

Practice Note - Falls, Dementia and Sight Loss

Purpose

This practice note supports staff to create an individualised action plan for those with sight loss and dementia following a falls multi-factorial risk assessment.

It highlights that people living with dementia and also experiencing sight loss are at a significantly increased risk of falling, and outlines approaches that can be taken to improve care and outcomes.

Facts and figures

There are approximately 850,000 people living with dementia in the UK. At the current rate of prevalence this number is set to increase to over 1 million by 2025 and over 1.6 million by 2040.

This represents 1 in 6 people over the age of 80 living with dementia; however, dementia is not a normal part of ageing. There are also over 42,000 people under 65 living with dementia in the UK(1).

Sight loss ^[2]

- One in five people aged 75 and over are living with sight loss.
- One in two people aged 90 and over are living with sight loss.

Sight loss and Dementia

- It is estimated that at least 250,000 people in the UK are living with both sight loss and dementia [3].
- Someone living with dementia is up to 8 times more likely to fall than someone without the disease [4] [7].
- Someone living with dementia is 3 times more likely to sustain a fracture following a fall [5].
- Someone living with sight loss is twice as likely to fall [6].

- People with sight loss are more likely to fall and have multiple falls than those without sight loss of similar age [8].

These figures would suggest that people with dementia and people with sight loss are at risk of falls. Combining both conditions would suggest the risk of falls would increase significantly.

Conditions and syndromes affecting vision

The person with dementia may have one (or more) of the following eye conditions or syndromes which will affect vision such as:

- Refractive Errors (long sighted or short sighted)
- Age –Related Macular Degeneration
- Diabetic Retinopathy
- Cataract
- Glaucoma
- Hemianopia
- Charles Bonnet Syndrome.

However, this may be a hidden sight loss as the person may not be able to communicate that they have difficulties with their vision.

The person with dementia may also have difficulties with visual processing that will significantly increase their risk of falls by affecting balance, confidence, and co-ordination. These include:

- loss of depth perception
- reduced colour and contrast sensitivity
- reduced visual acuity
- shrinking peripheral vision (by mid-disease, Alzheimer's patients have the equivalent of tunnel vision)
- right eye preference (in some types of dementia, the brain may stop or reduce processing information taken in by the left eye).

Other factors to consider

People living with dementia may also have processing difficulties that will affect:

- object recognition
- judgment
- planning
- reasoning
- abstract thinking.

What can make a difference?

- Think about creating a dementia and sight loss friendly environment using colour and contrast as well as the environmental changes associated with reducing risk of falls.
- Use clear written/ picture signage to aid orientation.
- Keep things in a set place and avoid any unnecessary clutter.
- Think about lighting – Daylight generally provides much greater light levels than domestic electric lighting.
- Blinds such as vertical blinds allow enough daylight into rooms whilst reducing glare.
- Someone aged 60 needs three times more light than someone aged 20.
- Ensure an even spread of light across rooms preventing dark areas on the floor as these could be interpreted as a hole or step.
- Encourage people over 60 to attend for an eye examination once a year or as often as advised by their optometrist.
- Ensure if changes in vision are noticed, an appointment with an optometrist is made to discuss concerns.
- Encourage people to arrange an eye examination at home if unable to attend an optometry practice.
- Ensure any treatment prescribed by the optometrist is followed.
- Ensure hospital appointments are attended for conditions such as diabetes that have a known association with eye conditions.
- Ensure any medications for eye health are given.
- Ensure the four Cs: glasses are comfortable, clean, current, and correct for the task.

- Wear sunglasses to address problems with glare caused by bright sunlight or low set winter sun.
- Discuss with the optometrist the most appropriate glasses.
- Combine the use of colour and contrast, good lighting levels and the wearing of the correct glasses at mealtimes to promote eating and drinking and reduce the risk of dehydration.
- Provide the correct level of guidance/ support when assisting transfers/ mobility.

Some helpful signposts for more information:

RNIB Helpline, Telephone: 0303 123 9999

Email: helpline@rnib.org.uk Website <http://www.rnib.org.uk/>

Alzheimer Scotland

24-hour dementia helpline 0808 808 3000

Website <http://www.alzscot.org/>

Useful resources

Dementia and Sight Loss Leaflet, Tip Cards on RNIB Website:

<http://www.rnib.org.uk/professionals-social-care-professionals-complex-needs-social-care/dementia-and-sight-loss>

SCIE Dementia Gateway

<http://www.scie.org.uk/publications/dementia/living-with-dementia/sensory-loss/sight-loss.asp>

Thomas Pocklington Trust – Dementia and Sight Loss publications design guides and day lighting

<https://www.pocklington-trust.org.uk/sector-resources/research-archive/design-of-homes-and-living-spaces-for-people-with-dementia-and-sight-loss>

<http://www.pocklington-trust.org.uk/project/daylighting-older-peoples-housing-guide-housing-design-professionals-architects/>

The Care Inspectorate

<http://hub.careinspectorate.com/media/107603/ci-falls-and-fractures-guidance-2012.pdf>

The Dementia Centre – dementia design

<http://dementia.stir.ac.uk/>

<http://dementia.stir.ac.uk/design/virtual-environments/virtual-hospital>

<https://www.dementia.stir.ac.uk/design/virtual-environments/virtual-care-home>

The online Falls and Bone Health Community

<http://www.knowledge.scot.nhs.uk/fallsandbonehealth.aspx>

Up and About In Care Homes Community of Practice

<http://www.knowledge.scot.nhs.uk/fallsandbonehealth/the-national-falls-programme/up-and-about-in-care-homes.aspx>

NHS inform's Falls section

<https://www.nhsinform.scot/healthy-living/preventing-falls/>

Enlighten: Lighting for older people with dementia by David McNair, Richard Pollock, Colm Cunningham - October 2017

Paper: Masento N et al (2014) Effects of hydration status on cognitive performance and mood. British Journal of Nutrition, 111(10), 1841-1852. available at:

<https://www.cambridge.org/core/journals/british-journal-of-nutrition/article/effects-of-hydration-status-on-cognitive-performance-and-mood/1210B6BE585E03C71A299C52B51B22F7>

References

[1] Alzheimer's Society Dementia UK

<https://www.alzheimers.org.uk/about-us/news-and-media/facts-media>

[2] Access Economics, 2009

[3] a b. Bowen M, Edgar D, Hancock B et al (2016) The Prevalence of Visual Impairment in People with Dementia: a cross sectional study of

60-89 year old people with dementia and qualitative exploration of individual, carer and professional perspectives. National Institute for Health Research.

[4] Tobias F. Kröpelin, Jacques C. L. Neyens, Ruud J. G. Halfens, Gertrudis I. J. M. Kempen and Jan P. H. Hamers (2013). Fall determinants in older long-term care residents with dementia: a systematic review. *International Psychogeriatrics*, 25, pp 549-563. doi:10.1017/S1041610212001937.

[5] Hip fracture risk and subsequent mortality among Alzheimer's disease patients in the United Kingdom, 1988–2007 *Age Ageing* (2011) 40 (1): 49-54 first published online November 18, 2010 doi:10.1093/ageing/afq146

[6] Falls Review (page 1) http://www.pocklington-trust.org.uk/Resources/Thomas%20Pocklington/Documents/PDF/Research%20Publications/RDP%2012_final.pdf

[7] Allan LM, Ballard CG, Rowan EN, Kenny RA (2009) Incidence and Prediction of Falls in Dementia: A Prospective Study in Older People. *PLoS ONE* 4(5).

[8] Slade J: (2020) English Longitudinal Study of Ageing (ESLA) secondary analysis.

This Practice Note was written by:

June Neil, RNIB Training Officer
Sandra Shafii, AHP Dementia Consultant
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Updated May 2017 by:
June Neil, RNIB Training and Development Manager
Lynn Flannigan, National Clinical Lead AHP Focus on Dementia

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See differently



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Special thanks to - NHS Allied Health Professionals, Claire Craig, Nicola Lauchlan, Gillian McMillan, Gaby Stewart, Angela Watson, and Elaine Hunter National Allied Health Professions Consultant Alzheimer Scotland.

Document ends.