

PREVENTING SIGHT LOSS IN AN AGEING POPULATION



A lack of vision? — the need to embed eye care services for early diagnosis of eye diseases as comorbidities of non-communicable diseases

As the European population grows older and the prevalence of non-communicable diseases rises, the pressures on health and social care budgets will increase. We need to find ways to identify and treat these diseases, or support people who have them, to enable them to continue to live full and productive lives as they age. Vision loss in particular is set to have a significant impact on individuals, society and healthcare systems. As we age the risk of progressive and blinding eye diseases increases, which, if treated, can be stopped and sight loss prevented. In 2010, it was estimated that over 28 million people were visually impaired in the WHO European Region, with the most prevalent eye diseases being cataracts, age-related macular degeneration, diabetic retinopathy and glaucoma. However cataract blindness is the only one of these conditions which is surgically reversible.

Vision impairment imposes a burden on individuals and decreases their quality of life. Vision loss is a common cause of job loss, which in turn creates a vicious circle of loss of income, independence and health. It also has an impact on society as a whole, through increased healthcare spending, social costs and productivity losses. According to 2010 estimates, direct and indirect costs of vision loss globally amount to over \$2 trillion and \$650 billion¹ respectively. This burden is expected to increase significantly over the coming years due to an ageing population and the rise in chronic diseases – unless we act now and become better at early diagnosis, early intervention and prevention of visual handicap.

This position paper sets out three key areas that EFAB, ECV and EU-EYE believe to be fundamental to addressing preventable irreversible sight loss in Europe: research and development, early case finding and diagnosis, and access to treatment and services. These three elements underpin the most critical factor: increasing public awareness and understanding of the importance of maintaining eye health through regular eye and sight examinations at clinically recommended intervals.

Research and development

We have made huge strides in identifying and treating eye health issues, although several debilitating eye conditions and diseases are currently still difficult or impossible to treat. Ongoing research into the risk factors of eye diseases, improvement of diagnostic, medical therapy and surgical procedures, and exploration of new treatment areas are being led by the professions and industry bodies who operate in the field of eye health. But eye health can at times be a hidden issue and not be given parity of esteem when it comes to publicly funded investment and research. It is vital that we address this, if we are to reduce vision impairment in the EU.

The WHO has already taken action to reduce avoidable vision impairment, making it a global public health challenge through the 2014-2019 Global Action Plan on Universal Eye Health. The public health and social implications of eye diseases are however rarely recognised in EU health, social, economic or industrial policies, despite the direct link between eye disease and vision and many EU priority issues. EU institutions need to have a greater awareness of and take into account the impact of eye diseases and vision impairment on society when defining European policies aimed at tackling chronic diseases, developing health prevention strategies and in support of active and healthy ageing.

¹ vi AMD Alliance International, "The Global Economic Cost of Visual Impairment", 16 March 2010, http://www.icoph.org/dynamic/attachments/resources/globalcostofvi_finalreport.pdf. these amounts are equivalent to: 1.8 trillion € and 590 billion € (conversion rate 18 October 2016)

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There is an urgent need to address this gap in the next research Work Programmes. We also argue that the EU should make eye health research a component of the post-Horizon 2020 framework and post-2020 EU Health Strategy.

EFAB, ECV and EU-EYE call for the EU to raise eye health and sight related issues to a par with other chronic disease and disability areas when considering EU funding tenders for health and social care research.

Early case finding and diagnosis

The three most common causes of preventable blindness in Europe are glaucoma, age related macular degeneration (AMD) and diabetic retinopathy; all can be treated effectively and vision preserved if they are detected and treated early. However, a significant number of these eye diseases remain undetected and untreated till late stages. The difficulty is that many eye diseases and disorders have no symptoms or early warning signs. This problem is compounded by the fact that many people believe that some decrease of vision is simply a normal part of ageing and have little if any awareness of age-related eye diseases or any knowledge about available treatments.

Early case finding, diagnosis and intervention are dependent on two factors: firstly that the general population and all health care providers are aware of the importance of good eye health and the usefulness of regular assessments stratified according to risk. And secondly that systems are in place to ensure that regular and effective sight testing is in place and available to all.

EFAB, ECV and EU-EYE call for awareness raising — among both the wider public and policy makers — on the importance of eye health and the need to make eye tests part of regular health checks in order to reduce eye disease and vision loss.

Access to treatment and services

Access to high-quality eye health care services for all is fundamental and needs to be independent of any geographical location, socio-economic status or age.

We need to build capacity amongst primary health care workers to help people identify vision and eye health issues early and to take appropriate action, including seeking referral. In particular, people in high risk groups need to be systematically targeted with appropriate information and identified when they do not access services.

To ensure access to eye health care, we need to make better use of the skilled workforce already in place to care for patients. We need to promote appropriate referrals between healthcare professionals, and we need to ensure that services are available in all areas, not just the most populated. Developments in skills, techniques and new ways of working should be supported and encouraged where they are in the interests of the patients.

We also need to ensure the public is aware of the availability of these services – and how and where they can access them. Affordability and adequate reimbursement schemes play a major role in ensuring that patients make use of existing treatments and services.

² Example of professional guidelines:

— the "Diabetes eye Health. A guide for health professionals" published by the International Diabetes Federation and Fred Hollows Foundation in 2015 offers

http://www.idf.org/sites/default/files/Diabetes_Eye_Health.pdf

— The "Terminology and Guidelines for Glaucoma" of the European Glaucoma Society

http://www.eugs.org/eng/EGS_guidelines4.asp

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In the UK for example, access to diabetic eye screening and preventative treatment has resulted in diabetes no longer being the primary cause of blindness in the working age population. Early treatment of Age-Related Macular Degeneration has caused a decrease in the number of people becoming blind because of this condition. Early treatment of glaucoma also prevents vision loss.

EFAB, ECV and EU-EYE call for clear patient pathways. General practitioners and eye care practitioners and specialists should work together to ensure that patients are seen in the most appropriate location and referred on as necessary. Access to such treatments should not be impeded by people's ability to pay.

About the European Forum Against Blindness (EFAB)

<http://www.efabeu.org>

The European Forum Against Blindness (EFAB) is an independent, multi-stakeholder advocacy platform, and is composed of the European Men's Health Forum (EMHF), the European Council of Optometry and Optics (ECOO) and the International Diabetes Federation European Region (IDF Europe). The group acts as a platform to bring together key stakeholders to increase awareness of eye diseases which can lead to vision loss and promotes prevention, timely diagnosis and accurate care.

About the European Coalition for Vision (ECV)

<http://www.ecvision.eu>

The European Coalition for Vision is an alliance of professional bodies, patient groups, European NGOs, disabled people's organisations, trade associations representing suppliers and research groups. The ECV exists to raise the profile of eye health and vision, help prevent avoidable visual impairment, and secure an equal and inclusive society for those with irreversible blindness or low vision in Europe.

About the European Alliance for Vision Research and Ophthalmology (EU-EYE)

<http://www.eueye.org>

The European Alliance for Vision Research and Ophthalmology (EU-EYE) is a non-profit pan-European advocacy group formed by the largest and more internationally active professional associations of ophthalmologists. Members are ESCRS, EURETINA, EGS, EUCORNEA, EPOS, EVI and EEBA. The main goal is to raise political and societal awareness for the increasing need for Vision Research and Ophthalmology at European level.