Practice note –
Falls, dementia and sight loss
Purpose

This practice note supports staff in creating an individualised action plan for those with sight loss and dementia following a falls multi-factorial risk assessment.

It highlights that people living with dementia, and also experiencing sight loss, are at a significantly increased risk of falling. It outlines approaches that can be taken to reduce risk and improve care.

Facts and figures

There are approximately 900,000 people living with dementia in the UK. At the current rate of prevalence, this number is set to increase to more than 1.6 million by 2040.

This represents one in six people over the age of 80 living with dementia; however, dementia is not a normal part of ageing. There are also more than 42,000 people under 65 living with dementia in the UK [1].

Sight loss [2]

- One in five people aged 75 and over are living with sight loss.
- One in two people aged 90 and over are living with sight loss.

Sight loss and dementia

- It is estimated that at least 250,000 people in the UK are living with both sight loss and dementia [3].
- Someone living with dementia is up to eight times more likely to fall than someone without the disease [4] [7].
- Someone living with dementia is three times more likely to sustain a fracture following a fall [5].
- Someone living with sight loss is twice as likely to fall [6].
- People with sight loss are more likely to fall and have multiple falls than those without sight loss of similar age [8].

These figures would suggest that people with dementia and people with sight loss are at risk of falls. Combining both conditions would suggest the risk of falls would increase significantly.
Conditions and syndromes affecting vision

One (or more) of the following eye conditions or syndromes will affect vision:

- Refractive errors (long sighted or short sighted)
- Age –Related Macular Degeneration
- Diabetic Retinopathy
- Cataract
- Glaucoma
- Hemianopia
- Charles Bonnet syndrome.

People living with dementia may not be able to communicate that they have difficulties with their vision, which results in hidden sight loss.

They may also have difficulties with visual processing, which can affect balance, confidence and co-ordination. This can significantly increase their risk of falls. These include:

- Loss of depth perception
- Reduced colour and contrast sensitivity
- Reduced visual acuity
- Shrinking peripheral vision (by mid-disease, Alzheimer’s patients have the equivalent of tunnel vision)
- Right eye preference (in some types of dementia, the brain may stop or reduce processing information taken in by the left eye).

Other factors to consider

People living with dementia may also have processing difficulties that can affect:

- Object recognition
- Judgment
- Planning
- Reasoning
- Abstract thinking.

What can make a difference?

- Create a dementia and sight loss friendly environment using colour and contrast as well as the environmental changes associated with reducing risk of falls.
- Use clear written/picture signage to aid orientation.
- Keep things in a set place and avoid any unnecessary clutter.
- People over 60 needs three times more light than people aged 20.
- Natural light generally provides much greater light levels than domestic electric lighting.
- Vertical blinds allow enough natural light into rooms whilst reducing glare.
- An even spread of light across rooms prevents dark areas on the floor which can be interpreted as a hole or step.
- Encourage people over 60 to attend an eye examination once a year, or as often as advised by their optometrist.
• If changes in vision are noticed, an appointment with an optometrist should be made to discuss concerns.

• Encourage people to arrange an eye examination at home if they are unable to attend an optometry practice.

• Ensure any treatment prescribed by the optometrist is followed.

• Ensure hospital appointments are attended for conditions such as diabetes that have a known association with eye conditions.

• Ensure any medications for eye health are given.

• Ensure the four Cs apply to glasses: they need to be comfortable, clean, current, and correct for the task.

• Wear sunglasses to address problems with glare caused by bright sunlight or low set winter sun.

• Discuss the most appropriate glasses with the optometrist.

• Combine the use of colour and contrast, good lighting levels and the wearing of the correct glasses at mealtimes to promote eating and drinking and reduce the risk of dehydration.

• Provide the correct level of guidance/support when assisting transfers/mobility.

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Some helpful signposts for more information:

**RNIB Helpline**

- Phone: 0303 123 9999
- Email: helpline@rnib.org.uk
- Website: www.rnib.org.uk

**Alzheimer Scotland**

- 24-hour dementia helpline: 0808 808 3000
- Website: www.alzscot.org/
Useful resources

**Dementia and Sight Loss Leaflet, Tip Cards on RNIB Website:**

**SCIE Dementia Gateway**

**Thomas Pocklington Trust – Dementia and Sight Loss publications design guides and day lighting**

**The Care Inspectorate**

**The Dementia Centre – dementia design**
http://dementia.stir.ac.uk/

**Care Inspectorate Care About Physical Activity improvement programme – advice about how to support older people in care to move more**
www.capas.co.uk/?page_id=521

Take the Balance Super Six leaflet – downloadable PDF with simple exercises to improve balance

**NHS Inform’s Falls section**
https://www.nhsinform.scot/healthy-living/preventing-falls/

**Enlighten:** Lighting for older people with dementia by David McNair, Richard Pollock, Colm Cunningham – October 2017

References

[1] Alzheimer’s Society Dementia UK


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