Improving referral of depressed elderly in low vision rehabilitation

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Vision disorders
Study type	Observational non invasive

Summary

ID

NL-OMON33335

Source
ToetsingOnline

Brief title
Depression in visually impaired elderly

Condition

- Vision disorders
- Psychiatric disorders

Synonym
depression, visual impairment

Research involving
Human

Sponsors and support

Primary sponsor: Vrije Universiteit Medisch Centrum
Source(s) of monetary or material Support: ZonMw programma InZicht

Intervention

Keyword: Depression, Elderly, Visual impairment

Outcome measures

Primary outcome

Prevalence of depressive complaints

Severity of depression (clinical or subthreshold depression)

Vulnerability factors of depression

Secondary outcome

Vision-related quality of life

Study description

Background summary

In international studies it has been suggested that one-third of visually impaired elderly experience clinically significant depressive symptoms. Depression is negatively associated with low vision rehabilitation (LVR) outcomes. It aggravates existing disability, and function can improve when treated adequately. However, in the Netherlands there is no information on the prevalence and severity of depression in visually impaired elderly. Thinking about the rapidly increasing population of visually impaired elderly, recognising depression is essential to filter out persons that will initially not benefit as much from LVR. LVR centres need to make efficient choices in which patients should be treated in their centres or initially elsewhere, e.g. psychological or psychiatric care. Also, insight into the prevalence and severity of depression and specific vulnerability factors may help us to develop specialised interventions in the future and to recognise depressed visually impaired elderly in practise.

Study objective

The general objective of our study is to improve the outcome of LVR by adequate referral of depressed visually impaired elderly patients who are entering the LVR process. First, it is important to know the prevalence and severity of depressive symptoms. Second, getting insight into vulnerability factors is essential to recognise depression and to determine how depressed visually

impaired patients can be helped in an intervention.
This study will give insight into the prevalence and severity of depressive symptoms in visually impaired elderly in the Netherlands and how to recognise, to treat and where to refer them. We eventually expect more patients to benefit from LVR.

Study design

The second phase of our study, i.e. the screening of visually Impaired older adults for depression has a cross-sectional design.

Study burden and risks

It is possible that a number of (depressed) patients will find it burdensome to participate in the interview. However, to minimize the burden we will conduct the interviews in their home environment. Furthermore, patients will be offered psychological assistance or assistance by a social worker if necessary. The research project is important, because depression is negatively associated with LVR outcomes. It aggravates existing disability, and function can improve when treated adequately. However, in the Netherlands there is no information on the prevalence and severity of depression in visually impaired elderly. Thinking about the rapidly increasing population of visually impaired elderly, recognising depression is essential to filter out persons that will initially not benefit as much from LVR. LVR centres need to make efficient choices in which patients should be treated in their centres or initially elsewhere, e.g. psychological or psychiatric care. Also, insight into the prevalence and severity of depression and specific vulnerability factors may help us to develop specialised interventions in the future and to recognise depressed visually impaired elderly in practise. In summary, this study will give insight into the prevalence and severity of depressive symptoms in visually impaired elderly in the Netherlands and how to recognise, to treat and where to refer them. We eventually expect more patients to benefit from LVR. Therefore, we believe that the proposed study weighs up to a possible burden that may be caused by the interview.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

- Older adult visually impaired population (> 50 years, partially sighted or blind)
- Entering the Low Vision Rehabilitation process at regional centers of Bartiméus or Sensis (N<=300)

Exclusion criteria

- Cognitively impaired
- Not able to speak and/or understand Dutch

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled

Primary purpose:	Health services research

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-11-2009
Enrollment:	300
Type:	Actual

Ethics review

Approved WMO

Date:	11-11-2009
Application type:	First submission
Review commission:	METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL28856.029.09