

LETTER TO THE EDITOR

SPECTACLE SURVEY

Cedarhill
Auchenloch, Banknock
Bonnybridge, Stirlingshire
Scotland.

Dear Sir,

During a two day visit to a large local hospital for mentally handicapped adults (330 residents) I made an impromptu study into the eye health of the circumscribed population. The basic elements were to evaluate the number of residents wearing spectacles, the reasons for this, if there were any seriously visually impaired or blind, and subsequently if they were registered.

It was found that 21% of the hospital population wore spectacles, which is surprisingly low when compared with a rate of 48% in a sample of the general population (derived from hospital staff at the two local mental handicap hospitals). Not surprisingly there were no residents with contact lenses. When one considers a breakdown of the figures with regard to specific wards, the overall rate would appear to be the norm for the hospital as the six low dependency wards give a percentage of 25%. However, it is significant to note that within the wards with severe behaviour disturbances and multiple handicaps no spectacles were worn at all. This is probably related to the capabilities of the patients and to their likelihood to either not wear them or to break them too easily.

On the whole, the spectacles in use were for myopia (the most common visual defect) and hypometropia or for reading. Most were unrelated to the aetiology of the mental handicap. The ward with the oldest population had surprisingly few residents with spectacles. This may in part be due to a refusal to wear them, since the ward with the youngest residents had exactly the same proportion wearing spectacles.

The residents with severe visual impairment were fairly scattered throughout the hospital with the exception of the least dependent wards which had a relative dearth. Two wards of intermediate status had very high numbers, three patients having one or both of their eyes missing. These were the only cases in which the visual problem was obviously related to the mental handicap, the patients having enucleated their own eye(s). The remainder were dense cataracts or complete corneal opacities. However, although there was a total of 25 with severe visual impairment, only 14 were actually registered and fitted the regulations which demands an acuity of less than 3/60 in the better eye or a visual field of less than 10 in both eyes.

Finally, there is the problem of patients causing injury to their eyes, either deliberately or accidentally. Only 5 of the 330 patients were reported to have a problem: 2 with minor injuries consequent on repetitive rubbing, 1 who obtained lacerations to the supraorbital margin during a grand mal fit, and the remainder being related to behavioural problems e.g. poking their eyes. Enucleation would appear to be a significant problem in hospitals for the mentally handicapped, since there is also a young child at the smaller sister hospital who did the same thing with surprisingly no long term damage to his eye.

In conclusion, therefore it would appear that the use of spectacles in hospitals for the mentally handicapped is significantly lower than that of the general population, this being related to behavioural problems and compliance. Thus the question arises - does this significantly affect their quality of life? - since the only alternative available is unbreakable perspex lenses which soon become scratched and non-functional. Certainly, with the abler patients who engage in group activities and occupational therapy programmes, it may adversely affect their progress and compliance with this form of input, but with more severely retarded patients the effect is debatable.

Christopher C. S. Wilson,
M.B., Ch.B.
Senior Medical Student