

Condition Insight Report (CIR)

Glaucoma

VERSION 1.1

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**Completed in collaboration with
RNIB**

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Overview

What is the condition usually called / any abbreviations used?

Glaucoma

Brief overview of the condition

Glaucoma is a common eye condition where the optic nerve, which connects the eye to the brain, becomes damaged. It's usually caused by fluid building up in the front part of the eye, which increases pressure inside the eye.

Glaucoma can lead to loss of vision if it's not diagnosed and treated early. It can affect people of all ages, but is most common in adults in their 70s and 80s.

Glaucoma does not usually cause any symptoms to begin with. It tends to develop slowly over many years and affects the edges of your vision (peripheral vision) first.

The peripheral vision is responsible for seeing in low light levels and at night.

Glaucoma causes restriction in your visual field, initially at the upper regions and then encroaching closer to the middle.

Advanced glaucoma will result in no light perception in the worst case. Glaucoma usually affects both eyes, although each eye may be affected to a different degree.

Glaucoma is a lifelong condition that even with treatment may cause further sight loss over time.

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

An individual living with glaucoma.

Presenting Symptoms

A person with glaucoma may have little or no presenting symptoms.

Some symptoms are:

- Loss of peripheral or side vision
- Seeing halos around lights
- Vision loss
- Redness in the eye
- Eye that looks hazy
- Eye pain
- Narrowed vision (tunnel vision)
- Changes to vision in different types of light

If they have significant visual fields loss or end point glaucoma they may find it difficult to locate you or others in the room.

They may require assistance with locating the meeting place if it is unfamiliar and may require assistance to find a seat in the meeting room.

People with sight loss go through a type of grieving process and this can include stages of anger, depression and denial.

The central vision is the last bit of vision affected, so until the condition is at its end point they may still be able, for example, to recognise faces, read small print, and notice small details, despite having tunnel vision. Therefore if you meet someone in their familiar environment in daylight hours they may appear to have very good vision.

Fluctuations

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?

SAFETY 

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

Extensive field loss, even with good central vision, can impact significantly on travelling safely, and on navigating and functioning in lower light environments.

TIMELY 

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?

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.

ACEPTABLE 
STANDARD

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

Individuals will compensate for the sensory loss in different ways and it needs to be clearly explored to determine whether it is acceptable management within PIP and how this might be classified e.g. an aid, supervision or assistance.

REPEATEDLY 

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

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?

Depending on their stage in the process they 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.

They may have particular difficulty discussing:

- Management of toileting hygiene needs
- Any loss of independence

Customer Care

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

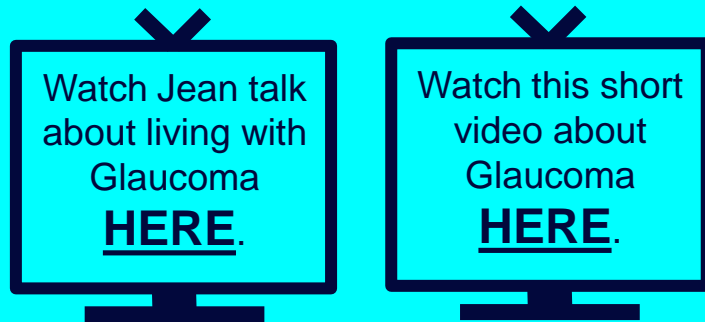
During face to face interactions

- 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

They require regular hospital appointments with an ophthalmologist, regular medication (usually eye drops, sometimes multiple times a day) and sometimes laser treatment or surgery.

Remember in PIP...

If they are prescribed multiple medications, can they safely differentiate between them? How do they manage administering their own medications?

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

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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

If their central vision has been affected, they may not be able to read printed information, or may require an aid such as a magnifier.

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

Loss of visual fields impacts mobility as we use our peripheral vision to locate the position of objects of interest, trip hazards, movement of objects at the side, below or above us. People with significant visual fields loss will find navigating from A to B very difficult, and more so if they are unfamiliar with the destination (they will not be able to drive a car).

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/glaucoma
- www.glaucoma-association.com/about-glaucoma
- For further information including medications see NHS Conditions and Treatments: www.nhs.uk/conditions/Glaucoma/

INTERNAL

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

Version control