Service Related Project (SRP)

Ophthalmologists' understanding of the psychological impact of sight loss.

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2014 cohort
Sight loss affects an estimated 2 million people in the UK (NHS Choices, 2015).

Higher prevalence of conditions related to sight loss in older people (RNIB, 2015).

Sight loss is forecast to significantly increase in the next 25 years (RNIB, 2015).

There is evidence to suggest sight loss is linked to depression (Burmedi et al., 2002) and suicide (De Leo et al., 1999).

Specific counselling support services in the UK are scarce.
AMD and sight loss

* Age related macular degeneration:
Cataracts and sight loss

https://www.bing.com/images/search?q=cataracts+sight+loss&view=detailv2&id=208F1439C613118265207196728C1B2A80F087CD&selectedIndex=21&ccid=scImPu2H&simid=608014877316284803&thid=OIP.Mb1c2263eed87b27d2f4a07b946623f900
Glaucoma
Diabetic retinopathy
People with sight loss are usually cared for by specialist doctors in eye health (ophthalmologists).

Ophthalmologists can certify people as either blind (severely sight impaired) or partially sighted (sight impaired).

Often work in hospital based clinics with designated Eye Clinic Liaison Officers (ECLOs).
Some research has indicated diagnoses or prognoses of conditions that may lead to sight loss can cause shock and distress (Hodge et al., 2012; Thurston, 2010).

Ophthalmologists have a key role in diagnosis, treatment and formal registration system.

No emphasis on psychological support in NICE guidelines, therefore no routinely commissioned clinical psychology services.

Therefore, individual understandings of ophthalmologists may influence how much support a person receives.
Qualitative approach to gain detailed information about a sample of ophthalmologists’ psychological understandings.

Semi-structured interviews with 3 practising ophthalmologists in a North West NHS Trust.

Interviews audio recorded and transcribed verbatim.

Data analysed using thematic analysis (Braun & Clarke, 2006).
Findings: four themes...

1. Awareness of the emotional journey and adaptation to sight loss
2. The need to consider carefully how ‘bad news’ is communicated
3. Developing psychological knowledge through experience
4. Understanding the longer-term and wider impacts of sight loss
Awareness of the emotional journey and adaptation to sight loss:

- Understood as a transitional process
- Experiencing various emotions along the way - fear, anger, distress, resignation
- Shock of sudden onset and no treatment options
- Older people seen as more accepting of sight loss
- Living alone seen as increasing difficulties with acceptance and suicidal tendencies
“…for some people it’s totally out of the blue…they get really upset if you have to say ‘I’m sorry, there isn’t anything in the way of surgery or anything I can do for you’...” (Jennifer).

you meet anger if they feel more could have been done…feeling that things would have been different if other people or institutions had done their job better” (Monty)

“…we sometimes see suicidal tendencies as well, especially in people who are vulnerable and living on their own” (Michael)
The need to consider carefully how ‘bad news’ is communicated:

* Compelled to approach difficult news carefully
* Giving bad news varied across specialities
* Easier with increasing clinical experience
* Assessing patient’s understanding and expectations
* Choosing language carefully to ‘soften’ the impact
* Emphasising what they can still do with their vision
Theme 2:

- “no I wouldn’t put it that way [‘permanent vision loss’]…I think that’s too harsh” (Jennifer)
- “we will use the words according to the understanding of the patient” (Michael)
- “we always try to emphasise with the patients that…they will still be able to see to get about…patients do often take great comfort from the fact that they are not facing complete blindness…” (Monty)
Theme 3:

Developing psychological knowledge through experience:

- Cultivating psychological awareness from patient contacts over a long period
- Varied backgrounds in psychology training
- Psychology seen as important part of being a doctor
- Involve others for psychological support, especially GP
- Time pressures of short appointment slots
Theme 3:

* “I think as a doctor you have to be a good psychologist as well, there is a role of psychology in ophthalmology” (Michael).
* “I had to kind of work it out as I went along over the years!” (Jennifer)
* “…there’s also, dare I say it, just that sort of common sense, you know, that comes with experience…how people react to things, having seen, you know, the wide gamut of things over the years.” (Monty)
Understanding the longer-term and wider impacts of sight loss:

* Varied understandings due to different length of contact with patients
* Losing the legal ability to drive seen as a key impact
* Needing to be more reliant on others was seen as affecting patients’ sense of independence
* Feeling ‘incomplete’
* Adjustment to sight loss was linked to family support
Theme 4:

* “…some people…they often do get really upset if you have to say I’m sorry…this means you can no longer drive, which a lot of people, even elderly people, do these days” (Jennifer)

* “Patients will feel they are being a burden to their family, the vast majority of ours are elderly, so often will rely on friends and relatives to bring them in…it’s a lot of visits…” (Monty)

* “[patients] who live on their own, they find it difficult” (Michael)
Clinical implications

* More awareness of heightened emotional responses to sight loss (anger) than other responses (e.g. depression).
* Older patient population may mean many with depression could go unnoticed due to stoicism (Burton, Gibson & Shaw, 2015).
* Screening tools early on could assist with signposting to appropriate services.
* Increasing awareness of available psychology services and longer term psychological impacts e.g. patient leaflets, brief staff training.
Limitations of the study

* Very small self-selecting sample- may have been interested in psychological issues anyway?
* Ophthalmologists were recruited from a variety of sub-specialities (AMD, cataracts, retinal diseases) which may have impacted on the results.
* The participants talked about older patients more-the findings may specifically relate to an older population?
Reflections

* Start early and allow for delays throughout the SRP process e.g. R&D approval.
* Break the SRP write up into smaller chunks to help it seem more manageable.
* Organise time well- arrive early for interviews.
* Allow lots of time early on to redact ethics documents and letters (Adobe acrobat).


NHS Choices (2015). *Blindness and vision loss- Information and advice for people with vision loss.*

RNIB (2015). *Supporting people with sight loss: Key information and statistics.*