

## Practice Note - Falls, Dementia and Sight Loss

### Purpose

This practice note supports staff to create an individualised action plan 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 is an association between dementia and ageing but dementia is not a normal part of ageing.<sup>[1]</sup>**

- One in fifty people aged 65 to 70 are living with dementia
- One in twenty people aged 70 to 80 are living with dementia
- One in five people aged 80 and over are living with dementia

**Sight loss<sup>[2]</sup>**

- 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

**Combining these figures, it would appear that around 2.5% of people over the age of 75 are likely to have dementia and significant sight loss<sup>[3]</sup>**

- Someone living with dementia are up to 8 times more likely to fall than someone without the disease<sup>[4][7]</sup>
- Someone living with dementia is 3 times more likely to sustain a fracture following a fall<sup>[5]</sup>
- Someone living with sight loss is twice as likely to fall<sup>[6]</sup>

**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

**NB** 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 problems with visual processing that will significantly increase their risk of falls by affecting balance, confidence and co-ordination

- Loss of depth perception
- Reduced colour and contrast sensitivity
- Reduced visual acuity

### Other factors to consider

People living with dementia may also have processing problems 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
- Think about lighting – someone aged 60 needs three times more light than someone aged 20
- Encourage people over 60 to attend for an eye examination once a year or as directed by their optometrist
- 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 glasses are clean, current and correct for the task
- Provide the correct level of guidance/ support when assisting transfers/ mobility

Note : Wearing bifocal or vari-focal glasses can affect the ability to gauge distance and depth. Wearers are twice as likely to fall <sup>[8]</sup>

Note : For older people – Wearing single lens glasses when carrying out outdoor activity is effective in falls prevention <sup>[9]</sup>

## Some helpful signposts for more information:

RNIB Helpline, Telephone: 0303 123 9999

Email: [helpline@rnib.org.uk](mailto: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 on RNIB Website:  
<http://rnib.org.uk/olderpeople>

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 and design guides  
<http://www.pocklington-trust.org.uk/researchandknowledge/publications/Dementia.htm>

The Dementia Centre – dementia design  
<http://dementia.stir.ac.uk/>  
<http://dementia.stir.ac.uk/design/virtual-environments/virtual-hospital>  
<http://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>

## References

[1] <http://www.alzscot.org/assets/0001/1375/Statistics.pdf>

[2] Access Economics, 2009

[3] Jones R and Trigg R Occasional paper Number 11 February 2007 Dementia and serious sight loss

[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](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] Lord SR, Dayhew J, Howland A (2002) Focus on Falls (Quoted in College of Optometrist May 2014) Multifocal glasses impair edge contrast sensitivity and depth perception and increase the risk of falls in older people *Journal of the American Geriatrics Society*

[9] Effect on falls of providing single lens distance vision glasses to multifocal glasses wearers: VISIBLE randomised controlled trial ABSTRACT *BMJ* Accepted: 11 April 2010)

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