cognitive ability and emotional stability.

**Disclosure:** none.

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## 2. Addressing Vision Impairment in a Geriatric Rehabilitation Setting

V.R. Cimarolli, J. P. Reinhardt, & O. Burack

Research Institute on Aging, The New Jewish Home, New York, NY, USA

**Introduction.** There is research evidence demonstrating that vision impairment (VI) can impede utilization and efficacy of physical rehabilitation in older adults in post-acute rehabilitation care settings. Poor vision not only functions as a predictor of decreased time in therapy, but also as a predictor of higher functional dependency at discharge from post-acute rehabilitation care settings. A substantial number of older adults – that is about 30 % - who receive rehabilitation in post-acute rehabilitation care settings have non-adequate vision even when wearing contact lenses or using other vision aids. These are older adults who are at risk for poor rehabilitation utilization and outcomes.

**Methods.** We evaluated the implementation feasibility and short-term impact of an intervention designed to address VI in older adult post-acute rehabilitation patients. Intervention components were: [1] training of Occupational Therapists in vision screening procedures to identify patients with VI and integration of vision-specific therapy into the

treatment plan, [2] referral of patients with VI for a low vision exam, and [3] treatment by an Occupational Therapist trained in low vision issues.

**Results.** Occupational Therapists screened 150 patients; eight were identified as having VI and were referred for a low vision exam. When compared to a matched group of sighted patients, the VI group received more intense therapy, specifically more self-care/home management training and showed more activity of daily living domains with improvement.

**Conclusions.** This study suggests evidence for implementation feasibility of two aspects of the intervention (training and delivery of vision-specific treatment) and for positive short-term patient outcomes.

**Disclosure:** The authors have no relevant commercial relationships to disclose

### 3. Visually impaired elderly in Aruba: A shift in networks, identity as well as respect, and the importance of leverage persons

*Mieke de Droog*

*University of Aruba, Faculty of Arts and Sciences, Oranjestad, Aruba*

**Aim:** The aim of this study was to offer visually impaired people in Aruba leverage through which they can empower themselves and through which significant persons and agencies can assist them more effectively. This interpretive study elucidated the full, layered complexity of the condition of visual impairment in a small-scale community, varying in dynamics for each participant and situation.

**Method:** 32 respondents were interviewed extensively; half of the interviewees were 60 years and older. The focus was on their constructions of reality, taking into account their life stories and the specific cultural and historical context of Aruba.

**Results/Conclusions:** The visual impairments led to loss of (social) activities. Several respondents told also about the additional impact of other functional disabilities and chronic diseases. Striking in this study was the shift and losses in networks involved with losing one's eyesight, disabilities and dealing with this daily. They entailed a change in the balance between reciprocity and dependence, with consequences for the experienced identity, (self-) respect and social participation. Remarkable was the international mobility of participants for medical reasons, and characteristic fluctuations in the networks involving practical and emotional support. Various participants were exposed to isolation and impoverished social standing. Important factors affecting their experiences were the quality of the relationship with others and agencies. Key incidents and 'leverage persons', who appear to have given those involved an 'unsolicited' essential nudge in a specific direction at 'a particular moment', played an important role in the sense making process of the visually impaired and their grasping of opportunities. The study also highlighted the ability of the participants themselves to learn how to stand up for their limitations and open up to others and/or new experiences. All three were essential to the experience of the fluxes in their network, identity and (self-) respect, with consequences for interpersonal relations and social inclusion.

#### 4. **Development of a sensory support intervention to improve cognition and quality of life in older people with hearing and/or visual impairment.**

*Lucas Wolski & Ines Himmelsbach*

*Catholic University of Freiburg, Germany*

Short: Ears, Eyes and Mind: The 'SENSE-Cog Project'

**Background/Aim:** In the next few years, more and more citizens of the EU will be facing visual and hearing problems, when entering third or fourth age. Besides, these people have a higher risk to face neurocognitive disorders. Currently a lot is already known about the challenge for elderly people facing one of these conditions, but with regard to a dual or triple impairment knowledge is scarce. Neither regarding combined impairment and its cumulative effect on cognition nor the challenge for the individual related to professional treatment and intervention. Under the direction of Iracema Leroi and Piers Dawes (Univ. of Manchester, PIs) the 17 partners of the SENSE-Cog team aim for solutions regarding this challenge at three different clinical sites: Manchester, Bordeaux and Nicosia. Aside from other tasks the SENSE-Cog team is currently developing a novel intervention to improve cognition and quality of life in people with dementia and hearing or visual impairment.

**Methods:** The development of the intervention covers the following steps: 1) An Expert Reference Group meeting on the topic was held by discussing feasibility and component issues for the intervention with experts from relevant professional fields. 2) This information was included in the development of Focus Groups. These aimed at uncovering the specific needs of people with dementia, their caregivers and health professionals. Data on attitudes towards the intervention as well as thoughts and insights of patient's feelings and coping mechanisms were collected in a qualitative way using behaviour change models. The material was analysed according to summative content analysis. Findings of the Focus Groups were evaluated and used for 3) further deliberations in a field trial.

**Results** contribute to elaborate the intervention development process as well as findings of the Focus Groups highlight differing perspectives of persons with dementia, caregivers and professionals.

**Conclusion:** Apart from that information led to new deliberations, which were to be considered in the final development of an intervention.