



Mobility of older people with vision loss.

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Background

- Increase in population of older people
- Not a homogenous population
 - Able bodied
 - Some disability
 - Profound disabilities
- Higher expectations of those in old age
- Ageing highly correlated with vision loss
 - Increase in VI Population
 - Increased burden on eye care services
- Impact of Vision Impairment
 - Personal, Social, Psychological & Economic

All Ireland QOL study (QOL) incorporating major section on mobility

Mixed Methods Quantitative & Qualitative

Domiciliary interviews (n=222) 14 Focus Groups (n=131)

Study specific questionnaires

Sample selection: Service providers/Registers

Republic of Ireland (ROI) & Northern Ireland (NI)

Broad Inclusion criteria

Ethical approval obtained in ROI & NI

PI Bláithín Gallagher Financed by a Health Research Board (HRB) Career Health Services Fellowship Award

National Mobility Study Ireland (NMS)

- Mixed Methods
 - Mainly Quantitative with a number of open questions
- Telephone Interviews
- 2 cohorts Younger & Older <65 & >65 (n= 564)
- Study specific questionnaires
- Sample selection: NCBI Blind Register (ROI only)
 - Broad Inclusion criteria
- Ethical approval obtained in ROI

Carried out by Dept of OT

Trinity College – University of Dublin

Commissioned By NCBI Author: Siobhan MacCobb

QOL Study 1: Overview of Participants

- 222 Participants: 160 F, 62 M
- Registrable as Blind/Partially Sighted
 - Blind VA 6/60 and/or Restricted fields: ROI
 - Blind VA 3/60/Partially Sighted VA 6/60–3/60 and/or Restricted Fields NI
 - 72 Self report as Blind, 150 Partially Sighted
- Mean Age: 76.5 SD \pm 8.6 Range 60-99
- Duration of VI: 24.5 SD \pm 23.8 yrs Range 0-83 yrs
- 76.6% at least 1 co-morbidity
- 55% Live alone (n=123)

QOL Study 1: Overview of Participants

Focus Groups

n= 122 Participants

– not involved in individual interviews

- NI - 6 focus groups ROI 8 focus groups
- NI–3 urban (NIU)– 3 rural (NIR);
- ROI 4 urban (ROIU) 4 rural (ROIR)
- Majority female n=93 (79.3%)

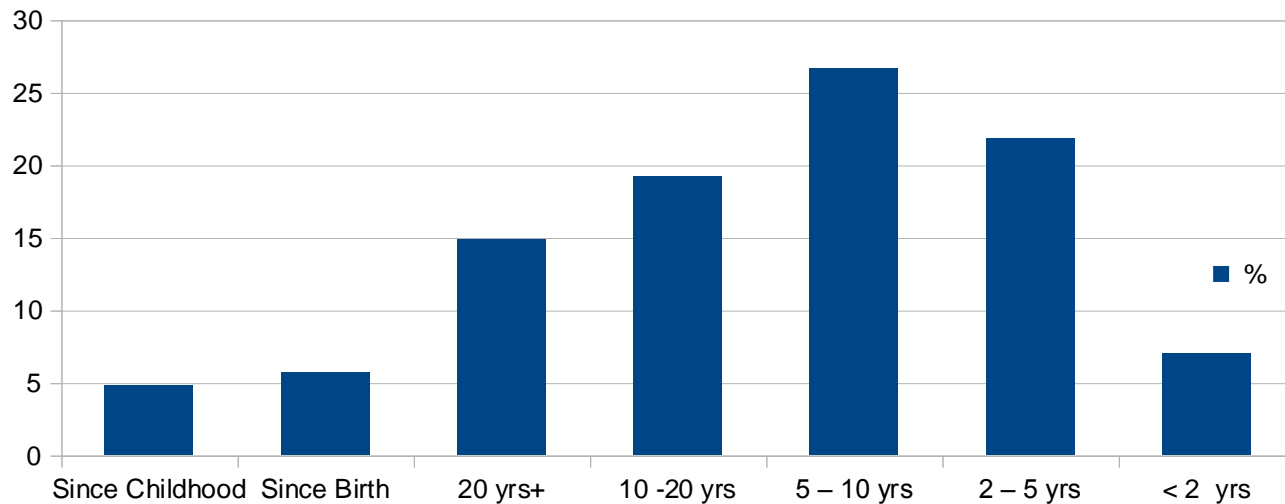
Mean Age 64.8 years Median 70 years (19-91)

Living Alone: Yes 45.5%; No 49.6%

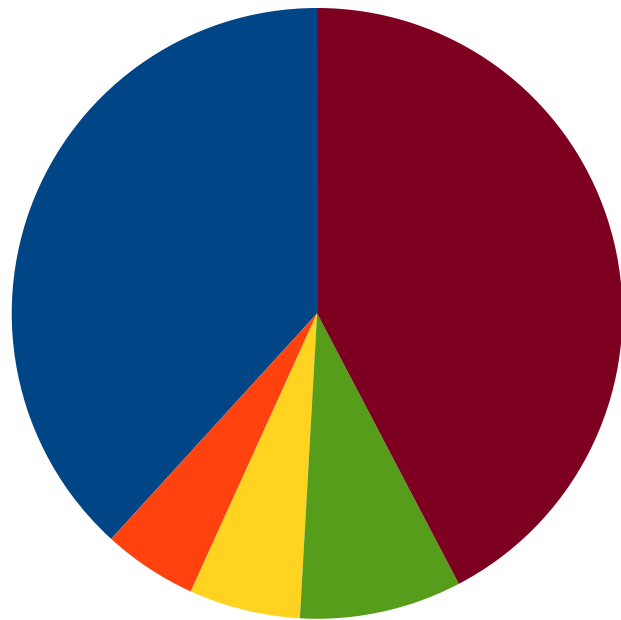
NMS Study 2: Overview of Participants

Older Cohort 65+

- 231 Participants: 127 F, 104 M
- Registrable as Blind in Ireland
- Mean Age: 78.5 SD \pm 7.2 Range 65-100
- 59% at least 1 co-morbidity - 39% Live alone
- Duration of vision loss

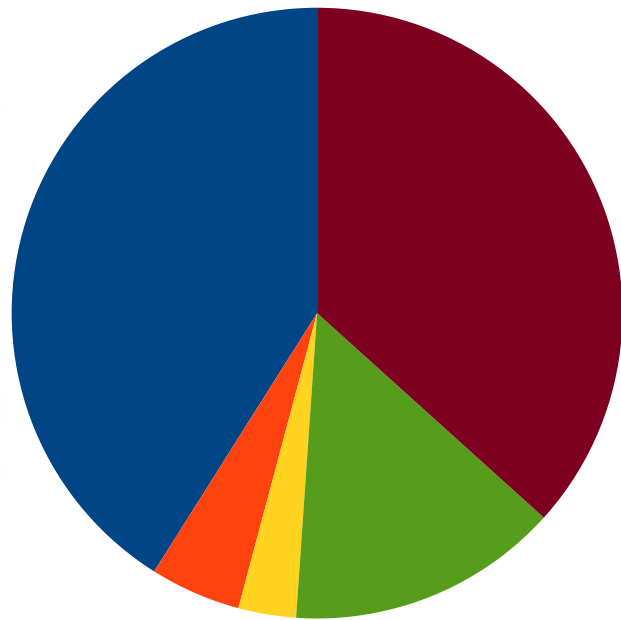


Eye diseases Study 1 QOL



- Macular Degeneration (38.3%)
- Cataracts (5%)
- Retinal Pigmentosa (5.9%)
- Glaucoma (8.6%)
- Other including congenital & Unknown (42.4%)

Eye diseases Study 2 NMS



- Macular Degeneration (41%)
- Cataracts (4.8%)
- Retinal Pigmentosa (3%)
- Glaucoma (14.4%)
- Other including congenital & Unknown (36.8%)

Self-reported Mobility & Falls

- Difficulty in getting around
- Major Difficulty in unfamiliar areas
- High reliance on family and friends to get out & about
- Fear of falling,
- Many with actual falls

Serious injuries requiring medical attention

In their own words...

- “I’m afraid of getting a bad injury, of being left alone”.
- “Steps, obstacles, just afraid of breaking bones & having to have someone come in who I'd have to depend on”.
- “Afraid of steps, everything, breaking something”
- Getting hurt. I fell & broke my leg before, scared it will happen again”.
- “I’m afraid of breaking my arm, hurting myself, getting an injury.”

Summary

- Majority have **NOT** received mobility training.
- Majority have difficulty getting around.
- Big fear of travelling in unfamiliar environments
- Loneliness and Social Isolation
 - 80.6% would like to get out and about more
 - 70.6% would like to be much more active
- Loss of Independence
 - 78.8% would like to be much more independent

Barrier to social inclusion?

- Lack of mobility skills can lead to
 - Lack of confidence
 - Fear of getting lost
 - Fear of hidden dangers obstacles
 - Fear of travelling alone,
 - Feelings of vulnerability etc.

What we know

- General mobility significant issue for this group.
- Lack of mobility skills → reduced independence.
- Increased dependency,
 - Personal, societal, and economic cost
- Falling and fear of falling
 - impacts on ability to get out and about.
- High levels of co-morbidity

Functional vision can be improved by vision rehabilitation.

Challenge

- Older people with vision impairment need to be encouraged to improve mobility skills, thus help maximise their independence.
- Goal of rehabilitation = Personal goal

Challenge

However when this cohort of older people are surveyed ...

They state that they rely solely on family & friends to get out and about...

And they express desire to:

- Get out and about more
- Be more independent
- But do not want mobility training!

In their own words...

- “I have a fear of falling & of nobody being around to help”.
- “I fell five weeks ago. I’m afraid of falling everywhere”.
- “I fell down steps at house, broke wrist and ankle”.
- “Biggest problem when I fall is the panic, I just lie there and cry, Home help is in & out a couple of hours a week.”
- “I go up & down the stairs on my hands & knees...I know I'm going to fall ... my husband does everything for me”.

Challenge

What, if anything, can we do to encourage uptake of training if service user refuses any intervention that may improve their ability to get out and about?

- Any thoughts on the subject very welcome!



THANK YOU :-)

- Prof Jonathan Jackson
- All our participants for the generosity of their time & thoughts
- Staff from Trusts & Voluntary Sector, in particular NCBI