

Dr. Richard Shuldiner

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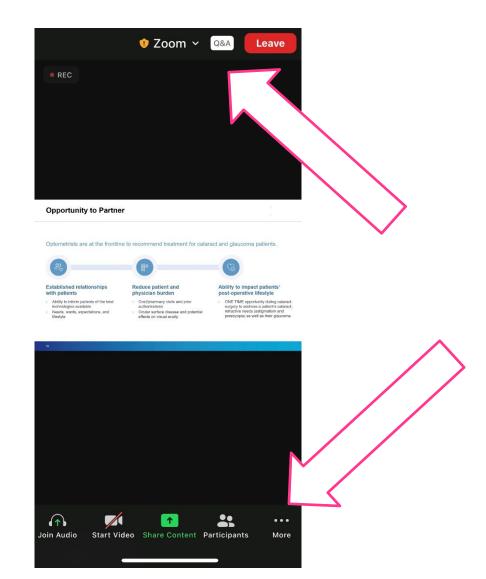
Host: Dr. Ariel Cerenzie

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(www.IALVS.org)

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#### Speaker Bio

Dr. Richard Shuldiner has been helping those with macular degeneration and other vision loss conditions for over 45 years as a low vision optometrist. Dr. Shuldiner achieved Diplomate Status in The American Academy of Optometry in 1988 and is the Founder and President of The International Academy of Low Vision Specialists (www.IALVS.org). He is the inventor of The Richard Shuldiner, OD/William Feinbloom, OD Philosophy & Methods for Providing Low Vision CareTM and has trained well over 50 optometrists in providing low vision care in the private practice setting.



## Financial Disclosures

Nothing to Disclose

# RETINAL DISEASE Anxiety & Depression and Vision Loss

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Low Vision Diplomate, American Academy of Optometry Founder, International Academy of Low Vision Specialists

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## Who is this Shuldiner guy

PCO Private Practice, Poughkeepsie New York LOW VISION EXPERIENCE	1970 1973 - 1993
Independent study with Robert Gold, OD, Low Vision Diplomate	1974
Independent study with William Feinbloom, OD, Ph. D.,	1980
New York Lighthouse Low Vision Service, Founder & Clinical Director	
of Upstate Clinics, with Eleanor Faye, MD & Bruce Rosenthal, OD	1981-1993
Low Vision Diplomate Emeritus, American Academy of Optometry	1988-present
Low Vision Optometry of Southern California	1994-present
CREATED NEW LV MODEL FOR PRIVATE PRACTICE	
2 days per week	
Average 10 Low Vision Exams per month	
No Third Party payments	
No Office	
No Employees	
Created Low Vision Intensive Training Course	2001 – present
The International Academy of Low Vision Specialists	
42 Doctors (2021: approximately 3000 low vision exams)	

- Retinal Disease Can Cause Vision Loss
- Vision Loss Causes Anxiety & Depression
- Anxiety & Depression & Vision loss Reduces
   Quality of Life

THIS COURSE IS ABOUT MAKING A DIFFERENCE IN THE QUALITY OF LIFE OF YOUR PATIENT

## The current culture of the eye care profession is:

The diagnosis and treatment of eye disease and the prevention of vision loss.

BUT WHAT ABOUT THOSE THAT HAVE VISION LOSS?

WHAT IF VISION LOSS CANNOT BE PREVENTED?

THIS COURSE IS ABOUT THEM



#### AN UNCOMFORTABLE CONVERSATION

## Are you living in reality or fantasy?

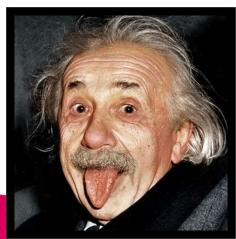




#### AN UNCOMFORTABLE CONVERSATION

**Reality** is merely an illusion, albeit a very persistent one. –







## Human Beings live into a Future.

We rarely live in right now.



# When the future we are living into suddenly disappears we become upset.



# This is why COVID was so upsetting in 2020

It created tremendous uncertainty for the future!



## But the truth is Life is always uncertain.

We just don't live that way.



# THE TYPICAL PATIENT The typical patient visits the eye doctor when they need to see better.

This typically results in some sort of refractive relief.



# THE TYPICAL PATIENT This occurs throughout their lifetime. Refractive always helps.

Except when it doesn't!!!

### Retinal Disease Can Cause Vision Loss

## The Retinal Disease we will be focusing on today is Macular Degeneration

#### Macular Degeneration:

It's appearance is usually SUDDEN!

#### What Do Patients Expect:

New Glasses. They always worked before!

#### What Do Patients Hear from the Doctor:

You're going blind.

There is no cure.

There's nothing more that can be done!

We cannot predict when or if you will lose vision!



### Retinal Disease Can Cause Vision Loss

## The Eye Disease we will be focusing on today is Macular Degeneration

#### Macular Degeneration:

- The number 1 cause of vision loss among seniors.
- Affects approximately 9% of global population.
- Affects 8% of those over 75 years old.
- Projected by 2020 over 196 million/ by 2040 over 288 million.
- There is no cure for macular degeneration.
- The most common negative side effect of the vision loss is functional disability.



# What are the three causes of upsets?



### **UPSETS: CAUSES**

- 1. UNFULFILLED EXPECTATIONS
- 2. THWARTED INTENTIONS
- 3. UNDELIVERED COMMUNICATIONS

### **UPSETS: REACTIONS**

- 1. SHIFT IN REALITY
- 2. DECREASE IN AFFINITY
- 3. DECREASE IN COMMUNICATION



Clin Ophthalmol. 2016; 10: 55-63.

Published online 2015 Dec 30. doi: 10.2147/OPTH.S80489

PMCID: PMC4699633

## Anxiety and depression in patients with advanced macular degeneration: current perspectives

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#### THE FACTS ACCORDING TO THIS LANDMARK STUDY

Among older adults with visual impairment, those with AMD seem to be particularly at risk for depression compared to those with other eye diseases.

Clinically significant sub-threshold symptoms of depression have been found in approximately 33% of visually impaired older adults, which is approximately twice as high as the lifetime prevalence rates in the normally sighted general older population,

#### THE FACTS ACCORDING TO THIS LANDMARK STUDY

Agoraphobia\* (4.2%) and social phobia (2.4%) were particularly prevalent among those with visual impairment. Thus, as the authors conclude, visually impaired older adults are more prone to develop anxiety disorders related to specific places or social situations such as being on a bus or eating at a restaurant.

Among those with AMD, prevalence of anxiety is from 10-30%

\*Fear of places and situations that might cause panic, helplessness, or embarrassment.

#### THE FACTS ACCORDING TO THIS LANDMARK STUDY

Because significant numbers of older adults with AMD experience depression and anxiety, both constitute major public health problems in this population.

#### **ANXIETY**

#### noun

a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome.

desire to do something, typically accompanied by unease.

#### **PSYCHIATRY DEFINES ANXIETY AS:**

a nervous disorder characterized by a state of excessive uneasiness and apprehension, typically with compulsive behavior or panic attacks.

#### **DEPRESSION**

Noun

feelings of severe despondency and dejection.

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. People with depression have trouble doing normal day-to-day activities, and sometimes feel as if life isn't worth living.

#### MECHANISMS FOR DEVELOPMENT OF ANXIETY & DEPRESSION

A strong relationship exists between a loss of functional capacity and depression. A vicious cycle develops as depression lowers function, which in turn, increases depression.

A strong relationship also exists between basic problem solving skills and depression. The well tested repertoire of skills no longer works.

A poor future outlook combined with the potential for sudden and/or unpredictable vision loss is difficult to deal with.

**HOW DO DOCTORS HANDLE THE CONVERSATION:** 

"Sorry, nothing more can be done"
"You will be going blind"

These statements lead to anxiety & depression and a feeling of hopelessness

## INTERVENTIONS DESIGNED TO ADDRESS ANXIETY AND DEPRESSION IN AMD PATIENTS

Low vision rehabilitation aims to reduce vision related disability by maximizing residual vision through training in the use of optical and assistive devices, orientation and mobility skills, and general compensatory strategies.

To the extent that depression in AMD results from activity restrictions, and that low vision rehabilitation fosters activity reengagement, low vision rehabilitation might have an "antidepressant" effect. It may even ward off feelings of anxiety.

# YOU CAN MAKE A DIFFERENCE IN THE QUALITY OF LIFE FOR A VISION LOSS PATIENT.

Most Vision Loss Patients can lead independent lives with the right care.

# YOU CAN MAKE A DIFFERENCE IN THE QUALITY OF LIFE FOR A VISION LOSS PATIENT.

## The Right Care is LOW VISION CARE

### LOW VISION CARE & REHABILITATION

The more you know, the more you can relieve the patient's anxiety.

- 1. STOP SAYING "THERE'S NOTHING MORE THAT CAN BE DONE".
- 2. You do not have to offer Low Vision Care.
- 3. You just have to say: "Find a low vision doctor".
- 4. THERE IS LIFE AFTER VISION LOSS!

## There is life after vision loss!

### LOW VISION CARE & REHABILITATION

## Understanding Low Vision Care Questions to consider

- •What is Low Vision?
- •What possibilities become available through a low vision service?
- •When is referral a good option for the vision loss patient?
- •Where are low vision resources in my community?
- •How do I make a low vision referral without losing my patient?

# Understanding Low Vision Care Questions to consider

# •What is Low Vision?

- •ls it 20/80 or worse?
- •ls it 20/60 or worse?
- •Does it depend upon acuity?
- •Perhaps it depends on visual field?

# Understanding Low Vision Care Questions to consider

•What is Low Vision?

**ANSWER: NONE OF THE ABOVE!** 

Low Vision is fully corrected vision which is insufficient to do what you want to do.

# Understanding Low Vision Care Questions to consider

Low Vision is fully corrected vision which is insufficient to do what you want to do.

A LOW VISION PATIENT IS SOMEONE WHO CANNOT DO WHAT THEY WANT TO DO WITH THE LEVEL OF VISION THEY HAVE.

A LOW VISION PATIENT IS SOMEONE WHO HAS LOST FUNCTION.

# <u>Understanding Low Vision Care</u> Questions to consider

# You have a low vision patient when they say they have difficulty with or cannot:

read write drive sew do crafts see TV recognize faces work on computer enjoy theater play cards and more.....

**DUE TO VISION LOSS.** 

# Understanding Low Vision Care Principles

- 1. Low Vision Care is about *Doing*.
- 2. Low Vision Devices are Task Specific.
- 3. Vision Measurement is critical.
  - a. Visual Acuity
  - b. Visual Field

# <u>Understanding Low Vision Care</u>

FINDING A WAY TO DO THE TASK WITH THE LEVEL OF VISION THEY HAVE.

IT'S ALWAYS ABOUT VISION & TASK.

- •THE HISTORY IS ABOUT DETERMINING THE TASKS
- •THE EXAM IS ABOUT DETERMINING
  - •THE VISION THEY HAVE AND
  - •THE VISION THEY NEED.

# <u>Understanding Low Vision Care</u>

•HAND MAGNIFIERS (IGNORE THE X)



USEFUL FOR SPOTTING OF NEAR OBJECTS
USED WITH THE DISTANCE RX
USE DIOPTRIC MEASUREMENT.



# <u>Understanding Low Vision Care</u>

•STAND MAGNIFIERS (IGNORE THE X)

USEFUL SPOTTING WHEN NEEDING BOTH HANDS
USEFUL IF HANDS TREMBLE
USED WITH THE PATIENTS NEAR RX



# <u>Understanding Low Vision Care</u>

•ELECTRONIC MAGNIFIERS
HAND HELD / TABLE TOP / SPECTACLE MOUNTED

Useful for higher and variable magnification
Useful for reading and writing
Useful for contrast enhancement







# <u>Understanding Low Vision Care</u>

•Low Vision Glasses: •Telescopes

USEFUL FOR MAGNIFICATION AT A DISTANCE

BIOPTIC / FULL DIAMETER / READING







# <u>Understanding Low Vision Care</u>

•Low Vision Glasses:

OREVERSE TELESCOPES / FIELD EXPANDERS

Useful to increase field of view on tunnel vision patients





# <u>Understanding Low Vision Care</u>

•Low Vision Glasses:

•Microscope & Prismatic Glasses

USEFUL FOR READING AND NEAR TASKS







# <u>Understanding The Possiblities</u>

# **GRAND ROUNDS**

Patient 1: The Severe Complainer

Patient 2: "You Can't Drive Anymore"

#### <u>Understanding The Possiblities</u>

Patient 1: The Severe Complainer

Dx: ARMD

The 20/40 Club Psychology & Conversation

The Low Vision Assessment

Part A: gathering information

Part B: the first 'stop & talk" conversation

Part C: helping the patient

a. Distance tasks

b. Intermediate tasks

c. near tasks

DISCUSSION OF THE CASE

#### **Understanding The Possiblities**

Patient 2: "Can't Drive Anymore"

Dx: ARMD

Vision & Driving Philosophy

DMV Rules & Regulations in this State:

interpretations & misinterpretations

Licensure & DMV

Currently licensed

Never licensed

Now unlicensed

**Bioptic Driving Rules** 

#### **Understanding The Possiblities**

Patient 2: "Can't Drive Anymore"

The Low Vision Assessment

Part A: gathering information

Part B: the first 'stop & talk" conversation

Part C: helping the patient

a. Distance tasks

b. Intermediate tasks

c. near tasks

DISCUSSION OF THE CASE

# Understanding Low Vision Care Referral Discussion

- When to refer for low vision services
- •Where & how to refer for low vision services
- •My suggestion is very simple:

Say to the patient:

"A LOW VISION DOCTOR MAY BE ABLE TO HELP. I SUGGEST YOU GOOGLE LOW VISION DOCTOR."

# Understanding Low Vision Care Discussion

**BARRIERS TO REFERRING** 

- Identifying the low vision patient
  - Explaining low vision care
  - Losing the patient/family
    - Cost of low vision care
- Co Management of Low Vision Cases

# Understanding Low Vision Care Some Referral Resources

- •Google Search: Low Vision Doctor
- •State Department of Rehabilitation, Division for the blind and V.I.
- American Foundation for the Blind
- •American Optometric Association, Low Vision Section
- •American Academy of Optometry, Low Vision Section/Diplomate Program
- •US Department of Veterans Affairs, Visual Impairment Centers
- Lighthouse/Guild for the Blind, New York
- American Council of the Blind
- National Library Service for the Blind and Physically Handicapped
- American Macular Degeneration Foundation
- •International Academy of Low Vision Specialists

# Anxiety & Depression in Vision Loss: From Hopeless to Hopeful



# RETINAL DISEASE Anxiety & Depression and Vision Loss

#### Richard J. Shuldiner, OD, FAAO

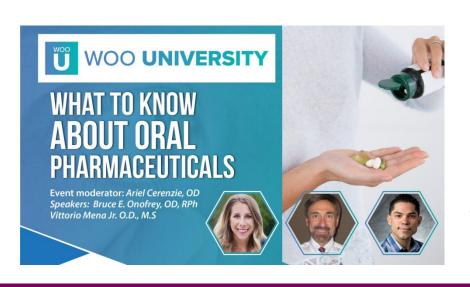
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# What To Know About Oral Pharmaceuticals



Date: May 22, 2022

Time: 8:00 AM - 12:00 PM Pacific Time Speakers: Bruce E. Onofrey, OD, RPh and Vittorio Mena Jr. O.D., M.S.

Topic: What To Know About Oral Pharmaceuticals

COPE: Four hours CE credit

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