Low vision rehabilitation services from the patients’ perspective

Marie-Chantal Wanet-Defalque1,2, Khatoune Témisjian2, Walter Wittich3,4, Kenneth Southall5 & Olga Overbury1,2

1School of Optometry, Université de Montréal; 2CRIR—Institut Nazareth et Louis-Braille; 3CRIR—MAB-Mackay Rehabilitation Centre; 4Centre de recherche, Institut universitaire de gériatrie de Montréal; 5Élisabeth-Bruyère Research Institute (Ottawa ON).

Montréal (Québec) Canada

Introduction

- Goal of vision rehabilitation: Enable persons who are living with permanent vision loss to lead independent, productive lives, to be integrated into their communities, and achieve a high level of personal satisfaction with life (Kelch, 2000).
- Access to low vision rehabilitation services (LVRS) in Quebec, Canada: Visual acuity ≤ 20/70 after correction of visual field ≤ 60° in the better eye.
- A survey examining the prevalence of visual impairment and utilization of rehabilitation services in Quebec determined that only 20% of potential clients accessed available services (Gresset & Baumgarten, 2002).

Objective of the study

- To describe and better understand the factors that influence the awareness of access to LVRS by adults who have a vision loss, specifically in the Greater Montreal region (part of Montreal Barriers Study).

Methodology

Qualitative study

- 10 audio recorded focus groups – 90 min
- Participants: 27 per group
- Recruitment: Ophthalmology clinic patients (hospitals and private practices), Various degrees of visual impairment (eligible for LVRS)
- Age ≥18
- English (Southall & Wittich, accepted) or French speaking

Interview guide:

- How did you become aware of LVRS?
- In your opinion, what factors can be barriers or facilitators to access LVRS?
- What could be done to raise awareness among people with VI to access LVRS?

Data analysis

- Use of content analysis software
- Codification of transcripts according to themes

Characteristics of participants

- 10 heterogeneous groups
- N = 37 participants
- Gender: F=23; M=14
- Age: 32 – 92
- Acuity range: ≤ 20/70 – NLP
- Level of vision impairment: Mild: 20/70 > 20/200
- Moderate: 20/200 > 20/400
- Severe: ≤ 20/400

Findings: Key themes

- Psychological barriers: inherent to the person
  - Resistance/acceptance
    - “Help seeking. I was hesitant to come here”
    - “Do I have the right to go there?”
    - “You must put your pride aside”
    - “I want to remain autonomous. If there are ways that can help me, I remain independent.”
    - I would accept receiving these services

- Health care system barriers:
  - Lack of awareness of LVRS
    - “My eye doctors never told me about [LVRS], never in my life.”
    - “I have been coming to this hospital for 30–40 years and only recently did I learn that there is a low vision clinic here…”
    - “Ophthalmologists don’t talk about it… I don’t want to be critical, but ophthalmologists sometimes don’t know or don’t even think about telling you”

- Lack of advertising from LVRS
  - “Information pamphlets should be placed in the ophthalmologist’s [waiting room]”
  - “They should advertise in doctors’ offices… in major general hospitals… because LVRS are fabulous”

- Lack of doctors; nobody to inform the patients
  - “Family doctor? … Where can you find them?”
  - “People go to emergency departments… Where are the family doctors?”
  - “There is more chance to find a gold mine in my garden than to find a doctor”

- Lack of doctors’ time
  - “They don’t have time”
  - “Doctors don’t have time to talk. They have 3 minutes per patient. Many people are in the waiting room, they don’t have time to talk to you”

- Eligibility rules
  - “The Center refused me because I was a few degrees over [the eligibility criteria]”
  - “They did an exam and on that day, I was seeing better than usual, so I was no longer in the eligibility range [to be accepted]… That’s sucks”

- Societal barriers:
  - Being stereotyped, fearing stigma
    - “Everyday society puts it to your face… you are different!”
    - “People are embarrassed to walk with us”
    - “It is hard to make them understand that we lost vision… not our brain”
    - “At the restaurant they don’t talk to you, only to your sighted companion”
    - “The watch I had… I was embarrassed because people probably looked at me thinking ‘Hey, the watch is talking’… You don’t want people to know to…”
    - “Louis Braille [LVRS]… I am not blind”

- Transportation difficulties
  - “It is not accessible for me… It is too far away”
  - “I live in the Eastern Townships. It takes heaven and earth to get adapted transportation”
  - “The taxi, then the bus, then the métro, it’s hell… When I arrive, I’m exhausted”

Discussion

- LVRS are helpful and are appreciated
  - “I receive exceptional services… It helps me to overcome obstacles… without it, I think I would be depressed”
  - “Services are fantastic”

- Barriers are valued by patients who have been referred to them
  - Better general public education would help to widely promote these services for eligible patients
  - Crucial role of ophthalmologists and optometrists in the awareness process

Conclusion

REFERENCES


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FOR MORE INFORMATION

marie-chantal.wanet@umontreal.ca or khatoune.temisjian@rsss16.gouv.qc.ca