Common eye conditions

Factsheet

Eye conditions commonly found in children and young people with disabilities

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Long sightedness (Hypermetropia)

If a child is long sighted they may:

- Not want to perform near tasks (e.g. reading a book, or looking at photos)
- Not recognise familiar people in a picture
- Prefer more practical activities

Having long sightedness may also cause one eye to turn in, which is also known as a squint.

Can glasses help correct this? Yes. Glasses can help correct long sightedness.

Depending on how long sighted the child is they may need to wear their glasses sometimes or all the time.

Short sightedness (Myopia)

If a child is short sighted they may:

- Tend to concentrate on near work
- Be less aware of the wider environment
- Not be able to recognise familiar people in the distance

Can glasses help correct this? Yes. Glasses can help correct short sightedness.

Depending on how short sighted the child or young person is they may need to wear their glasses sometimes or all the time.

It is usual to need to increase the strength of correcting glasses regularly while the eyes are growing.

For more information about wearing glasses please see our other Easy Read Factsheets.

Go to: www.seeability.org

Wearing Glasses

easy read fact sheet

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Glasses can help you see clearly

Most people need to wear glasses at some time in their life

All children should have an eye test at least every year

After an eye test the optician may say you need new glasses

Why you might need to wear glasses

To see things close to you:

- reading and writing
- looking at magazines and photos
- using a computer

To see things further away:

- watching TV or the cinema screen
- a football match or a show
- a whiteboard or in the playground

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Astigmatism (blurred vision)

Uncorrected astigmatism may cause a combination of symptoms similar to myopia or hypermetropia, depending on the degree and type.

In astigmatism, the front of the eye (cornea) is curved irregularly (oval rather than round).
When uncorrected, children may need:

- Good contrast (e.g. large dark print on a white board)
- Bold typeface presentation

Glasses to correct astigmatism usually take some time to get used to as the eye has been 'distorting' vision and the glasses 'distort' it differently to correct the distortion, so new glasses can feel 'too strong' to start with.

Glasses for astigmatism may be advised for constant wear or just for detailed vision (eg.TV/ reading/ computer) depending on the degree and type of astigmatism.

Strabismus (squint)

One or both eyes may turn in or out (or more rarely up and down).

This may be present all the time or just when the child is tired or concentrating.

The squint may always be in one eye or the eyes may turn alternately.

If a child has an uncorrected squint the vision in one eye may not develop properly (amblyopia or lazy eye). A squint also means the child has no binocular vision (or 3D / stereo vision) - this can make judging depth and distances difficult and make the child appear to be uncoordinated.

Squints may be corrected with glasses (if the eyes are better focussed they can work together better) but sometimes surgery may be needed. Rarely, a squint may not be caused by just poor vision and could be due to another condition such as a cataract or problem inside the eye.

Sometimes, even when binocular vision is not possible, a squint can be corrected 'cosmetically' - to make the eyes appear straighter.

Amblyopia (lazy eye)

This is when the vision in one or both eyes doesn't fully develop due to the eye having an unclear image. It may be caused by a squint or by uncorrected focussing problems (I.e. hyperopia, myopia, astigmatism).

Glasses and / or patching (covering) of the stronger eye may be prescribed as a treatment.

During Patching:

- Ensure glasses and or patches are worn as prescribed
- Children may function as if they have a sight problem

- Materials and approaches to learning may have to be adapted to take account of this.

Monocular vision

This is when there is vision in one eye only. This reduces the visual field. As a result the child needs to turn their head to see what is happening on their 'blind' side. The child may need help with positioning their seat in class in order to:

- See the whiteboard more easily without having to turn their head
- Access other resources without head turning

Cataracts (opacity of the lens)

Cataracts blur vision by preventing light from passing through the lens. Children may be:

- Born with cataracts
- Have them developed later

Cataracts can be removed a few months after birth – older children also may have cataracts removed by surgery. If a cataract does not affect the child's sight too much, it may not need to be removed.

With cataracts

Without cataracts

Nystagmus (involuntary eye movement)

Nystagmus is a constant rapid involuntary eye movement. It affects a child's ability to see clearly. It may increase when a child is tired, under pressure, agitated or feeling ill. It will affect their ability to:

- Follow action (e.g. in a video or animation)
- Perceive depth (so they may stumble or knock things over)

The degree of nystagmus may vary depending on the position of the child's eyes so a child may develop a head turn to minimise the movement of the eyes. This should not be discouraged as it will help the child to see. How this impacts on their positioning in the classroom / of screens etc. should be taken into account.

Albinism/Nystagmus

Children with albinism often also have nystagmus. These children have the following features:

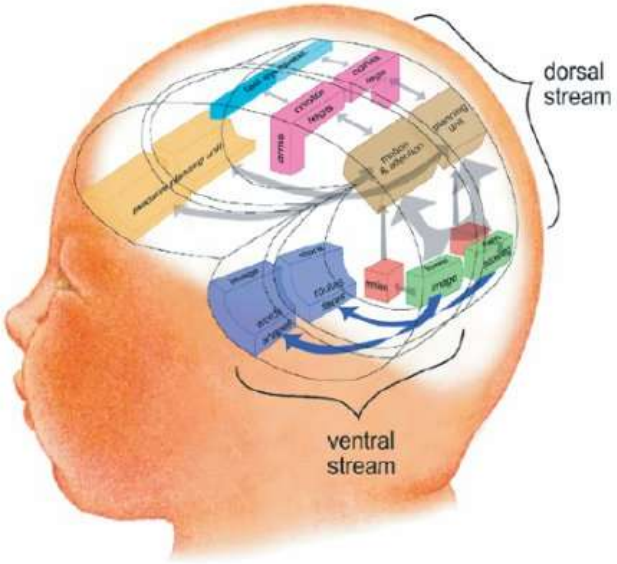
- Highly sensitive to light - dark glasses may help to block bright light
- Colours and outlines in what they see will disappear
- Eyes may flicker when focusing on an object (nystagmus)
- Be able to see things near them better than those at a distance - may want to hold things very close to view them which should not be discouraged
- May pause and stop when moving from bright light to dimmer light

Retinopathy of prematurity

A child born prematurely may have a damaged retina. Sometimes, surgery may be needed to limit the damage to the retina. These children may have severe visual impairment.

Cerebral Visual Impairment

This is when there is reduced vision due to problems in the way the brain processes visual information. The eyes may be healthy and clearly focussed but the brain cannot correctly interpret visual information. This may be mild, with difficulties in depth perception or seeing moving objects or severe, effectively causing functional blindness.



Reference: Miller, O. and Wall, K. (2011) Hot to understand and support children with visual needs.London. LDA P 29