

# Condition Insight Report (CIR)

## Diabetes Vision Loss

Completed in collaboration with  
**RNIB**

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# Overview

## What is the condition usually called / any abbreviations used?

Diabetic vision loss

## Brief overview of the condition

Diabetes which is poorly controlled can cause vision conditions such as: diabetic retinopathy, cataracts and open-angle glaucoma.

An ophthalmology report would be ideal and whether they have been registered as sight impaired or severely sight impaired. If they have been registered then this means that their vision will not improve with further treatment. Further treatment will be aimed at preventing it getting worse.

## What is the generally preferred term for someone with this condition?

An individual living with an eye condition related to diabetes.

# Presenting Symptoms

## Diabetic retinopathy

Has very little affect in the early stages but can progress to:

- **Blurred and patchy vision**
- **Reduced contrast perception** (this means that anything that relies on us seeing subtle colour differences such as a flight of stairs, kerb edges, print that is not black and white, will be more difficult to see).
- **Blurring and black spots** (floaters) in the vision due to haemorrhaging on the retina or into the vitreous jelly. This makes detail difficult to see such as general reading.

**When it is treated with laser treatment, there may be reduced visual fields and poor night vision. Often people report a worsening of their vision post treatment because in order to treat the condition, less important parts of the retina are compromised. They may not be eligible to drive a car.**

## Advanced diabetic retinopathy

- **Severe sight loss in the peripheral and central vision**, and in some cases total sight loss due to complex glaucoma and/or retinal detachment.
- They will have **difficulty with all visual tasks**, completing journeys, and detailed tasks such as reading.
- Increased **difficulty in different light levels** or when moving from one light level to another i.e. readapting to the change in light level.
- Not eligible to drive a car.

## Diabetic maculopathy

- Causes **reduced or distorted central vision** making reading, seeing faces, reading packaging, and reading glucose monitors, more difficult.
- Unlikely to be eligible to drive a car.

Symptoms can be complicated at all stages by **cataracts** which cause **haze, glare and reduced central vision and contrast**. Often cataracts are more difficult to treat due to the risk of progressing macular oedema.

People with sight loss caused by diabetes can be aware of **visual hallucinations** that come and go in their vision. This can be very distressing for some people.

# Fluctuations



This may vary according to the level of sight loss and their general health. If the person has general health complications from diabetes then they will have good and bad days.

This condition is well understood but the hardest issues are around the individual experience of the condition. It is not easy to predict exactly how severely the changes at the back of the eye will affect that person. For some people the condition can be stabilised and for others the progression is rapid.

Think about exploring things like:

- Ask if they are registered as sight impaired or severely sight impaired?  
Even registration at the lower level of sight impaired means that their visual field is extremely restricted and will be impacting significantly on their activities of daily living.
- Ask how they manage in different light levels or times of day.
- Ask how they manage when travelling, crossing roads, or navigating.
- Ask how they manage with taking their medication/eye drops and getting to their eye hospital appointments.
- Visual fields test results will indicate the extent of the visual field loss and sight loss.
- Has the condition progressed to the point that they are no longer eligible to drive a car?
- Do they have any other eye condition or systemic condition or suffered any trauma that is responsible for the glaucoma? These will have other implications as to the impact of the sight loss.
- If they use a cane, what type is it?

# Reliability

What specific areas should be covered to ensure a complete, reflective report?

**S**AFETY



**T**IMELY



**A**CEPTABLE  
STANDARD



**R**EPEATEDLY



Do they have any symptoms which could cause a safety consideration?

For any activities where restriction is reported how long does it take them to complete these activities? Has how long it takes them changed over time?

How have they adapted to completing tasks over time – is this different to what might be considered 'normal'?

Are they able to repeat a task as often as required? Is this the same every day?

Some can have visual hallucinations which can impact their safety in several areas, some will have difficulty with depth perception, central/peripheral vision. There may be risks related to chopping, cutting and flames.

As an individual may need to compensate by turning their head more and moving around a space more to compensate for loss of vision, activities are likely to take longer. Consider the concentration required to complete activities of someone has a substantial loss of vision.

It is important to consider the person as a whole in order to consider the impact of their sight loss. It is not possible to consider someone just on the basis they have sight loss due to diabetes as the experience of this can be so different.

Ask about how rapid the change to the vision has been, and what treatment they have undergone or is planned; and how it has affected them socially (or their confidence), as well as the functional aspects of the vision.

You must explore how changes in light and the environment affect the individuals vision to determine whether an activity can be completed as often as required in the same way.

# Sensitivities

**What areas might they find difficult to mention or perhaps understate the impact of?**

- People with sight loss go through a type of grieving process and this can include stages of anger, depression and denial. Depending on their stage in the process they may underplay the difficulties that are caused by their sight loss or they may be at a stage where they blame spectacles or other causes for their difficulties.
- Visual hallucinations - Often people don't mention them as they think it might be a sign of mental health problems to which there is unfortunately still a stigma attached.



# Customer Care

**How is it best to ask about any sensitive topics and what are the common courtesies?**

## During face to face interactions

- Introduce yourself and what you do
- Always talk to the person directly, rather than their sighted companion
- In a group conversation, always make it clear who you are and who you are speaking to
- Use verbal responses, avoid nods and head shakes
- Verbalise your actions
- Inform people when you are moving away from them or leaving the room
- Remember if someone is blind, it doesn't always mean they have no sight at all
- Ask if they would like you to 'guide' them or whether they would like any other support
- Provide information in the person's preferred format so that it is accessible to them - audio, large print or braille



The areas where assistance might be required would be:

- Navigating around an unfamiliar place (trip hazards, food and drink, toilets etc).
- Controlling the light levels in the room.
- Accessibility of documents, computer forms and correspondence. These should be offered in the persons preferred format so ensure that you ask what they prefer and don't assume what format you think is best for them.
- Introduce anyone in the room and inform the person if someone leaves the room.



# Functional Impact

*A brief summary of the functional impact those living with this condition may experience*

## Activity 1: Preparing food

Some may be able to manage this, others might not be able to see temperature gauges, location of items, timings, whether a food is in date, which will impact their ability. This cannot always be mitigated with aids. Some may struggle to chop items safely and many will need support to prepare and cook meals.

### Remember in PIP...

Are they a safety risk in the kitchen? Have they had any incidents? Do they have any aids? Have they attempted to use aids and they have not improved their ability to safely manage this activity? Are they at risk of cutting or burning themselves? To what extent is their visual impairment? Do they require assistance due to their visual impairment?

## Activity 2: Taking nutrition

Many are likely to be independent with this task but this will depend on how they are/have adapted to their sensory loss. Some will be able to make use of aids to support them to manage their restrictions.

### Remember in PIP...

If they have a substantial visual impairment, do they regularly spill food? Do they have any aids to overcome this? Can they chew, swallow and bring food to their mouth?

## Activity 3: Managing therapy and monitoring a health condition

Many require regular hospital appointments with an ophthalmologist, regular medication (usually eye drops, sometimes multiple times a day) and sometimes laser treatment or surgery. Due to their sight loss being caused by their diabetes they are also likely to need to manage injections and/or monitoring their glucose levels.

### Remember in PIP...

If they are prescribed multiple medications, can they safely differentiate between them? How do they manage administering their own medications? Consider if they have diabetes and take insulin, can they safely administer this?

# Functional Impact

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## Activity 4: Washing and bathing

Sight loss in a wet environment can be challenging for many and they will manage this in different ways. Some may rely on aids to guide them and keep them safer in this environment, others may not require this.

### Remember in PIP...

Have they adapted to safely getting in and out of the bath? Are they at risk of falls? Do they have any aids to overcome this restriction?

**REMEMBER: Ability to see product labels or see suds from shampoo are not considered within the scope of the activity.**

## Activity 5: Managing toileting needs and incontinence

There is no physical limitation unless there is a comorbidity but many have different ways to manage their sight loss in this environment. For those who have comorbidities and may be incontinent this can be a challenging task which requires support.

### Remember in PIP...

If someone is incontinent, does this occur on the majority of days? Do they manage this with pads? Do they have any difficulties sitting on, standing from and cleaning themselves after using the toilet?

## Activity 6: Dressing and undressing

For those with no sensory loss it is easy to determine if a garment is suitable to wear, clean, the right way round, and easier to handle fastenings. For many with sensory loss this becomes more challenging. The extent of their vision loss will determine extent of restriction.

### Remember in PIP...

Explore for any reported restriction or support required why this is and whether this would cover the majority of days. You should clearly explore how they manage aspects of the task such as whether a garment is clean, the right way round, management of fastenings.

# Functional Impact

*A brief summary of the functional impact those living with this condition may experience*

## Activity 7: Communicating verbally

Comorbidities should be considered as visual loss could cause additional impact.

### Remember in PIP...

Can they express and understand verbal information? Can they understand what people are saying and respond appropriately?

**REMEMBER: Difficulties engaging are not considered within the scope of the activity.**

## Activity 8: Reading and understanding signs and symbols

Blurring and black spots (floaters) in the vision due to haemorrhaging on the retina or into the vitreous jelly. This makes detail difficult to see such as general reading, instructions on packaging, reading glucose monitors.

### Remember in PIP...

What size font can they read? Can they utilise aids other than spectacles to overcome this? Can they read inside and out of the home? Can they read standard size font? If they cannot read standard size font with aids, consider if they require assistance to read.

**REMEMBER: How close someone has to hold something to read it is not considered within the scope of the activity.**

## Activity 9: Engaging with others face to face

Many can find social environments very daunting and anxiety provoking due to their sensory loss and avoid these situations or seek support to complete them.

### Remember in PIP...

If there is reported anxiety secondary to their visual loss, you must explore how this impacts their ability to engage. Who do they engage with on the majority of days? How do they feel engaging with unfamiliar people? If they have difficulties, do they require support to engage? If so, who can provide this support? If they report it to be someone specific, why is this?



# Functional Impact

*A brief summary of the functional impact those living with this condition may experience*

## Activity 10: Budgeting

The ability to manage this will be different for each individual.

### Remember in PIP...

Ability to read bills is not considered with the scope of the activity. Can they understand basic and complex budgeting? Could they manage their household finances? Would they understand change expected in a shop?

## Activity 11: Planning and following a journey

The impact of sight loss will be less when the person is in a familiar environment. The sight loss will have more impact if they have to navigate somewhere unfamiliar or if there are changes made in the environment that the person is unaware of. The sight loss will also be more of an issue if the light level cannot be controlled. If they have poor contrast sensitivity the vision will be better if the task is lit directly and the room light is managed at a constant level between rooms. Adapting from one room to another or outside to inside can be an issue, for example - moving from a brightly lit bathroom to ambient lighting in a living area can cause a prolonged period of re-adaptation.

### Remember in PIP...

Are they at risk when out of the home? Can they safely navigate across roads? Can they navigate kerbs? Does their vision change in light changes? Do they have depth perception? Do they use any navigation aids or do they need support for all journeys?

**Remember, they need to be able to do the activity safely, so we cannot assume they have overcome all restrictions on a familiar journey simply because they have a longstanding visual restriction.**

## Activity 12: Moving Around

This will depend on individuals comorbidities.

### Remember in PIP...

Remember that any safety due to their sensory loss will be covered in A11, here you should seek to determine if there are comorbidities which affect their physical ability to move around on flat surfaces and management of kerbs.



# Additional reading or other resources

## EXTERNAL

- [www.rnib.org.uk/eye-health-eye-conditions-z-eye-conditions/understanding-eye-conditions-related-diabetes](http://www.rnib.org.uk/eye-health-eye-conditions-z-eye-conditions/understanding-eye-conditions-related-diabetes)
- [www.diabetes.co.uk/diabetes-complications/eye-problems.html](http://www.diabetes.co.uk/diabetes-complications/eye-problems.html)
- For further information including medications see NHS Conditions and Treatments: [www.nhs.uk/conditions/diabetic-retinopathy/](http://www.nhs.uk/conditions/diabetic-retinopathy/)

## INTERNAL

- Desktop Aid – Vision, Activity 11
- CPD - Visual and Hearing Impairment

# Version control