

## Ocular Diseases Causing Mental Illness And Vice-Versa

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There is a well-established link between poor eye health and mental health, and it is important that those involved with eye care be aware of this. Below are some of the primary effects of eye disease on mental health.

### **Depression**

From a review of literature on visual impairment and mental health, it is clear that vision loss is consistently associated with depression. Vision loss remains a substantial predictor of depression, even after age, gender, financial strain, and social support are controlled for. In addition, patients with poor visual acuity are more likely to be depressed while waiting for cataract surgery. This is important because the wait to receive cataract surgery can take months in many developed countries, and even longer in the developing world.

### **AGE RELATED MACULAR DEGENERATION**

One of the major causes of blindness is age-related macular degeneration (AMD), with prevalence estimates ranging from 10% among people aged 65 to 75 to 30% among those aged 75 and older. Thus, it is a large cause of disability in older people, lowers patients' quality of life, and is a risk factor for depression. "Until recently, the emotional impact of AMD was rarely addressed, leaving patients with few options for coping. Fortunately, there has been a recent interest in the psychosocial consequences of AMD and blindness in general, and this research underscores the extent of the disability caused by eye diseases"

In addition to making it difficult to go places, vision impairment may make people hesitant to participate in social activities they once enjoyed. Not being able to recognize a familiar face across the room or even across the table can be very embarrassing, so I often don't go. ***These are the thoughts of patients with AMD***

Depression can affect different people at different times. Many newly diagnosed people panic. Often, they are incorrectly told they are going to go blind (people with

AMD maintain peripheral vision), and not knowing what will happen next overwhelms them. Others develop an immediate action plan to busily avoid the emotion and fear. The depression hits them later like a ton of bricks once the distraction of initial research and discovery is gone.

### **PREVENTION OF DEPRESSION IN AMD**

A study looking at the high incidence of depression in people with AMD was released by the National Institutes of Health (NIH) this past July. It looked at the effects of a specific type of rehabilitation therapy and underscored the importance of staying engaged with what you already do.

According to the NIH: Activities that used to be fun and fulfilling may begin to seem burdensome or even impossible. With loss of the ability to drive and navigate unfamiliar places, it becomes easier to stay at home than to see friends or meet new people. All of this can take a toll on mental health, and past studies have found that as many as one-third of people with bilateral AMD develop clinical depression

The study tested an approach called behavior activation, which involves helping people focus on activities they used to enjoy, recognize that the loss of those activities can lead to depression, and re-engage in those activities.

During the study, participants visited an optometrist and were prescribed low-vision devices. They were then split into two groups. One group received behavior-activation therapy from an occupational therapist; the control group did not receive this therapy. The study found that behavior activation reduced the risk of depression by 50 percent, compared with the control.

### **KERATOCONUS**

People who have dealt with KC for a really long time get tired and worn down she says. After the initial diagnosis, patients may feel stunned and fearful. Then, when that

sinks in, and they realize this is a long-term condition with no quick fix, they get depressed. They get depressed when they try contact lens after contact lens after contact lens, and they can't tolerate them. Then if they do find a lens they can tolerate, they struggle with paying thousands of dollars usually not covered by insurance and they get depressed. Then six months later, they have to start again, because the shape of their cornea changed. It can break you.

Like those with AMD, people with KC deal with limited vision, financial issues, and limitations on work and play. Plus, KC affects younger people, and it can affect every aspect of their lives, from career choices to family life. If you can wear your contact lenses and get three hours of good vision a day, that's great, except you can't work an eight-hour day, then drive home and take care of your family on three hours of good vision a day.

#### **PREVENTION OF DEPRESSION IN KERATOCONUS:**

The feeling of community can make a huge difference, even if it's a virtual community, such as KC-Link. NKCF KC-Link is a community of keratoconus patients, their families and physicians who talk to each other and provide mutual support.

Be open with family members and friends. Learn to ask for help, and allow people to help you. When someone says, "What can I do?" Well, tell them what they can do.

#### **GLAUCOMA**

IT is the second-leading cause of blindness in the US. It is called the silent thief of sight because there is no warning. It happens when pressure in the eye - intraocular pressure or IOP - is too high, damaging the optic nerve which sends vision signals to the brain. Open-angle glaucoma, the most common type, affects men and women equally. But women are 2-4 times more likely than men to get closed-angle glaucoma. Glaucoma is also genetic, meaning you are at higher risk if someone in your family has had glaucoma. When caught early, there are treatments that can help control your IOP. If it is not controlled early, blindness can result and it is irreversible and those patients suffer from depression.

**PREVENTION OF DEPRESSION IN GLAUCOMA:** by early diagnosis n regular treatment and with family and friends support.

#### **SIGNS OF DEPRESSION INCLUDE:**

- \* Loss of interest or pleasure in things that previously interested you
- \* Lack of motivation
- \* Lack of energy
- \* Lack of concentration and/or creativity
- \* Feelings of helplessness and hopelessness
- \* Feelings of guilt and worthlessness
- \* Worry about the future
- \* Irritability
- \* Avoidance of social contact

If you are experiencing these signs, go through the following steps:

- \* Determine whether you are having suicidal thoughts. Suicidal thoughts need not be seriously entertained; they can take the form of fleeting impulses, but nonetheless, they are symptomatic of severe depression. If you find yourself planning to harm yourself, see a mental-health professional immediately.
- \* Make sure you are addressing the root cause of the problem: your vision issues. Whether it's getting better-fitting contact lenses, considering medical procedures or something else, addressing your underlying physical issues helps deal with the depression they are causing.
- \* Educate yourself about the disease process. Uncertainty leads to worry, and worry leads to anxiety and depression. Being educated and having a plan helps restore a sense of control.
- \* Socialize more, not less. Don't close yourself off from family and friends. Seek out a support group of people who have a similar problem and can provide emotional support, wisdom and knowledge. True empathy comes from other people who are going through or have gone through the same thing you are.

- \* Learn to help others. As you advance in your knowledge and coping skills, remember what it was like for you, and become a source of strength and support for others. Helping them get through will be extremely rewarding and provide a sense of satisfaction that would have been impossible if you had never been diagnosed.

### **ANXIETY**

- \* Vision loss is not only associated with depression, but it can also increase feelings of anxiety, further preventing individuals from caring for themselves and others. Eye disease increases the likelihood of social withdrawal, isolation, falls, and medication errors. Furthermore, "progressive vision loss can be associated with a syndrome of hallucinations which, although benign, can be disturbing to patients." Emotional reactions to vision loss can include psychological distress, and older persons with visual impairments are more likely to be institutionalized. In fact, loss of vision is one of the most feared results of aging.

### **SOCIAL WITHDRAWAL**

- \* Vision impairment may also have negative psychosocial consequences that affect everyday life. This must be taken into consideration in research and practice. A loss of vision constitutes more than a physiological loss, as it substantially impairs day-to-day routines and leisure time. Vision loss may lead to general impairment of mental health which renders individuals unable to work or pursue activities that were previously of interest.
- \* Visual impairment is likely to affect mobility and access to social contacts. Social isolation, disengagement, loneliness, and loss of social support may result. However, continued social support may be an effective buffer against the consequences of vision loss and the negative effects of stress caused by visual impairment. For example, visual acuity is directly associated with anxiety and depression, but only for subjects with limited access to family support. In addition, results indicate that high quality social support correlates with fewer depressive

symptoms and better adaptation to vision loss. It is important for family members and communities to understand eye disease and eliminate any associated stigma that can further worsen social isolation.

### **CONCLUSION:**

In the absence of medical intervention (spectacles, surgery, low vision care, or rehabilitation) and family/community support, visual impairment can have a negative impact on mental health and quality of life. These effects range from practical issues regarding daily activities to a subtle influence over psychological wellbeing. The significant physiological and psychological benefits of surgery reveal the power of available treatment to transform lives.

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