

Even mild vision impairment has influence on quality of life

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In a study published online by *JAMA Ophthalmology*, Philippa M. Cumberland, M.Sc., and Jugnoo S. Rahi, Ph.D., F.R.C.Ophth., of the University College London Institute of Child Health, London, and the UK Biobank Eye and Vision Consortium, and colleagues examined the association of visual health (across the full acuity spectrum) with social determinants of general health and the association between visual health and health and social outcomes.

Blindness is known to have a broad-ranging adverse influence on affected individuals, their families, and the societies in which they live and is exemplified by its association with impaired quality of life, worse general and mental health, curtailed life chances, and increased all-cause mortality. It is unsurprising that international policies and research relating to ophthalmology and visual sciences have prioritized this end of the spectrum of impaired vision. An unintended consequence of this prioritization is that less attention has been focused on the much larger population with mildly impaired or near-normal vision that also may affect activities of daily living.

This study was conducted using UK Biobank data from 6 regional centers in England and Wales and included a total of 112,314 volunteers (age 40-73 years). Relationships between vision, key [social determinants](#) and health and social outcomes (including the main factors that define an individual's life—the social, economic, educational, and employment opportunities and outcomes experienced by individuals during their life course) were assessed.

Of the participants, 55 percent were female; the average age was 57 years. A total of 759 (0.7 percent) of the participants had [visual impairment](#) or blindness, and an additional 25,678 (23 percent) had reduced vision in 1 or both eyes. Key markers of social position were independently associated with vision in a gradient across acuity categories; in a gradient of increasing severity, all-cause impaired visual function was associated with adverse social outcomes and impaired general and mental health. These factors, including having no educational qualifications, having a higher deprivation score (a measure of socio-economic status), and being in a minority ethnic group, were independently associated with being in the midrange vision category (at legal threshold for driving). This level of vision was associated with an increased risk of being unemployed, having a lower-status job, living alone, and having [mental health problems](#).

"We demonstrate that visual health is associated with known key social determinants of health acting independently in the axes of social differentiation captured by age, sex, ethnicity, area or community-based deprivation, and educational experience and with a trend across the full spectrum of visual acuity," the authors write.

"We propose that the conceptual framework for thinking about vision that focuses on impairment rather than health, together with extant gaps in knowledge, are hindering the development and application of proportionate universalism (i.e., evidence-based policies and interventions) to achieve higher levels of visual health and improve life chances of the whole population while simultaneously reducing the magnitude and gradient of inequalities. Evidence from other clinical disciplines supports the potential gain, with relatively little additional effort, that may be achieved with routine inclusion of visual function in individual health assessments of patients at risk for visual impairment and from routine inclusion of [vision](#) and eye health in its broadest sense in existing national and international initiatives addressing social

determinants of disease and tackling [health](#) inequalities," the study concludes.

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