



The Focal Point

Washington State Department of Services for the Blind

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Hello valued eye physician partners

After a gap in providing our Focal Point newsletter to the Eye Physician Connection, we are rolling the presses once again. I am happy to report that there are over 390 eye physicians currently connected to our exchange group, and we are receiving patient referrals from you for valued low vision and blind services.

In this newsletter, you will find an invitation for a simple six question "Survey Monkey." Each of our service offices will host an open house for you, our physician and staff partners. We want to set a date and time that works for most, so by completing the survey, this will assist us in that goal.

Look for our next edition in about six months.

Mark Adreon
Program and Partnership
Development Specialist

ADHD may be more prevalent in kids with vision impairments

From: Primary Care Optometry News

A study examining the relationship between vision impairment and attention deficit hyperactivity disorder determined that the presence of a vision impairment in a child increased that child's odds of having attention deficit hyperactivity disorder, according to a presentation posted at the American Academy of Optometry annual meeting in Seattle.

The age range for the children included in this analysis performed by Dawn K. DeCarlo, OD, and colleagues was 4 to 18 years, and there were 75,903 individual subjects. Study subjects needed to have complete data for questions pertaining to vision impairment and ADHD in the National Survey of Children's Health 2011-2012 dataset.

"The population-weighted prevalences of current parent-reported vision impairment and ADHD were 1.6% and 8.8%, respectively," the poster said.

Using logic regression adjusted to race/ethnicity, age, gender, family structure, income and insurance status, those with mild or moderate visual impairment were more likely to report ADHD. The adjusted odds of ADHD among those with severe visual impairment were not significantly different from those without visual impairment.

"Sociodemographics also appear to play a role in ADHD diagnosis," the presentation concluded.

FDA News

First retinal implant approved

The U.S. Food and Drug Administration has approved the Argus II Retinal Prosthesis System, the first implanted device to treat adult patients with advanced retinitis pigmentosa (RP). The device, which includes a small video camera, transmitter mounted on a pair of eyeglasses, video processing unit (VPU) and an implanted retinal prosthesis, replaces the function of

degenerated cells in the retina and may improve a patient's ability to perceive images and movement. The VPU transforms images from the video camera into electronic data that is wirelessly transmitted to the retinal prosthesis. "This new surgically implanted assistive device provides an option for patients who have lost their sight to RP - for whom there have been

Continued on page 3

Blindness a characteristic, not limitation, says student

From: Journal of Court Reporting

Nearly two years ago, Kolby Garrison from Greensboro, N.C., enrolled as an online student at Brown College of Court Reporting in Atlanta. Like other court reporting students around the country, Garrison practices daily, attends her classes, and says that speed building is one of the most challenging aspects of learning the court reporting profession. Garrison, who is blind, attributes much of her success so far in reaching her educational goals to Brown College and looks forward to graduation when she can also provide captioning and CART services. The *JCR Weekly* recently interviewed Garrison about what drew her to the field of court reporting.

JCR Weekly: What drew you to the court reporting profession?

Garrison: I was drawn to the court reporting profession by my mother encouraging me to look at court reporting as a career option. I debated between court reporting and law school. I chose court reporting over law school based on the position held by the court reporter within the legal field and the skills that are required to be a stenographer.

JCR Weekly: What are your goals for the future when you graduate?

Garrison: My goals for the future include working in the court reporting, captioning, and Communication Access Realtime Translation provision fields.

JCR Weekly: Can you share how you access and participate in online classes?

Garrison: I use assistive technology to access information. I have software on my computer that speaks the text on the

screen, and a device that displays the text on the screen in Braille. The Braille display enables me to read back and edit my writing. I participate in online classes on an equal level with my fellow classmates. Materials are provided in the formats that are accessible to me, and my instructors verbally describe anything that they present during class.

JCR Weekly: How supportive has Brown College of Court Reporting been in helping you to achieve your goals?

Garrison: I cannot say enough about the support that I receive from Brown College of Court Reporting. I contacted numerous court reporting schools with online programs, and Brown College of Court Reporting was the only school to express enthusiasm about accommodating my needs as a student who is blind.

JCR Weekly: What has been the most challenging part of learning the profession for you?

Garrison: For me, the most challenging aspect of learning the court reporting profession is building speed.

JCR Weekly: Some will consider you to be a true role model given what you have overcome to pursue this profession. What would be your response to that?

Garrison: I view my blindness as a characteristic. My not being able to see does not limit me if I can help it. Blindness presents challenges and difficulties at times, but where there is a will, there is a way. Finding the way might require alternative approaches, but the way will be found if you have the right tools and the right attitude. I have the will, and I will find the way!

“You may not control all the events that happen to you, but you can decide not to be reduced by them.”

Maya Angelou

Clip-on lens enhances patient sight

E-Scoop® glasses bridge the gap between standard eyeglasses and head borne telescopes. Whether your patient has difficulty with night driving, bright light, sunlight, or seeing clearly in the distance, this lens placed over a standard eyeglass prescription will help your patient see better.

The E-Scoop® lens is comprised of five basic optical properties: custom yellow tint, anti-reflective coating, special lens thickness, base curve, and base up prism (4 base, 6 base, or 8 base). When these five optical properties are combined into the E-Scoop lens, the image is enhanced and shifted to a different part of the macula, enhancing patient vision.

Mixing the patient's prescription with the E-Scoop® lens will dilute the five basic optical properties. For this reason, the plano E-Scoop® lens is clipped in front of the patient's regular spectacle prescription.

E-Scoop® glasses were developed by Frans Oosterhof, a Dutch optometrist who won the Herman Wijffels Award in Holland.

Vision Statistics

285 million people are estimated to be visually impaired worldwide.

Source: World Health Organization

There are more than 4.1 million people with visual impairments in the United States.

Source: National Institutes of Health

More than 128,000 Washingtonians have visual impairments.

Source: American Foundation

FDA continued from page 1

no FDA-approved treatments,” said Jeffrey Shuren, M.D., director of the FDA’s Center for Devices and Radiological Health.

The Argus II system is intended for use in adults, age 25 years or older, with severe to profound RP who have bare or no light perception in both eyes, evidence of intact inner layer retina function, and a previous history of the ability to see forms. Patients must also be willing and able to receive the recommended post-implant clinical follow-up, device fitting, and visual rehabilitation.

The FDA reviewed data that included a clinical study of 30 study participants with RP who received the Argus II. Investigators monitored participants for adverse events related to the device or to the implant surgery and regularly assessed their vision for at least two years after receiving the implant.

Results from the clinical study show that most participants were able to perform basic activities better with the device than without it. Some of the activities tested included locating and touching a square on a white field; detecting the direction of a motion; recognizing large letters, words, or sentences; detecting street curbs; walking on a sidewalk without stepping off; and matching black, grey and white socks.

Following the implant surgery, 19 of the 30 study patients experienced no adverse events related to the device or the surgery. Eleven study subjects experienced a total of 23 serious adverse events, which included erosion of the conjunctiva, dehiscence, retinal detachment, inflammation, and hypotony.

Working with patients

Senior patients’ vision is better in your office

From: Futurity

Older adults who have 20/20 vision in your office may not see as well at home.

“It’s very common for older patients to have concerns about their vision but then test well on the eye charts,” says first author Anjali M. Bhorade, associate professor of ophthalmology and visual sciences at Washington University in St. Louis and an ophthalmologist at Barnes-Jewish Hospital.

“In this study, we found that vision in patients’ homes was significantly worse than in the clinic. The major factor contributing to this difference was poor lighting in the home.”

For a study published online in JAMA Ophthalmology, researchers

studied 175 patients ages 55-90, including 126 with glaucoma. All patients had their vision measured at home and at the Glaucoma and Comprehensive Eye Clinics at the School of Medicine.

Nearly 30 percent of patients with glaucoma were able to read at least two or more lines extra on an eye chart in the clinic than on the same chart at their homes, and 39 percent of those with advanced glaucoma read three or more additional lines in the clinic.

“The lighting levels were below the recommended range in more than 85 percent of the homes we visited,” Bhorade says. “Since most older adults spend the majority of time at home, our study suggests that better lighting

may increase vision and possibly improve the quality of life for a large number of people.”

Bhorade says “clinicians should refer their patients for a customized in-home evaluation by an occupational therapist or low-vision rehabilitation specialist who can make suggestions to optimize the lighting in people’s homes.”

The Department of Services for the Blind’s Independent Living Program provides services to help individuals maintain or increase their independence in their homes by offering training in alternative ways of performing tasks and providing devices useful to people with vision loss, such as magnifiers or lighting enhancements.



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Frequently Asked Questions

Q I have a 46-year-old patient who suffered a brain bleed causing complete loss of the left side of his vision in both eyes. He wants to drive again. How do we proceed?

A My suggestion, would be that he go to the Department of Licensing to see if he can also pass their vision test. If he is able to pass the vision test, and assuming that he can also pass written or driving tests, I would recommend that he go through the entire driver's license application process. If he passes, then, it sounds like he would qualify for a license.

You are invited

We would like to invite you to a local Meet & Greet, where you can enjoy light refreshments, meet DSB staff, experience blind and low vision technology, and have your questions answered about the services we can provide your patients. To find a time that is convenient for you and your staff, we are collecting your opinions in a simple six question survey at

<https://www.surveymonkey.com/s/F5VZ9ZL>

We're looking forward to meeting you and building a stronger connection that benefits you and your patients.

RETURN SERVICE REQUESTED

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