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TWOP TIPS

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CHARLES BONNET SYNDROME



#TwopTips



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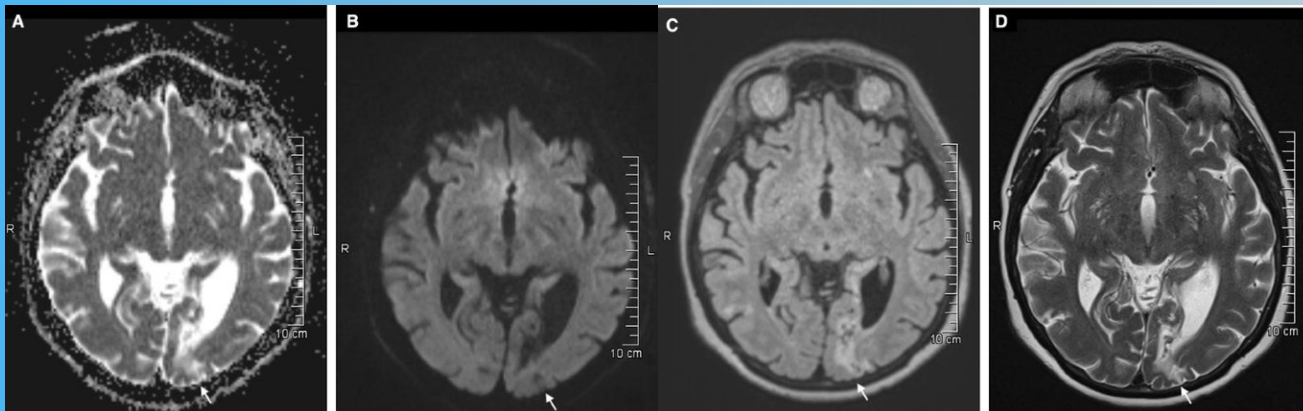


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ETIOLOGY: Unknown. Similar to 'phantom limb' syndrome.

INCIDENCE: 1 million people in the UK (pop. of 66 million, so 1 in 66) mainly found in adults with deteriorating vision such as age-related conditions like Cataract, Glaucoma, & AMD. Also found in vascular conditions such as BRAO, CRAO, & Diabetic Retinopathy. M=F however, ladies do tend to be found more than men. Its incidence is probably under-reported because the person may be concerned about mentioning visual hallucinations and may see this as being a neurodegenerative or cognitive condition such as Dementia or Parkinson's Disease.



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RISK FACTORS: Increasing age & decreasing visual acuity

MAIN FEATURES: Visual Hallucinations, Ocular Pathology, Intact Cognition

FREQUENCY: Episodic, Regular or Full-time, lasting secs to hours to days.

OCULAR SYMPTOMS: Visual Hallucinations which can appear with eyes both open & closed.

Classified as Simple or Complex.

Simple flashes of light, Complex scary monster type animals/gargoyles, fires



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FULL COGNITION: All Individuals realize that the hallucinations are not real



TRIGGER FACTORS: Fatigue, Stress, Different levels of illumination, Social isolation



CLINICAL FEATURES: No specific clinical features, but as stated previously can be associated with AMD and geographic atrophy/drusen



PATHOLOGY: Differentiation of Afferent Nerve fibres caused by a lesion or a defect in the Visual Pathway.



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MANAGEMENT: If it's caused by Ocular Pathology that can be treated such as PDT for AMD or Cataract Surgery, it does seem to help. Non-pharmacological treatments have mixed success. Understanding, empathy & reassurance tend to be non-clinical management techniques which confirm their concerns.

OCULAR TIPS: Move your eyes from side to side, look away from the hallucination, look into the hallucination, blink numerous times, rest & relaxation. They do slow down and/or stop after 1-2 years

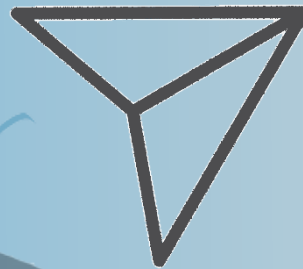




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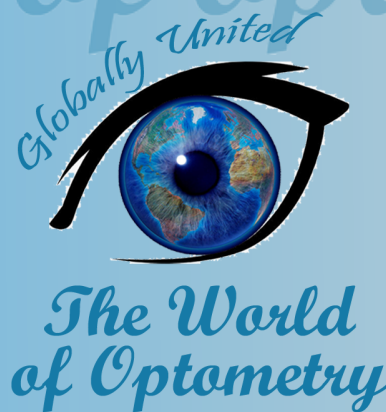


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