Occupational therapy eases depression in patients with age-related macular degeneration

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With any type of medical condition, a loss of independence can lead to growing feelings of depression. People living with age-related macular degeneration experience a gradual erosion of their independence as failing eyesight makes simple tasks such as navigating their homes or reading medicine bottles quite difficult.

A study published in the journal *Investigative Ophthalmology & Visual Science* examined two therapeutic approaches to macular degeneration rehabilitation and how they affected patients’ levels of depression. In the study, subjects were provided with the same baseline low-vision optometry evaluation and in-office patient training, and then split into two groups. The first group received six one-hour, in-home sessions with an occupational therapist, who helped the patients work on practical lifestyle tasks such as writing checks, measuring ingredients and pouring liquids. The second group received an equal amount of time with a counselor, who engaged in supportive talk therapy about their vision loss and disability, but offered no pragmatic advice on how to complete chores or navigate their environment.

After four months, researchers assessed the progress of both groups. The patients who received the occupational therapy showed greater improvement in their ability to perform daily activities than those who did not. (The talk therapy participants did experience some improvement, likely attributed to the initial low-vision optometry sessions and possibly from the encouragement they received from the in-home counselor.) The researchers also concluded that when patients improved in their functional ability, their level of depression decreased.

Making life easier

"This study reveals something that we have experienced clinically for many years," says Jason Clopton, O.D., a member of the AOA's Vision Rehabilitation Committee and owner of the Center of Vision Development in Cookeville, Tennessee.

"Occupational therapists teach patients how to function with less-than-optimal vision. The little things like getting around or even pouring a cup of coffee can be difficult for our patients with low vision. Therapy makes the activities of daily living more functional."

Dr. Clopton has seen the depression that blossoms in his patients who are forced to scale back their activities, in both older low-vision patients and younger ones grappling with traumatic brain injury. Losing the ability to drive a car, for instance, is a particularly fearful proposition for almost all of his patients. Dr. Clopton thinks occupational therapy can improve almost anyone's situation and even keep those with macular degeneration behind the driver's wheel by training them in the use of special telescope-style spectacles.

Although the study involved subjects who suffered from clinical depression, Dr. Clopton is convinced that occupational therapy also can improve the mental outlook of those with subclinical depression. In his mind, the more access to occupational therapy, the better.

"Very few of us were involved with occupational therapists 20 years ago," Dr. Clopton says. "We didn't know what they did, and they didn't know what we did. In the past 10 to 15 years, we have increased the amount of interdisciplinary referrals, the team approach. I think occupational therapists are awesome. I know what they do, how they work and how they change people's lives."
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