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Navigating our towns and cities with peripheral retinal pathology caused by diabetes and retinitis pigmentosa (The NaviSight Study)

Miscellaneous

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ABSTRACT

Purpose: Our built environments are often described as ‘hostile’ with streetscape features often affecting people with visual impairment moving around towns and cities. This leads to impacts on daily life and often leads to social isolation, loneliness and other mental and physical problems.

The NaviSight Study aims to assess if loss of vision and visual function caused by peripheral retinal pathology affects independent mobility and navigation in our urban environments. Participant’s level of vision and function are assessed through retinal imaging and visual function testing. Independent navigation through towns and cities was also assessed through walkarounds of a set area.

Setting/Venue:The NaviSight Study is being undertaken in Belfast, Northern Ireland, UK. Retinal imaging, questionnaires and visual function testing are completed in the Northern Ireland Clinical Research Facility (NICRF) at the Belfast City Hospital. Walkarounds are undertaken in the nearby Queen’s University area.

Methods: Participants with varying severity of diabetic eye disease and retinitis pigmentosa are recruited into the study. Participants are asked to attend a one-day appointment which includes retinal imaging, questionnaires, visual function testing and a 1 mile walk around the Queen’s University Belfast area.

Participants attend their walkaround first for safety reasons as mydriasis is usually required for retinal imaging. Participants are asked to complete a 1 mile walk around a set area accompanied by a PhD researcher and a colleague to minimise risk of falling. Any issues the participants may encounter on the walk as well as confidence, difficulty and anxiety levels are gathered. Weather, light and noise measurements are also taken.

Each participant then attends the NICRF for retinal imaging, visual function tests and questionnaires. Optos wide-field retinal imaging, Heidelberg OCTA, OCT and multicolour imaging are used to capture the extent of retinal pathology. Metrovision visual fields, AdaptDX dark adaptation, visual acuity and visual contrast are measured. Retinopathy dependent quality of life, diabetes distress scale (DDS17) and a study questionnaire with medical and built environment questions is used.

Results: Altogether, 26 participants have completed their visits for the NaviSight Study. Altogether there were 19 male and the average age was 48 years. Visual acuity ranged from -0.3 LogMAR to no perception of light (NPL).

Of the 26, 11 had Retinitis Pigmentosa and 15 had varying levels of severity of diabetic eye disease. Of those with diabetes 4 had no diabetic retinopathy (DR), 1 had moderate DR and 10 had proliferative DR with laser treatment. Duration of diabetes ranged from 2 to 67 years. Nineteen participants (73%) had proliferative pathology in at least one eye. Sixty-nine percent had a visual field defect (ranging from 1.7dB – 22.7dB corrected deficit). Over half (54%) had dark adaptation problems with a rod intercept of over 6.5 minutes.

Forty-two percent (11) of participants reported issues while walking. Nine people (35%) thought that the route was difficult to navigate in areas, 9 participants (35%) had poor confidence and 9 (35%) were anxious during the walk. These were not the same 9 people for each group. Most difficulties were reported by those with proliferative DR and RP. Some of the most common issues discussed during the walk were bollards, shop signs, advertisement boards, uneven pavements, parked cars, colour contrast, tree roots and leaves.

Conclusions: The results of the study show that peripheral retinal pathology contributes to issues for people navigating the built environment. Results also show that while many participants claim that they have no issue with navigation, on further questioning they do have more visual loss and issues navigating than they initially report. Issues with confidence, anxiety and difficulty navigating are

reported by many participants with streetscape features such as uneven pavements, street cafés and light level changes being discussed. Future in depth retinal grading and visual function assessment will allow us to expand on the issues faced in our towns and cities for people with peripheral visual loss.

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