

Communication:

Vision Problems

This pamphlet is part of a series of dementia-related diseases prepared by Kenneth Hepburn, Ph.D., Geriatric Research, Education and Clinical Center (GRECC) of the Department of Veterans Affairs Medical Center, Minneapolis, Minnesota.

Older people often have vision problems. There may be problems with sharpness of vision, with telling colors apart, or with judging what's near and what's far. Also, many drugs can disturb the eyes' ability to focus well. Poor vision can increase the risk of falls and injury. It can also make communication harder.

Vision plays a big role in communication. We watch the facial expressions of other people as they speak and as they listen to what we have to say. Eye contact seems to mean a lot. (Think how uncomfortable you feel talking with someone wearing mirrored sunglasses.) Also, we often use gestures, like pointing or a shrug of the shoulders, instead of words.

Dementing illnesses like Alzheimer's disease produce problems with memory, paying attention, concentration, perception and judgment. The impaired person will forget names and will have trouble coming up with words. The person may have a hard time understanding and remembering what you say. The person may also seem to see things or persons that are not really there. These difficulties may cause you, the caregiver, problems communicating with the impaired person. If, in addition, the person is also having vision problems, then communication will be even harder.

If it's hard communicating with the person in your care, consider whether the person may have a vision problem. Watch the person closely, and discuss what you observe with a doctor.

The doctor may find a visual problem that can be corrected. Still other problems may remain that you will have to learn to cope with. You will have to develop techniques that work for you and for the person in your care.

Observation and diagnosis

Does the impaired person seem abnormally clumsy? Perhaps he or she has fallen frequently or keeps bumping into things. Keep track of the problems you notice, and try to answer the following questions. This information will help the doctor in determining if the impaired person's vision is failing. Or perhaps the problems are from some other source, such as inner ear problem, a reaction to medication, or the progressing dementia itself.

Questions:

When do these problems occur?

When did you first notice the problems?

Do you see any pattern to the problems? (For instance, does the impaired person seem to have more trouble at certain times and do better at other times)

Does the impaired person use glasses now? (If so, bring the glasses along when you visit the doctor.)

Treatment and management

Problems with vision can often be corrected or improved. Near-sightedness or far-sightedness may mean the person needs glasses. If the person already wears glasses, the strength may need to be adjusted. Cataracts and glaucoma are two other conditions that impair vision. An eye doctor can diagnose and treat all these.

Some problems may be caused by the patient's progressing illness and not by failing eyesight. The person may see perfectly well and yet still be unable to act appropriately. The disease has made the person's brain incapable of understanding or remembering what the person sees. In their book, **The 36-Hour Day**, authors Mace and Rabins use the example of a person who can still read perfectly well but who cannot understand or remember what has been read.

In this case, no treatment will help. The problem will have to be managed rather than cured. Your care goals now are to ensure the person's safety and to see that the person acts as independently as possible. Such independence, although limited, will preserve the patient's self-esteem and keep your task more in hand.

Note: The doctor may be unable to find any correctable visual problem. Continue to report any new problems to your doctor or nurse. They can help you understand what is happening and offer coping techniques. Also, you want to be sure that any correctable problem is promptly identified and treated.

Coping techniques

These techniques may help you communicate with the impaired person in spite of vision-related problems, no matter what their source. Some of these ideas may require both work and expense. A good idea is to try the easiest ideas first, and see what works. Your health care providers may also have other specific ideas. Support groups are another resource for you. Group members will likely have ideas, based on their own experiences, for dealing with the problems you face.

Anticipate problems and be prepared to take extra time. The impaired person may need extra time to do things we take for granted. Adjusting from a dark hallway to bright sunlight, for instance, may take longer or even be startling and upsetting. If you can anticipate such problems, you can prepare the person in advance. Tell the person you are about to turn on the light, for instance. Also, allow time for the person to adjust when there is a sudden change in the level of lighting.

Eliminate visual distractions in the background. Simplify the home environment. Reduce the number of potential distractions by removing unnecessary furniture and decorations. Make sure no bare light bulbs are exposed.

Experiment with the surroundings to see what helps. Simple contrasts--between light walls and a dark door, for instance--may help the person see better and make better sense out of what is seen. Experiment with the lighting during the daytime as well as at night. Vary the strength of the lighting to see what kind of light levels improve the person's comfort and ability to get around the house easily. Perhaps creating a contrast between bright and dim areas may draw the impaired person naturally to those places he or she can use safely, while avoiding the places you do not wish used. Another idea that might help is to use bright picture labels or signs on certain drawers and room doors (especially the bathroom, for example). Such labels should be large enough to be seen easily and should offer sharp contrast between the letters or design and the background. The signs should be at the right height for the person's normal line of vision. If you use lettered signs, use light letters on a dark background.

Think out what you want to say. Short, simple words and sentences will be understood most easily.

Be prepared to repeat yourself. Frustrating as the need may become, you will no doubt have to repeat yourself many times.

Make sure the impaired person can see you well. Approach the person from the front. (Suddenly appearing from behind may startle the person.) Also, avoid sitting or standing off to one side. Don't have a glaring light or bright window behind you. Look directly at the person when you speak.

Remind the person who you are. This is just one more thing for the impaired person to remember if you don't help by reminding him of your name. (Also tell the person where you are, if necessary.)

Do not use gestures instead of words. Shrugging your shoulders or nodding your head may not be enough. The person may no longer notice or be able to interpret these gestures.

Don't assume the person understands. Watch to see what the person does, rather than trusting what he or she says. Impaired people frequently become very skillful at concealing the fact that they do not understand. If you suspect that the person does not get what you mean, try to find a new, simpler way to express the same idea.

Living with the problem

Vision problems in a dementia person may make caregiving a harder task. Managing the day-to-day routine takes more time and effort. Safety becomes a

bigger concern. You may have to modify the environment and watch the person more closely. The caregiving task can tire, frustrate and upset you. The impaired person may sense this and also become upset. This can make your job even harder.

Both kinds of problems--the person's and yours--are real and important. You will need to develop techniques for coping with both.

Structure the day. It may be useful to structure the impaired person's day (and your own). A regular routine will be easier for both of you. You especially need to build in time for yourself to take a break. You also need to find helpers who can give you respite from your caregiving duties. Family members and friends can help, or you might want to consider hiring help.

Talk with others. Finally, keep in mind that talking with others in similar situations can be helpful. You may want to join a support group. (The Alzheimer's Disease and Related Disorders Association may be able to help you locate a support group near you. Or ask your health care providers or a local hospital for a referral.) Sharing experiences with others may help you keep in mind that the problems are part of the disease itself and of the caregiving role. The person is not being difficult on purpose, and you are not an inadequate caregiver.