

## Visual Health and Quality of Life of the Elderly

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**Received:** May 26, 2022; **Published:** June 30, 2022

### Abstract

**Introduction:** Vision problems in the elderly are considerably frequent, their repercussions can become important. Hence, it is essential to prevent them as far as possible; detect them in time, as soon as possible, and treat them appropriately.

**Objective:** It was aimed at providing information about the most frequent vision diseases in the elderly, their prevention in the aging process.

**Development:** The most prevalent chronic non-communicable diseases in the elderly are: arterial hypertension, heart disease, diabetes mellitus and cerebrovascular accidents, diseases that, in a large percentage of cases, can be prevented.

**Conclusion:** It was argued about the importance of visual health in the elderly, to guarantee their autonomy and independence. In Cuba, life expectancy increases; the participation of the elderly in social and family dynamics today is a necessity, the elderly is essential.

**Keywords:** Visual Health; Quality of Life; Elderly

### Introduction

Addressing the issue of aging and old age, understood as a period of life and as part of the process itself, infers that we are facing a complex situation in which biological, psychological and social agents interact.

Vision problems in the elderly are considerably frequent, their repercussions can become important. Hence, it is essential to prevent them as much as possible, detect them in time, as soon as possible, and treat them appropriately [1].

About thirty percent of people over the age of sixty-five have a vision problem; however, only a few suffer a sufficiently important alteration in their daily activities [2].

Participation in the elderly, in family and social dynamics is a necessity. The population is gradually aging, life expectancy is increasing, which is why the contribution of the elderly is essential [2].

An active old age means having reached it in conditions of autonomy, independence, with the ability to do things, to be in the usual course of life. For the WHO, active aging is the process of making the most of opportunities for physical, mental and social well-being throughout life [2].

The demographic characteristics of aging in the Americas are known. According to United Nations projections, by the middle of this century Latin America and the Caribbean will have 112 inhabitants aged 60 or over for every 100 aged 15 or under, and in North America the proportion will be 148 to 100 [2].

### Objective of the Study

The objective of this work was aimed at providing information about the most frequent vision diseases in the elderly; its prevention in the aging process.

### Developing

Aging from the biological point of view implies a deterioration at the organic level produced by molecular and cellular damage; this increases the possibility of the appearance of chronic diseases whose progress can lead to the loss of physical and/or mental functions to the point of developing disability and dependence [3].

However, organic changes do not always coincide with chronological age, so that a 70-year-old person may age without functional limitations, while another 60-year-old may not be able to perform basic activities of daily living.

Therefore, it depends on non-modifiable factors such as age or genetics; but there are other factors that will influence the process such as the environment, lifestyle, diet, physical activity, among others that can be modified in favor of health and healthy aging.

The most prevalent chronic non-communicable diseases in the elderly are: high blood pressure, heart disease, diabetes mellitus and cerebrovascular accidents; entities that, in a large percentage of cases, can be prevented or controlled [4].

Likewise, there are other, lesser-known diseases that are increasingly frequent among the population; produced, above all, as a consequence of the aging. We refer to the ocular entities, called "silent", because they are not evident until they cause serious deficits in the vision and, consequently, in many cases, functional disability and even dependence.

Among them, the most frequent are: Age-Related Macular Degeneration (AMD), Cataract and Glaucoma. Of the three, the only one with reversible vision loss is Cataract; Glaucoma and AMD, produce irreversible vision loss that in the most serious cases, evolve to blindness. Numerous eye diseases most older adults can suffer from; but the most frequent is AMD in people over 65 years of age [4].

Being located in the tropics, in Cuba the population has greater exposure to solar and infrared rays, agents that can cause opacification of the lens with the appearance of cataracts [3].

Depending on the type and intensity of the cataract, there are several symptoms: worsening of distant vision, vision like a cloud ahead, discomfort with sunlight or very intense light; sometimes vision of halos around lights, loss of perception of the intensity of colors, distortion of the image, so that it is seen twice with one eye.

The decrease in visual acuity depends on the location and extension of the cataract, greater when the opacity is central and diffuse, less when the opacity is peripheral. If the cataract is central, the patient sees better in dim lighting or with a dilated pupil. The progress of the cataract accentuates the decrease in visual acuity until it is reduced to a decreased perception of light.

Senile cataract, generally, after 60 years, almost always bilateral; but it is common for it to affect one eye before the other. The opacity can be cortical or nuclear and is related to the aging process, in which proteins denature along with other chemical changes. Surgical treatment almost always has good results.

In the same way, chronic non-communicable diseases have a higher incidence in these ages, some of them, such as arterial hypertension and diabetes mellitus. Within its complications, as secondary causes, are some ophthalmological entities: hypertensive and diabetic retinopathies; hence, the need for older adults at these ages to have periodic follow-up by the primary health care ophthalmologist; to prevent visual impairment, for these reasons [4].

Diabetic retinopathy is another eye disease that causes vision loss. It is caused by the increase in blood glucose when it is not properly controlled. Its manifestations are revealed in the appearance of scotomas “spots” produced by the presence of hemorrhages in the retina or poor central vision caused by involvement of the macula [5].

Cuba is one of the oldest Latin American countries; the speed with which the population pyramid has been transformed constitutes a concern for future years. The population over 60 years of age in the country is represented by approximately one million four hundred thousand Cubans, according to data from the Center for Population and Development Studies, and one hundred and forty-two thousand three hundred and twenty-seven (13.6%) in Santiago de Cuba, this demographic increase justifies the increase in cataract, AMD in this age group [3].

At the beginning of the new millennium, the world is facing a huge problem, the dramatic increase in blindness. The sense of vision is the one that most communicates us with the environment, so that man is, fundamentally, a visual being. The loss of vision causes irreparable damage, not only in those who suffer from it, but also in their closest social environment [5,6].

The decrease in visual capacity leads to complications of daily life in people who suffer from it: psychological and economic disorders, social isolation, increased risk of falls, and other types; Some activities and skills such as reading and sewing are limited [7].

However, the mere fact of being an older adult does not justify vision loss, so whenever it appears we should suspect a health problem; although, there is the exception of the so-called presbyopia.

Therefore, the organ of vision is responsible for 75% of the connection with the external environment. Preventing eye diseases or diagnosing them as soon as possible is a challenge for health programs. Prevention and early diagnosis make it possible to eliminate or reduce the risk factors that cause visual impairment.

In Cuba, eye care is guaranteed. With the creation of the Elderly Adult Program, the evaluation of these patients by the different disciplines of medicine is stipulated, including the specialty of Ophthalmology.

All polyclinics in the country have consultations of different specialties, through the community outreach program, providing access to the entire population, including the elderly. The visual health care of this population group should be a concern and occupation for all health professionals, dispensing with the visual function, which connects us with the outside world, would limit the quality of life of these patients.

Based on the systematization of the authors consulted, some advice is offered below to eliminate or reduce the risk of suffering from eye diseases [8,9]:

- Consult the ophthalmologist before the appearance of any difficulty seeing, pain, itching or reddened eyes.
- Use lenses, only, that have been indicated by the doctor.
- Keep the glasses clean.
- Take care of food. It is important to eat foods rich in antioxidants (such as green leafy vegetables), vitamins A and C, magnesium such as carrots, broccoli, citrus fruits, lettuce or fish.
- Take care to maintain normal blood pressure, cholesterol and glucose levels.

### Conclusion

It was argued about the importance of visual health in the elderly, to guarantee their autonomy, independence, ability to do, to be in the functional daily life, to collaborate. In Cuba life expectancy increases; the participation of the elderly in social and family dynamics today is a necessity, the elderly is essential.

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**Volume 13 Issue 7 July 2022**

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