

CORRESPONDENCE

The Prevalence of Visual Impairment in Retirement Home Residents

by Dr. med. Luisa Thederan, Susanne Steinmetz, Sabine Kampmann, Anna-Maria Koob-Matthes, Prof. Dr. med. Dr. h. c. Franz Grehn, and Prof. Dr. med. Thomas Klink in issue 18/2016

Large Gaps in Care

The survey of six institutions of the Caritas Association Würzburg provides important evidence for the gaps in medical specialty care (1). Unfortunately, the problems are probably still underestimated.

For 188 of the 391 residents (48%), no consent from the guardian/person concerned could be obtained for carrying out the tests. People who are unrecognized are also likely to have a higher risk of health neglect (2).

Bavaria has better conditions that are unique in Germany: the outpatient counseling and rehabilitation service of the Bavarian Blind and Visually Impaired Association (*Blinden- und Sehbehindertenbund e. V.*; BBSB) offers a free yearly visual rehabilitation program, providing qualified advice and appropriate magnification aids for 1545 clients (in 2014).

An association such as Caritas, which is sensitive to the issue, might be different from more pronounced for-profit providers of nursing homes. Despite their high average age of 82 years, nine out of ten residents went without an ophthalmological examination last year. These alarming figures confirm previous studies (3): for specialty care, retirement homes in Germany are too often in no man's land. However, the fact that 21.7% of residents have eye disease and are in acute need of treatment should shake the health officials awake.

To realign nursing education, everyday checklists must be established, to pass on knowledge about diseases with risk of blindness, risk of falls, and dementia progression.

Unfortunately, the Würzburg study did not report about the exact mobility status. Unlike other disciplines, the cost and size of the technical equipment make it necessary for the elderly and very old people to be examined in the ophthalmologist's office. However, since the end of compulsory civilian services (*Zivildienst*), the structures for transport and accompanying persons are lacking.

The respective nearest specialist with public insurance company service mandates is obliged to carry out

an examination. However, those actually responsible are the medical service, the funding agencies, and the health politicians, who do little in order to prevent avoidable blindness of our grandparents and great grandparents. DOI: 10.3238/arztebl.2016.0720a

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In Reply:

In our study, we were able to analyze not only the vision and existing eye diseases of residents but also the eye specialist care structure in retirement homes (1). The examinations were carried out in the respective senior facilities, so that immobile residents could also participate in our study. Within our study, it was possible to carry out the necessary examinations with normally non-transportable examination equipment (slit-lamp, optical coherence tomography) and in cooperation with an orthoptist.

We would like to demonstrate that, by means of a network of all professional groups that are involved in the care and support of elderly people with visual impairments, care can be improved.

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Conflict of interest statement

The authors of both contributions declare that no conflicts of interest exists.