Kooyong multidisciplinary low vision clinic: An optometry perspective

Mae FA Chong[1], Jonathan A Jackson[1,2,4], Gay Hickey[3], Sharon A Bentley[1,4]

1 The Australian College of Optometry, National Vision Research Institute, Cnr Keppel and Cardigan Streets, VIC 3053. mchong@aco.org.au
2 Royal Group of Hospitals, Belfast, Northern Ireland
3 Vision Australia
4 Department of Optometry and Vision Sciences, the University of Melbourne

Background:
The Australian College of Optometry works in partnership with Vision Australia to provide multidisciplinary vision rehabilitation services. The internationally recognised model of care was established at the Vision Australia Kooyong Low Vision Clinic in 1972. Since then, the model has undergone continuous development and change. A number of papers have been published detailing the demographic characteristics of patients attending, most recently in 1999. We aim to summarise the current model run and patient demographic.

Methods:
A retrospective audit of computerised records of patients attending for an initial assessment at the Kooyong Optometry Low Vision Clinic between April and September 2012 was undertaken.

Results:
Of 155 patients, average age at time of presentation was 77.2 years (SD 17.4 years), with 59% female. The majority of patients presented with late onset degenerative pathology, 49% with a primary diagnosis of age-related macular degeneration. Many (47.1%) lived with family. The median spectacle corrected near acuity was N8. Fifty patients (32.3%) were prescribed new spectacles and 51 patients (32.9%) low vision aids (e.g. simple magnifiers), including 5 (8.3%) with electronic magnification devices. Ninety-nine patients (63.9%) were referred for occupational therapy management and 12.3% for orientation and mobility services.

Conclusions:
The profile of patients seeking low vision services at Kooyong is broadly similar to that identified in 1999. Outcomes appear to be similar aside from an expected increase in electronic devices and technology solutions. The nature of services required in the future will change, as treatments for eye diseases advance, assistive technology develops and becomes more accessible. Alongside the aging population and age-related eye disease being the predominant cause of low vision in Australia, the health and medical funding landscape is becoming more restrictive. The challenge for the future will be to provide timely, high quality care in a financially efficient model.