VISUAL LOSS IN THE ELDERLY
Aetiology

- Sudden
  - Retinal
    - Retinal vascular occlusion
    - Wet AMD
  - Neurological
    - AION
    - Neurological visual field loss

- Gradual
  - Cataract
  - Glaucoma
  - Dry AMD
Cataract
Cataract

- Slow, painless decrease of vision
- Glare
- Occasionally, monocular multiple images
Types of Cataract
Management

• Interfering with daily activities
• Cause of other ocular diseases
  – glaucoma
  – uveitis
• Prevents examination or treatment of pre-existing ocular condition
  – DR
  – Glaucoma
Aqueous Outflow
Glaucoma

- Primary open angle
  - Reduced outflow and poor optic nerve perfusion

- Secondary open angle
  - Ocular disease
    - Ocular inflammation
    - Trauma
    - Intraocular haemorrhage
  - Drugs
    - Steroids
Symptoms

- Often none until extensive loss of V F
- ‘Bumping into things’
- Gradual deterioration of near vision
- Pain very uncommon unless IOP very high
Treatment

MEDICAL
• β-Blockers (side effects!)
• PG agonist
• α₂ adrenergic agonist
• Parasympathomimetics
• CAIs
• Osmotic agents

SURGICAL
• Trabeculectomy
• Laser
AION

- Arteritic
  - Older patients
  - Second eye involved 75%
  - Polymyalgia Rheumatica
- Non-arteritic
  - Younger
  - HT, DM
Arteritic IAON

- Headache, scalp tenderness
- Thickened temporal artery
- Jaw claudication
- Weight loss, anorexia, fever, night sweats, malaise, depression
- Raised ESR
- CRAO, CN palsy
Retinal Vein Occlusion

• Sudden, painless
  – VF defect
  – loss of vision
Retinal Artery Occlusion

- Sudden, painless
  - VF defect
  - loss of vision
- Amaurosis fugax
- CVA, TIA

Cherry spot
Investigations for retinal vascular disease

- Visual acuity, pupil reflexes, visual field
- BP, pulse, ECG
- BSL, FBC, U/Es
- Protein electrophoresis
- Carotid doppler
Macular Disease

• Commonest cause of untreatable visual loss in the elderly
• Distortion
• Deterioration of central visual acuity
• Normal pupil reflexes
Dry AMD

Drusen
Exudative AMD