



City Research Online

City St George's, University of London

Citation: Bowen, M., Hancock, B., Edgar, D. F, Shah, R., Iliffe, S., Pickett, J., Buchanan, S., Clarke, M., Maskell, S., Haque, S., et al (2017). The PrOVIDe Study: sample characteristics. *Investigative Ophthalmology & Visual Science*, 58(8), 2193.

This is the published version of the paper.

This version of the publication may differ from the final published version. To cite this item please consult the publisher's version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/20486/>

Copyright and Reuse: Copyright and Moral Rights remain with the author(s) and/or copyright holders. Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge, unless otherwise indicated, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way. For full details of reuse please refer to [City Research Online policy](#).



The PrOVIDe Study: sample characteristics

Michael Bowen¹; Beverley Hancock¹; Dave Edgar²; Rakhee Shah²; Steve Iliffe³; James Pickett⁴; Sarah Buchanan⁶; Michael Clarke⁵; Susan Maskell⁴; Sayeed Haque⁸; Neil O’Leary⁷; John-Paul Taylor⁵.

PURPOSE

The risks of developing either dementia or visual impairment (VI) increase with age so potentially a large proportion of people with dementia will also be visually impaired. The main objective of the Prevalence of Visual Impairment in Dementia (or PrOVIDe) study was to measure the prevalence of a range of vision problems in people with dementia aged 60-89 years. Another objective was to determine estimates for the percentages of those with dementia likely to be able to perform successfully key elements of the eye examination.

Methods

PrOVIDe was a two-stage, mixed methods study, combining quantitative and qualitative research methods.

Stage 1

Was a quantitative, cross-sectional prevalence study. Inclusion criteria were: individuals with a confirmed dementia (any type) diagnosis, aged 60-89 years; individuals lacking the capacity to give informed consent to participate required a consultee who could give approval on their behalf.

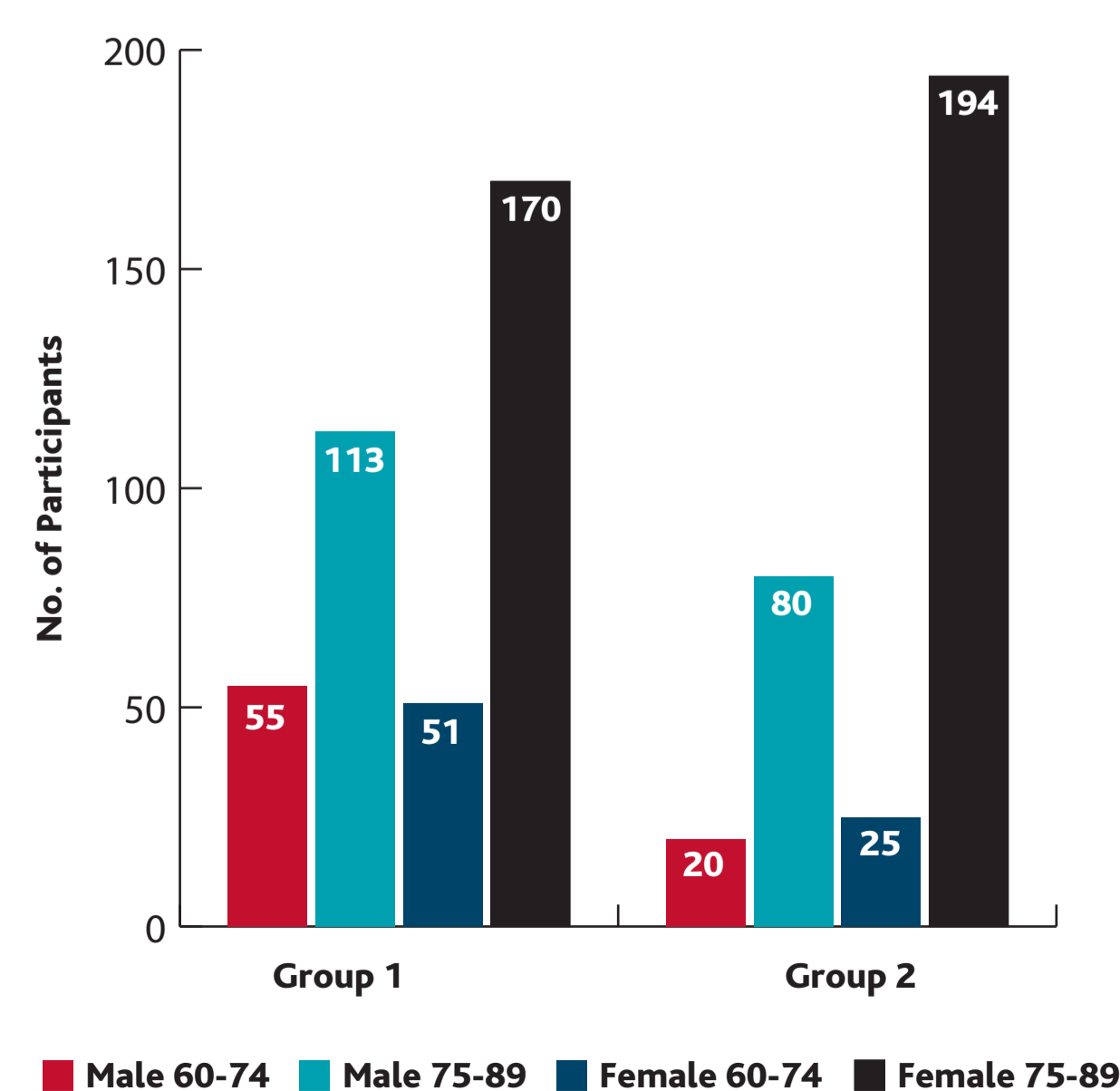
- 708 participants with dementia aged 60-89 years
- 389 lived in their own homes – median age 80 years
- 319 in care homes – median age 83 years

Stage 2

In Stage 2 a combination of interviews with people living with dementia (recruited from Stage 1) and focus groups (family carers, optometrists and professional care workers) were used to collect qualitative data.

- 36 interviews with people with dementia
- Interviews / focus groups with family carers, professional care workers and eye care professionals
- 119 participants in total across all groups

Stage 1 Participants

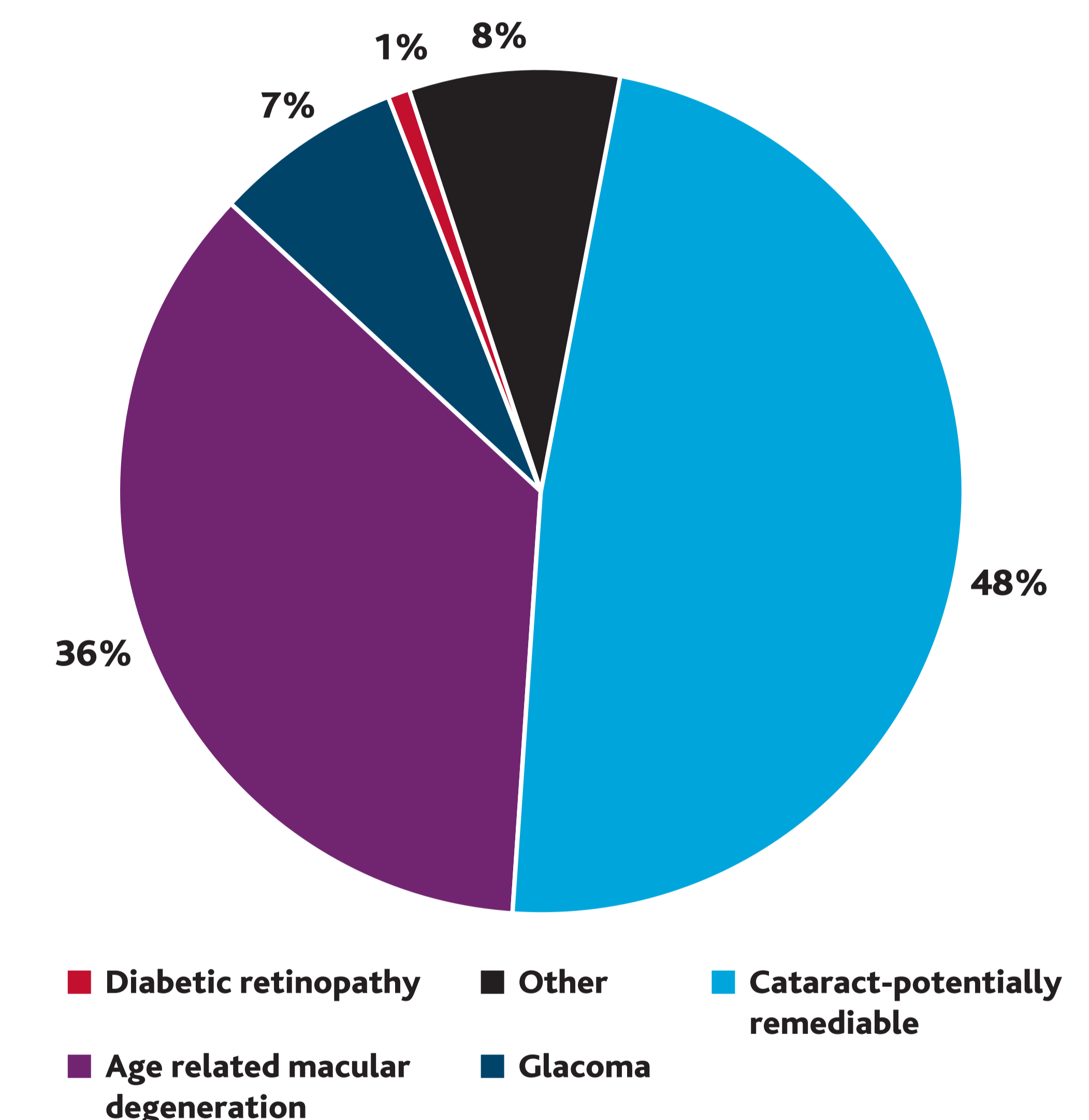


RESULTS

22% of participants reported not having had a sight test in the last two years: this included 19 participants who had not been tested in the last 10 years.

VA worse than 6/12				
Type of Visual Impairment	Full sample N = 708 % (n) [95%CI]	Group 1 N = 389 % (n) [95%CI]	Group 2 N = 319 % (n) [95%CI]	Difference in proportions between Groups 1 & 2* [95% CI]
Presenting	32.5 (191) [28.7, 36.5]	21.8 (82) [17.8, 26.4]	51.4 (109) [44.5, 58.3]	-29.6 [-37.9, -21.3] p<0.001
Missing data % (n)	16.9 (120)	3.3 (13)	33.5 (107)	
Uncorrected or under-corrected	14.3 (84) [11.7, 17.5]	10.6 (40) [7.8, 14.3]	21.0 (44) [15.8, 27.2]	-10.4 [-17.0, -3.6] p<0.01
Missing data % (n)	17.2 (122)	3.3 (13)	34.2 (109)	
Post-refraction	18.2 (107) [15.2, 21.5]	11.4 (43) [8.4, 15.1]	30.2 (64) [24.2, 36.9]	-18.8 [-26.1, -11.5] p<0.001
Missing data % (n)	16.7 (118)	2.8 (11)	33.5 (107)	
VA worse than 6/18				
Type of Visual Impairment	Full sample N = 708 % (n) [95%CI]	Group 1 N = 389 % (n) [95%CI]	Group 2 N = 319 % (n) [95%CI]	Difference in proportions between Groups 1 & 2* [95% CI]
Presenting	16.3 (96) [13.5, 19.6]	10.6 (40) [7.8, 14.3]	26.4 (56) [20.7, 33.0]	-15.8 [-22.8, -8.7] p<0.001
Missing data % (n)	16.9 (120)	3.3 (13)	33.5 (107)	
Uncorrected or under-corrected	7.7 (45) [5.7, 10.2]	5.1 (19) [3.2, 7.9]	12.4 (26) [8.4, 17.8]	-7.3 [-12.7, -2.0] p<0.01
Missing data % (n)	17.2 (122)	3.3 (13)	34.2 (109)	
Post-refraction	8.6 (51) [6.6, 11.3]	5.6 (21) [3.6, 8.5]	14.2 (30) [9.9, 19.7]	-8.6 [-14.2, -3.0] p<0.001
Missing data % (n)	16.7 (118)	2.8 (11)	33.5 (107)	

A single cause of post refraction visual impairment has been identified for each participant



CONCLUSIONS

Almost 50% of VI was correctible with appropriate spectacle prescriptions. Once VI correctible with spectacles was removed, almost 50% of the remaining VI was due to cataracts, and thus potentially correctible with surgery.

The prevalence of VI in the PrOVIDe sample was similar to the best comparator data for the general population in the UK, but the study findings suggest that eye care for people with dementia could be improved, especially in terms of understanding the potential barriers to accessing cataract surgery, mechanisms for improving use of spectacles / refractive correction, and the factors driving the significantly higher rates of VI found among the PrOVIDe participants living in residential care homes.

Author Affiliations:

1. Research, The College of Optometrists, London
2. City, University of London, London
3. University College London, London
4. Alzheimer’s Society, London

5. Newcastle University, Newcastle
6. The Thomas Pocklington Trust, London
7. Trinity College Dublin
8. University of Birmingham, Birmingham

UK NIHR HS&DR Funding Acknowledgement: This project was funded by the UK National Institute for Health Research Health Services and Delivery Research Programme (Project number 11/2000/13)

UK Department of Health Disclaimer: The views and opinions expressed herein are those of the authors and do not necessarily reflect those of the HS&DR Programme, NIHR, NHS or the Department of Health.