Hadley

Vision Loss and Depression

Presented by Ricky Enger

**Ricky Enger:** When dealing with vision loss, you may wonder how to define what you're feeling or how to find a way forward when you're feeling stuck. In this episode. Dr. John Shepherd joins us as we discuss vision loss and depression. I'm Ricky Enger, and this is Hadley Presents. Welcome to the show, Dr. Shepherd.

**Dr. John Shepherd:** Thank you. It's great to be here.

**Ricky Enger:** It is wonderful to have you, and I'm really looking forward to our discussion today. I know it's going to be very informative for our listeners, and again, just delighted to have you. So, before we jump into that though, I think it's helpful to have a little background about who you are and what you do. So yeah, tell us a bit about yourself.

**Dr. John Shepherd:** My background training is I'm a board-certified ophthalmologist. I presently serve as an associate professor in the Department of Ophthalmology and Visual Sciences at the University of Nebraska Medical Center where I serve as the director of a 4,500 square foot freestanding low vision house on the medical center campus referred to as the Weigel Williamson Center for Visual Rehabilitation. And I love what I do and I'm excited to have our discussion today.

**Ricky Enger:** Excellent. Let's jump right into the conversation, which as I mentioned in the intro, we're talking about depression and that sort of seems like a downer subject, but truly it's one of those things where there is power in naming what you're dealing with because I think it helps you to then figure out a way forward. So, I think it's going to be hopeful as opposed to a downer conversation. But why don't we start things off just by talking about how common depression actually is for people with vision loss and specifically people who have an acquired vision loss, they weren't born with it.

**Dr. John Shepherd:** Ricky, research studies actually show that the rate of depression in individuals with irreversible vision loss can range from about 15 to 30% but skewing more towards 30%. And if that rate of 30% is what it is, that would mean that individuals with low vision have three times the likelihood of having depression compared to the general population. And that's actually the same rate of depression seen in outpatients being treated for life-threatening diseases such as cancer and cerebral vascular disease.

**Ricky Enger:** That's a little bit shocking to think about, but what are some reasons you think that this happens?

**Dr. John Shepherd:** It's interesting there too, Ricky, because research studies are pretty clear on irreversible vision loss, they show that depression correlates with the level of disability. That is, the level of difficulty that an individual has being able to participate in their favored daily living activities. So irreversible vision loss makes it harder to read, it makes it harder to drive, it can make it very difficult to work in the kitchen and prepare food and it makes it difficult to walk safely. It can be difficult to see people's faces enjoying a favored television program and being able to see and manage the bills, write the checks. And so, this is the main reason that depression occurs in irreversible vision loss.

**Ricky Enger:** And that's a lot of very significant life change. So, it's not surprising then if we kind of frame it that way. I'm curious though, what kind of timeframe are we talking about when it comes to depression with vision loss? Do we find that it's happening shortly after someone comes out of the doctor's office with that diagnosis or does it take a while or what's the situation there?

**Dr. John Shepherd:** Sure, I would say it can vary, but in general it comes on very slowly. And we might even say insidiously over time. It can occur over many months. It could even occur over a year or more. An individual may start out with a difficulty in a daily living activity, but they're still able to participate in it. It's not as easy as it used to be. And then as the eye condition progresses over time, multiple activities of daily living become affected. And it's not just difficulty doing them, it's that you can't do them at all. And in a way, as the I cants outweigh the I cans, the greater the likelihood of depression is of developing.

**Ricky Enger:** So, I want to circle back to something I really like the way you put this. You said that depression can happen kind of insidiously. We don't recognize that it's happening. And that may seem surprising on the surface because if we think about depression, I think most of us have maybe a symptom or two in mind. Those symptoms are really, really intense and we think, oh, depression, it's very easy to recognize if you have it or not. But I don't think that's necessarily true. Right? Can you just go through a few of those symptoms that people are facing with depression and then are there ways that your healthcare provider might get at this with you?

**Dr. John Shepherd:** Absolutely. And you are absolutely correct. The average individual is not really going to sense this going on and might minimize the significance of the symptoms. But yeah, let me share with you common symptoms. Having little interest or pleasure in doing things, feeling down, depressed or hopeless. Sometimes an individual may just feel tired or have little energy to do things and over time there can be trouble concentrating on things. Definitely individuals can feel bad about themselves. There might almost even be a sense of diminished worth because of the irreversible vision loss that they have. And Ricky, what I would tell you is that I really want to encourage your listeners to take these symptoms seriously as they can be hard to see in yourself. It's important to ask those that are around you a lot in your social circles, concentrate if they're actually making comments about seeing those things in you.

You might even ask them if they see those things in you because it is one of those things we tend to minimize. And what happens with depression is when we have an irreversible vision loss, it's not getting any better. It might progress and it can tend to be a downward spiral. And so those things are where you really want to be careful in. I definitely recommend if people have such symptoms that they actually talk to their primary care providers. So, notice that's not their eye doctor, it's their primary medical doctor that they see for regular health visits and let them know that you're having these symptoms. The primary care doctor can actually administer a screening test for depression. And these are a few questions. It can be two, it can be more, but from the answers that you give to those questions, it helps the primary care doctor to understand whether this is likely depression or not. The conversation they have with you can be very helpful. If they do diagnose depression, there are very good treatments available for depression. It's unrecognized depression that is the more significant problem.

**Ricky Enger:** Right? You have to be aware that it's going on either through listening to what people around you are saying or taking that look inside yourself or even listening to this conversation and you're having that checklist going. Yeah, I am having trouble concentrating. I do feel tired. I do feel listless and some of these things. So, if you recognize in whatever way, whether that's through your healthcare professional or any number of other ways, and you think this is what's going on with me, what kinds of treatments are available? I guess particularly are there things that people can do when that depression is definitely related directly to this vision loss that they've got?

**Dr. John Shepherd:** You bet. So, if you are discussing this with your primary care doctor, they do have different options available to them. Certainly, there are a number of different medications that can medically treat depression. The primary care Dr. may refer you to a counseling professional, a mental health professional who basically can administer different therapies. One example is something called cognitive behavioral therapy, and these can be very helpful to address the depression. I would say though and this is so relevant, if the irreversible vision loss is a big part of the cause of depression, then low vision rehabilitation services have been studied in regard to treating depression and have been shown to be extremely helpful. Now, what are low vision rehabilitation services? To give you an example, I'm a low vision rehabilitation specialist. So, I'm a board-certified ophthalmologist.

You typically go to the eye doctor to manage your eye disease and prescribe glasses. So that's not the work that I do. I actually manage the impairment caused by the vision loss. So, when a patient comes to my office, there is about a two hour initial visit. During that time, we're doing a lot of things. First of all, we're doing an extensive functional history to understand what areas of daily living the individual is having challenges because of the irreversible vision loss. We then look at how they're adjusting and adapting to the vision loss. And that's where I will always administer a depression scale test. So, I can talk directly to the patient in my exam chair; if there is a reason that they need to see someone else, like the primary care doctor to address that, we can have a compassionate discussion about that.

I will do a test to evaluate the quantity and quality of the patient's remaining vision. So, it helps me to know what they have to work with. And then we work with the wealth of resources that are available to the patient. So this can be adaptive equipment, magnifying tools, telescopic lenses to electronic magnifiers, head borne video eyewear, working with computers and smartphones, addressing the challenges and seeing what types of adjustments can help people to move forward and do the best that they can with the vision that they have. So, in my office, I'll develop a rehabilitation plan, and I have occupational therapists that work alongside me that can implement the plan. And they do that in the patient's home, and they do it in the office where they're working with adaptive equipment with the patients in the areas of daily living in which they're struggling.

They can suggest modifications that can be made in the environment in their home to help them to live as safely as they can. We also will discuss other services available in the community and online resources such as Hadley, wonderful online resources. And that way you can become familiarized with all the things that can equip you to deal with these challenges as best as you can. Those types of services can make a dent on depression. So, you may need medical treatment, you may need counseling, but being aware of the resources and managing the challenges caused by irreversible vision loss certainly goes at the core of why depression with irreversible vision loss occurs. And so, it's a wonderful treatment, if you will.

**Ricky Enger:** Well, this has been really informative, really incredible, and as we talk about it, it makes a lot of sense. I don't think people frame it this way very often to say that when you have a major life change like this, you're going to have feelings. And they're not always going to be positive feelings, but there are reasons that you're feeling the way you do. And I think more importantly to point out, there are ways that you can address some of those things and you don't have to feel that way forever. So, as we wrap up, I'm wondering if you have just any final thoughts that we didn't cover previously that you want to leave our listeners with?

**Dr. John Shepherd:** Yes. The one thing is that I want to encourage your listeners to pursue the resources right now, but also as the eye condition progresses, so often the magnifier that you might have used becomes to where it doesn't help you. That doesn't mean there isn't something else out there that may help you as the disease progresses. We have individuals in our office who really have very little vision to work with, but there are still resources to help them. They're just concentrating on using their other senses better, like touch and hearing, and then they can still move forward in living with this as well as they can. The other thing I want to suggest to them is they're all seeing eyecare providers, ophthalmologists, optometrists. And what I would share with you is that eyecare providers that are managing the disease that causes your irreversible vision loss, they are great and skilled at treating the eye disease.

They are great and skilled at protecting the remaining eyesight that you have. They're going to do everything they can to try and protect what's there, but evidence shows that they're not as great and skilled at managing the impairment caused by the disease, asking about it and making appropriate recommendations of resources where you can get the help to live with the vision loss as well as you can. In fact, I would ask your listeners right now, how did you find out about Hadley? Has Hadley been helpful to you? Was your eyecare provider the one who referred you to Hadley and other low vision services? And I'm going to guess for many of you, it probably was not your eyecare provider.

**Ricky Enger:** Absolutely.

**Dr. John Shepherd:** What I want to share with you is something that I think could benefit your eyecare provider significantly. The next time you go in for a visit with your eyecare provider, I want to encourage you to share with them the value of these services. If you've worked with a low vision specialist, Hadley, any other services that you have that have helped you share with them how helpful that they have been. Remember that your eyecare providers are seeing lots of other patients with this eye condition, and this might help them to start mentioning these types of resources to patients. And if that happens, the impairment is getting addressed, the individual that is sitting in the eye doctor’s is examining chair, who's struggling with the impairment, who might be at risk for depression. If they know what resources there are out there, then they can get that help. And then that is going to minimize the risk of having depression. So, I want you to consider doing that. I think it would be a tremendous service to your eyecare.

**Ricky Enger:** That is such an excellent point. We want to hear fewer of those stories where people come out of the eye doctor's office with, “There's nothing medically we can do,” and then they're not sure where to turn next. So, I think just having that conversation when you have found something helpful to pay it forward, if you will, share with your doctor so that they in turn can share with their other patients. Thank you so much for dropping by Dr. Shepherd, spending a little time with us and just sharing your knowledge and your experience. It's really, really helpful.

**Dr. John Shepherd:** Thank you so much. This is a tremendous opportunity for me, and I also want to thank you. I will tell you that I have patients that come in, and it was not the eyecare doctor where they learned about me. It was Hadley. They went online. They then saw about low vision specialists. They then Googled to see what's in their area, and then here they are coming into my office. So, Hadley is doing absolutely wonderful work at helping people be aware of how to manage the impairment caused by the disease. I am absolutely thrilled with the services you provide.

**Ricky Enger:** Thank you so much for that. We really appreciate it. And if you’re listening right now and you’re struggling to figure some of these things out.

Hadley does have a number of ways that we can help with that. Of course there’s the practical side. So just showing some of those ways to get back to doing all of those things that you love.

And then there’s the emotional side as well. So, if you are really dealing with those strong feelings and kind of feeling stuck. We have a couple of services that you might find helpful.

There’s our Peer-to-Peer program where you can get matched with someone. And just have that support and that knowledge that you’re not going through this alone.

And we also have our Adjusting and Coping Together support groups. So that’s where a small group of people get together for a couple of months and just talk through some of these really strong feelings and figure out some answers together. Some ways to cope through these things.

So if you would like some information about any of that, do give us a call, 800-323-4238.

Thank you again, Dr. Shepard. We so appreciate your time and willingness to share your knowledge with us, it’s really helpful. And as always, thank you all for listening.

And thank you all for listening. Got something to say. Share your thoughts about this episode of Hadley Presents or make suggestions for future episodes. We'd love to hear from you. Send us an email at podcast@hadleyhelps.org. That's P-O-D-C-A-S-T at HadleyHelps.org or leave us a message at 847-784-2870. Thanks for listening.