Low Vision Rehabilitation for Patients with AMD

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I. Disease attributes affecting vision rehabilitation prescriptions
   a. Distance and near visual acuity
   b. Status of central field - Mapping central field can significantly enhance understanding of condition – absolute vs. relative
      i. Microperimetry
      ii. California Central Field Test
   c. Contrast sensitivity
   d. Glare sensitivity
   e. Color vision
   f. Contrast sensitivity
      i. Mars or Pelli-Robson
      ii. Low contrast distance and near VA

II. Rehabilitation considerations
   a. Central visual field often has significant scotomas, even when VA remains good due to central sparing in geographic atrophy (ring scotomas are common)
      i. Patients with advanced DRY AMD are typically over 80, so must consider their age and physical condition. Set reasonable goals
      ii. Patients with wet AMD are often younger than those with dry AMD at presentation for LV, but their visual demands are often greater
      iii. Large scotomas may make driving dangerous, even when VA meets state requirements
   b. Refraction is a must!
      i. Some patients fail to get new glasses after cataract surgery
      ii. Some patients have refractive shifts due to nuclear sclerosis and have not been refracted while under the care of the retina specialist
      iii. Discuss and demonstrate indoor tints and fit-over tints for outdoors
   c. Reading often the primary goal.
      i. Ring scotoma (more common in dry AMD)
         1. Sometimes a good reading lamp is all that is needed along with best correction
         2. Low magnification, high illumination
         3. Most electronic magnifiers produce too much magnification
ii. Central scotoma (may be present in either dry or wet)
   1. May require EV training to develop PRL prior to
device prescription.
   2. No need to train EV before central scotoma develops
iii. Relative scotoma (more common in wet AMD)
   1. Responds well to illuminated magnification
      a. M=reference acuity/goal acuity
      b. Illuminated hand held magnifiers work well for
         those who are relatively emmetropic at
distance and prefer not to wear glasses.
      c. Illuminated stand magnifiers require an add to
         focus the image

d. Educate patient on Relative Distance Magnification for tasks like TV
   watching
   i. Demonstrate spectacle binoculars as an option
   ii. Discuss RDM vs. RSM

e. Always ask about driving – do not assume that just because they’re
   legally blind they hung up the keys!

f. Work with other rehabilitation professionals to meet all of the
   patient’s needs
   i. Occupational therapy
      1. Medication management
      2. Training in the use of devices and PRL’s
   ii. Psychology/Social work
      1. Depression is a significant comorbidity affecting
         approximately 30% of patients
   iii. Rehabilitation teaching
      1. May be available through state resources