



NATIONAL E-NEWSLETTER  
APRIL 2023

## AONAQ President's Report March 2023

Greetings to all of our members and welcome to 2023. While we all enjoyed a well-earned break at the end of last year, the committee has been hard at work ensuring 2023 will be a great year for AONAQ. This began with our annual strategic meeting, held in February, where our committee came together and discussed our goals and plans for education this year.

It's been a wonderful start to the year here in Queensland with blue sunny skies. Our first Clinical meeting took advantage of this and was held on the Sunshine Coast a few weeks ago. One of our life members, Ghislaine Wharton, kindly hosted the meeting at her workplace *Best Practice Eyecare* in Caloundra, where she is the Practice Manager. Sadly, I was unable to attend, however, I was informed that it was a successful morning of learning and networking for the local Ophthalmic community. Thanks to Ghislaine for hosting and Carmen Newman for representing the AONAQ Committee.

The next Clinical Meeting will be held in Brisbane at the RBWH in May. Look to your email and our website for further information closer to the time. Also, our much-loved Annual Conference is back on the Gold Coast this year in August. What a great opportunity to spend some time on the Coast, learning with colleagues and enjoying the winter sun. Please check the website for details closer to the date.

Remember, if you have been a financial member for at least two years, you can apply for an educational grant to attend conferences or educational events. We would love the opportunity to support our members in their professional development. Details of how to apply are located in the members-only area on our website.

With the energy back in our community, and many great events planned we look forward to seeing many of you at our upcoming meetings and conference.

**Pene Gill (AONAQ President)**

# REGISTRATION OPEN



AONA

**AONA  
CONFERENCE**

**SATURDAY  
17 JUNE 2023**

 **MELBOURNE, VIC**

**WWW.AONA.AU**

## AONA.AU - Our new look



We used to be [aonansw.org.au](http://aonansw.org.au) but following the amalgamation with AONA Victoria, South Australia & Tasmania it was deemed time to revamp, rebrand and bring our profile into the 21<sup>st</sup> century.

[Check out our new look](#) and the expanded members-only area providing links to online education courses, links to national & international ophthalmic groups, ophthalmic nursing practice guidelines, archives of newsletters, and we have plans to add recorded Zoom meetings via video to enable more members to access our education meetings.

Our goal is to provide ophthalmic nurse education and enable access to as many of our members as possible. It's a work in process and we would love your feedback and suggestions.

Contact us at [admin@aona.au](mailto:admin@aona.au)

## AONA Clinical Meeting Melbourne February 2023



### Getting the Band Back Together

“Getting the band back together” was the theme of the AONA Clinical Meeting held on February 18 2023, in the CERA Meeting Room at the Royal Victorian Eye and Ear Hospital, East Melbourne. This was our first gathering together since the beginning of the COVID-19 restrictions.

Members and speakers were happy to share the morning together and catch up over that early morning cup of coffee/tea and chocolate biscuits.



There were 20 people present during the morning including the 6 presenters and 3 Committee members. We were fortunate to have two of our members presenting.

The first speaker was Dr Weng Ng who spoke about Glaucoma including current best practices in the surgical management/treatment of Glaucoma.

The second speaker was Mr Rick Good, founder and owner of Good Optical. Rick's presentation was titled "Dry Eyes Management - What's New In The Zoo", an entertaining and insightful presentation with members receiving bonus samples of new products on the market.

AONA Co-President Dr Heather Machin updated members on AONA activities and also international Ophthalmic Nursing issues. Heather reminded the members of the upcoming AONA Conference to be held on Saturday, June 17 2023 in Melbourne.

Dr Gizem Ashraf was the next presenter. The result of the research project that Gizem was part of at the RVEEH was most informative and in some respects thought-provoking. The title of Gizem's presentation was "Sports Related Ocular Injuries at a Tertiary Eye Hospital in Australia - A 5-year Retrospective Descriptive Study".

Our final presentation was given jointly by Marina Osadchiy RN and Evelyn Lee RN, Nurse Educators at the Royal Victorian Eye and Ear Hospital. Marina and Evelyn shared information relating to the incidences of Cataract formations and requirements for surgery and then focused on the nursing assessment and care of the patient undergoing cataract extraction surgery.

The members greatly appreciated all of the presentations. Our Convenor for the morning was Robyn Johnston RN. Robyn thanked our speakers for their informative presentations and presented them with gifts as our appreciation for their time and efforts.

Before closing, Robyn thanked Dr Heather Machin for arranging the venue, Colleen Flanders RN for organising the IT and catering, and Pat Usher RN for organising the marketing and registration for this event.

Lucky Number gifts were given to some happy members and a delicious lunch was shared and welcomed.

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## Save the Date!

Escape winter and join us in the Sunshine State for the  
**AONAQ Annual Conference.**

Saturday 19th August 2023

08:30-17:00pm

Gold Coast Convention & Exhibition Centre  
(Broadbeach, Gold Coast)

More details to come for registration and program.





## Visual Impairment

**Author Isabel Divinagracia. RN**

Visual impairment is the partial or full loss of sight in one or both eyes due to disease or injury. This may be acute, progressive, permanent, or able to be corrected by aids or surgery (Australian Institute of Health and Welfare [AIHW], 2021). The experience of vision loss is unique to each individual (Lee & Shaw, 2018). With its physical manifestations, some may only present with slight changes while some will have gross vision loss. The issue may be progressive or sudden, temporary, or permanent, some will only have symptoms with one eye while others will have them on both (Lee & Shaw, 2018). Its onset and diagnosis also commonly elicit emotional distress and negative self-perception, increasing an individual's risk of depression (Silverstein & Demmin, 2020). Therefore, people with visual impairment commonly require both physical and emotional assistance (Lee & Shaw, 2018). This responsibility commonly befalls their families which can, in turn, cause them significant levels of stress leading to poor health (Jin et al., 2021).

Although vision loss can occur at any stage in life, a huge proportion of its incidence exists in the older generation (World Health Organisation [WHO], 2019). With the aging population, the global rate of blindness is also predicted to triple while visual impairment double in the next 30 years (Silverstein & Demmin, 2020).

Visual impairment already affects around 2.2 billion people worldwide. Within this number, 36 million is blind and a further 217 million have “marked” sight impairment. The resulting disability causes loss of productivity which is estimated to cost up to \$30 trillion in global economic burden (Silverstein & Demmin, 2020).

In Australia, 13 million people were affected by one or more chronic eye conditions between 2017 and 2018. There was also over 300,000 Indigenous Australians reported with sight problems in 2018 and 2019 (AIHW, 2021). Currently, Vision 2020 Australia's 2021-22 Pre-Budget Submission (2021) states that 840,000 people are living with vision loss, with Indigenous Australians experiencing it at 3x the rate but are waiting up to 57%

longer for common treatments than the non-Indigenous populace. This report also states that “the total annual economic cost of vision loss in Australia is estimated to be \$16.6 billion or \$28,905 per person with vision loss aged over 40” (Vision 2020 Australia, 2021).

For those with sight problems, this usually translates to loss of productivity as they are reported to have lower levels of employment and markedly lower income than their well-seeing counterparts (Lund & Cmar, 2019; Mariniello & Wittich, 2019). This causes a flow on financial burden as people with visual impairment may require long-term treatments such as eyedrops, eye injections and surgery as well as the cost of carers, transport, aids, and home modifications (Vision 2020 Australia, 2021). As vision loss negatively impact one’s socioeconomic status, it also has a counter-effect which can create a harmful cycle. For example, multiple eyedrops and courses of anti Veg F injections can be costly for those who are already socioeconomically challenged. This may cause them to delay or forego treatment causing even poorer vision and prognosis (Silverstein & Demmin, 2020).

Aside from being a global and personal monetary predicament, blindness has other profound effects on an individual. It results in physical disability, poor quality of life, and is closely linked to poor mental health (Yan et al., 2019).

Vision is the most dominant of senses and plays a critical role in all stages of our lives (WHO, 2019). We use it staring from infancy up to older adulthood, it impacts our growth and development - from recognising our parents, learning through play, communicating, as well as building and maintaining relationships (WHO, 2019). Without sight, simple tasks such as walking, reading, schooling and work become difficult and sometimes, dangerous (WHO, 2019). As vision is also important in balance and posture, patients with visual impairment have greater chances of falls and unintentional injuries from these simple tasks and are at a higher risk of mortality from motor vehicle accidents and depression (Lin & Lee, 2019; Silverstein & Demmin, 2021). This then adversely affects patient’s mobility and independence and their ability to access services (e.g., coming to treatments) without other’s assistance. This inability to access services and treatments, in turn, negatively impacts their disease progression.

Like its physical and financial effects, visual impairment also has a bidirectional impact on individual’s social and mental health (Silverstein & Demmin, 2020). As mentioned above, it makes performing activities of daily living difficult, giving rise to negative emotions, “pathologic grief” and restricts one’s ability to engage in work and interests they previously enjoyed. The physical and psychosocial effect of sight loss can precipitate or worsen anxiety and depression particularly for the elderly (Sing & Lee, 2019).

These increase the risk of isolation, loneliness, and depressive disorders in people with visual impairment (Silverstein & Demmin, 2020). People afflicted with these conditions also are up to twice more likely to develop depression (Sing & Lee, 2019; Silverstein & Demmin, 2020). Sight impaired persons with depression also commonly have lower compliance and success rate with treatment and rehabilitation. With their vision loss continuing to progress and their independence further limited, the vicious cycle continues (Doyle & Sterns, 2019).

On top of this, eye treatments and those used to manage anxiety and depression can have a contradictory effect on each other. For example, the idea of continually needing injections in the eye for macula degeneration as well as its potential complications can cause anxiety and distress (Silverstein & Demmin, 2020). Tricyclic and tetracyclic

antidepressants are also known to have ocular effects such as pupillary block and angle closure which is not desirable for those with eye conditions such as glaucoma (Wicinski et al., 2019). These may then have a negative impact on people's compliance with their treatment, further intensifying the effects of the "vicious cycle" mentioned above.

However, unlike the elderly, there are mixed results on the impacts of vision loss on young people's psychosocial wellbeing. Previous literature stated that restricted movements and the stigma reduces their engagements in social activities (Veerman et al., 2019). It was also said that because sight played a big part in communication, such as recognising facial and physical cues, young visually impaired people are unable to learn these social norms. Therefore, making them prone to demonstrating socially inappropriate behaviours, leading to fewer friends and smaller social networks (Veerman et al., 2019).

Meanwhile, Robertson et al. (2021) wrote a slightly different narrative. That visually impaired young people go through the already dynamic changes of growing but it is amplified by vision-specific challenges. However, incorporating this in the process of their growth and development - building relationships, developing autonomy and planning for the future - fosters acceptance and a sense of self, which is a more positive approach than those mentioned above.

Support networks is another variable commonly mentioned in literature relating to people coping with their sight conditions. It can have both positive and negative effects on visually impaired individuals (Papadopoulos & Papakonstantinou, 2020). Family carers, for example, play considerable role in assisting their relatives access medical care such as accompanying them to their appointments, therefore, improving their ability to access treatments (Jin et al., 2021). Having support persons also provide psychological support and friendship to people with visual impairment to better cope with the physical and psychosocial effects of their conditions (Robertson et al., 2021). However, these practical assistances can create an imbalance of reciprocity between the recipient (visually impaired person) and the provider (carers). It disrupts the recipient's sense of control, increasing their feeling of dependence (Papadopoulos & Papakonstantinou, 2020). This correlation between social support and visual impairment also has a considerable impact on families and patients' social support networks.

As previously mentioned, visually impaired individuals may require continuous and long term physical and emotional care (Jin et al., 2021). Considering the high number of people with vision loss, this would be beyond the capacity of hospitals and different organisations. This burden then commonly falls on family and carers who are expected to provide a good standard of care usually without formal training. This causes them significant levels of stress, fatigue and even depressive symptoms (Jin et al., 2021). This in turn, results in poor carer health and wellbeing, increasing their risk of both physical and psychiatric morbidities such as cardiovascular disease and depression (Jin et al., 2021).

A big proportion of carers provide assistance for their visually impaired family member 7 days a week, over 8 hours a day or lives with them full time (Jin et al., 2021). It reduces their capacity to partake in full-time employment or participate in social activities as they would need to organise alternate care for those that they look after. This can add social and financial stresses to the already heavy burden they carry.

In conclusion, visual impairment affects every aspect of a person's health in a bidirectional relationship. It can make everyday tasks much more difficult, making one



prone to accidents, restricts independence, causes isolation, creates financial burden and produces negative self-perception. These then adversely impacts their reception and compliance of their treatment leading to poorer vision and this cycle continues.

The resulting increase in dependence also have negative repercussions on their families who provide them with care and support. It causes them higher levels of stress, fatigue and increased risk of comorbidities.

As thousands of individuals (and their families) suffer the impacts of vision loss, it also affects the community at large. It results in loss of productivity and other financial and economic repercussion such as those affected struggling to find employment and have lower incomes. There is also their increased need for government or organizational assistance such as cost of hospitalization and increase in welfare payments

These, therefore, make visual impairment more than a personal dilemma, it is societal, economic, even global.

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