How Parkinson Disease Impacts Vision





Joseph Savitt MD, PhD

Associate Professor of Neurology

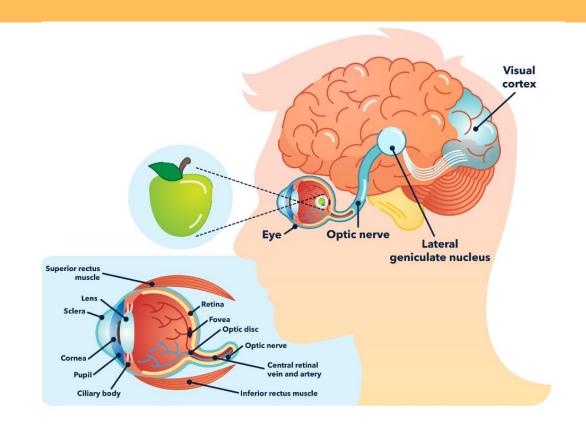
University of Marylar School of Medicine

Disclosures

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How does vision work?





Kind of Vision Problems in PD

Survey of 848 PD patients:

82% Had some visual complaint vs 48%86% Dry eye50% Eye misalignment versus 15%41% Convergence insufficiency

Borm et al, Journal of Neurology 2022 Borm et al Neurology 2020 Hamedani et al Moy Disord, 2020



Eye Problems in PD: VIPD-Q

When I drive at night, the oncoming headlights cause more glare than before.

Neurology 2020 Carlijn et al

Table 1 Prevalence of ophthalmologic symptoms			
Ophthalmologic symptoms reported weekly or daily	PD, n (%)	Controls, n (%)	p Value
Ocular surface			
I have blurry vision when I read or work on a computer.	385 (46)	31 (12)	<0.001
I have a burning sensation or gritty feeling in my eyes.	231 (28)	20 (8)	<0.001
I have mucus/slime or particles in my eyes or eyelids.	167 (20)	14 (6)	<0.001
I have watery eyes.	261 (31)	38 (15)	<0.001
Intraocular			
When I read, some letters disappear.	168 (20)	13 (5)	
Lines that should be straight appear to be wavy or blurred.	140 (17)	12 (5)	
I won't go out alone in the evening or at night because my night vision is insufficient.	134 (16)	8 (3)	

54 (23)

347 (43)

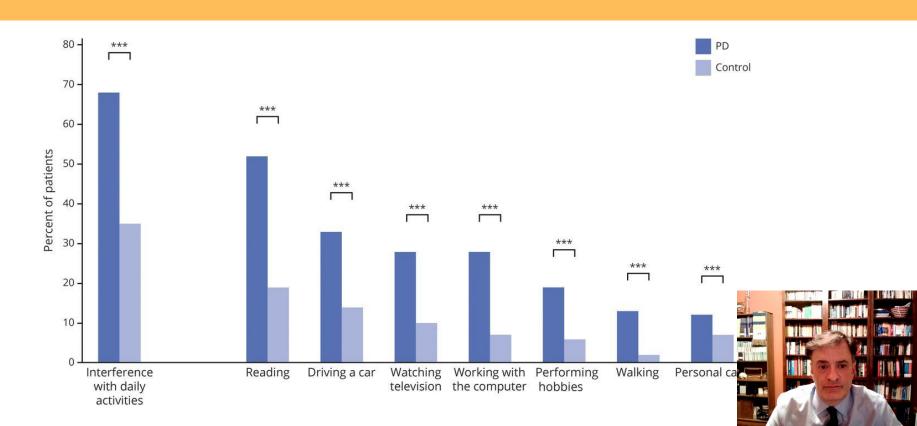
Eye Problems in PD

Neurology 2020 Carlijn et al

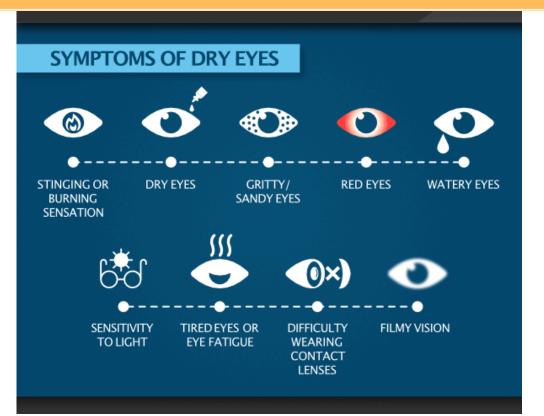
Quick movements are hard to follow with my eyes.	205 (25)	9 (4)	<0.001
I have double vision.	186 (22)	6 (3)	<0.001
I can read better with one eye closed.	142 (17)	15 (6)	<0.001
I have trouble with depth perception. I find it hard to say which one of 2 objects is closer.	139 (17)	6 (2)	<0.001
ptic nerve			
Colors seem to be paler than before.	95 (11)	7 (3)	<0.001
I can't read plain text on a colored or gray background.	212 (26)	25 (10)	<0.001
I run into objects or people or feel that parts of my visual field are missing.	77 (9)	5 (2)	
I have problems with rapid changes of light intensity.	222 (27)	26 (11)	
I see things that other people do not see (hallucinations).	181 (22)	5 (2)	-10 11100

Eye Problems in PD

Neurology 2020 Carlijn et al



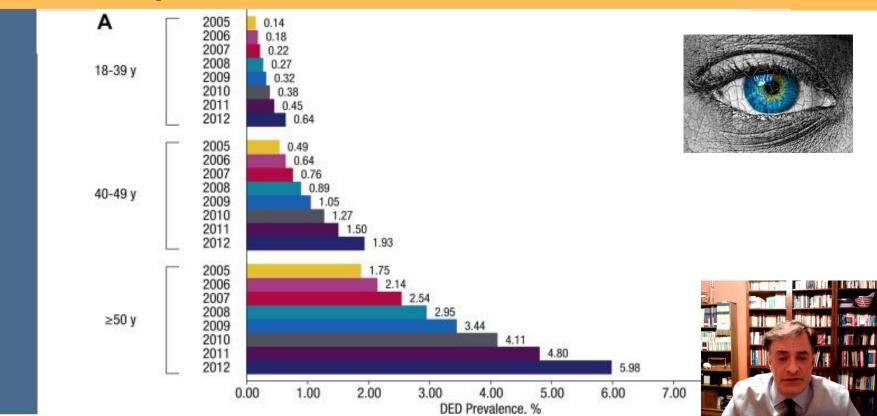
Dry Eye





Topic: Dry Eye

Amer. J. of Ophth, Dana et al 2019



Topic: Dry Eye

Causes

- Blink rate (10-18 per minute is normal). 5 /minute on computer. PD 1-2 per minute
- Tear production, meibomian narrow/blocked, autonomic dysfunction, blepharitis
- Meds: Trihexyphenidyl, amantadine, antidepressants, sleep aids, water pills, antihistamines
- Other diseases

RISK FACTORS FOR DRY EYES NON-MODIFIABLE













MODIFIABLE



and refractive surgery.









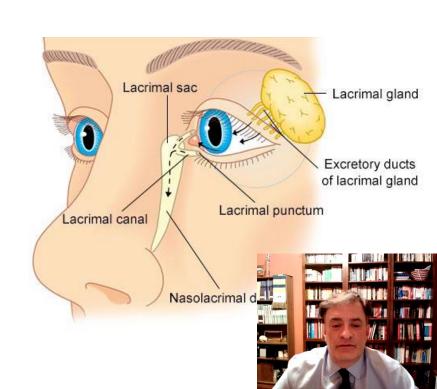






Treating dry eye

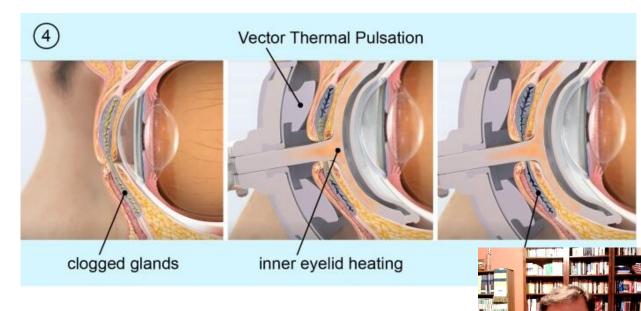
- Blink often and tightly, esp w/ screen time
- Stay well hydrated
- Avoid eye makeup, esp waterproof
- Artificial tears- single use tubes
- Overnight closure, esp with CPAP
- Prescription drops (Restasis, Xiidra)
- Lid hygiene, compresses w/ blepharitis
- Puntal blocking w/ plugs and sealing
- LipiFlow and pulsed light therapies



Treating dry eye-Open Meibomian glands

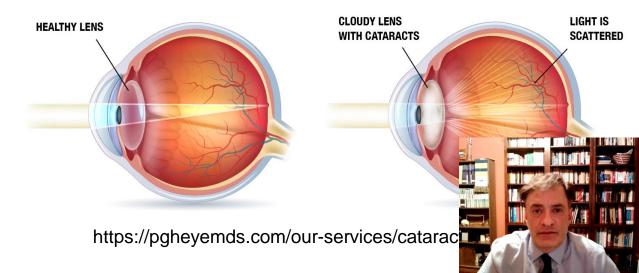






Cataracts

- Glare at night
- Halos around images
- Blurry/cloudy vision



Abnormal Eye Movement and Double Vision

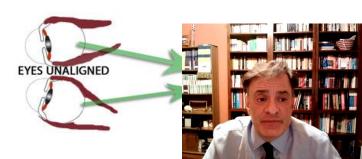
Superior oblique

- 28% PD patients vs 9% w/ diplopia
- Binocular versus monocular

Convergence insufficiency

- Normal convergence to 6-10 cm
- · Eye strain, headache
- Can occur with DBS
- Treat: eye patch, prisms, I-dopa
- Some medication can worsen

Superior Trochlea muscle rectus Superior oblique tendon Superior rectus muscle Lateral rectus muscle Lateral rectus Medial rectus Inferior oblique rectus Common Inferior rectus Inferior oblique tendinous ring muscle muscle Anterior view of the right eye Lateral view of the right eye



From: Anatomy, Head and Neck, Eye Extraocular Muscles StatPearls Publishing LLC

Topic: Abnormal Eye Movement: Reading

- Slow/delayed/short gaze movements, blink to help eyes move
- PD patients read 20% slower
- Linger on words, eye movements are short
- Mostly L-dopa independent
- MOCA and disease duration dependent
- Unclear if it is eye movement only or processing too

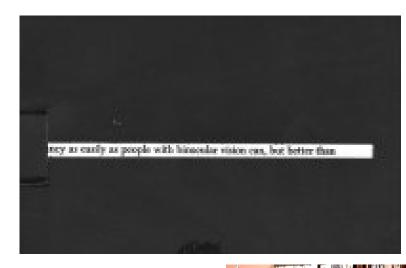


Topic: Abnormal Eye Movement: Reading



Treatments for Trouble Reading

- Track lines with fingers or rulers
- Use separate glasses instead of bifocals and progressives
- Monocular patching
- Typoscopes, good lighting, E-tablets
- Optimize I-dopa (1 in 5)





Retina

Borm et al Journal of Neurology 2/2022

Retina thinning seen in PD by OCT

Suciu et al J of Personalized Medicine 2022

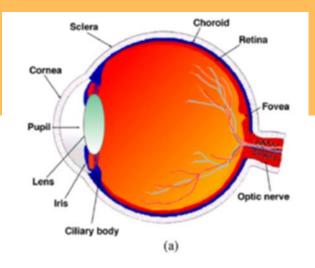
Retina alpha-synuclein

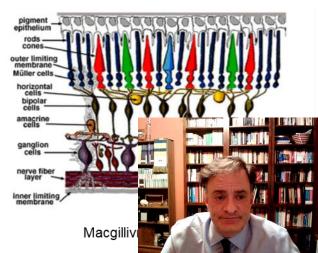
Glaucoma

- Pale and atrophied optic nerve in PD and glaucoma
- Similar visual disturbance seen in PD and glaucoma
- Possible normal-pressure glaucoma in 17% vs 3.5%
- Unclear if treatment helps (drops to lower pressure)

Macular Disease

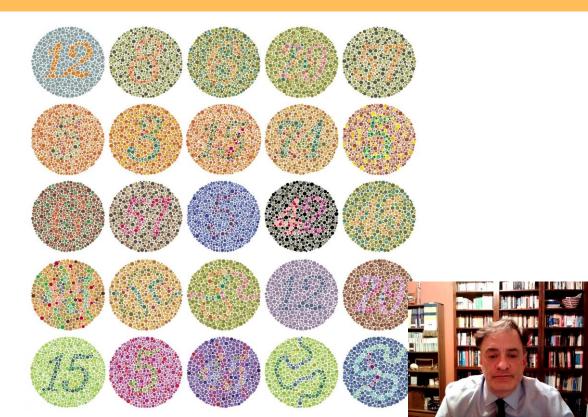
- Seen in 25% of PD patients
- Problems with central vision
- Deposits in the retina
- Macular disease and PD increase with aging
- See a retina specialist, vitamins, UV protection





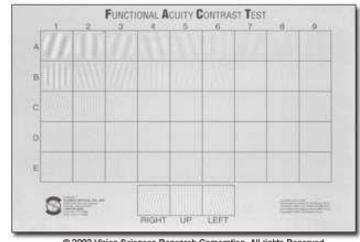
Color Vision

 33% of PD patients have color vision disturbance



Contrast Sensitivity





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PD had worse contrast sensitivity to those without PD
PD patients with hallucinations had worse contrast detection than others with
fMRI studies suggest contrast problems are from connection issues in the brain

Diaz-Santos et al Movement Dis Clin. Prac. 2021, Bellot et al, Neuroimage: Clin 2022

Impaired Depth Perception: Clumsiness, impaired driving, freezing at doorways

- Visual measurements are impaired in PD
- Impaired depth perception
- Bumping into things, mis-reaching, impaired fine motor tasks

Treatment:

- Clear vision in each eye
- Good eye alignment
- Occupational therapy to compensate



Hallucinations

Sasaki et al Psychogeriatrics 2022

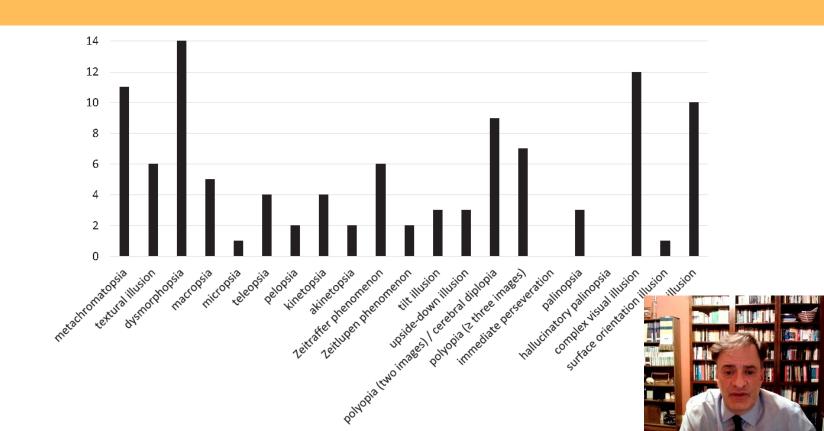
- 50%-60% of PD patients develop hallucinations, probably more.
 (22-38% due to PD)
- 3 of 4 PD patients had some type of visual illusion at least once
- May start as vivid dreams or illusions of passage/presence, unformed shapes, with insight, without insight.
- Impacted by low vision, cataracts, glaucoma, macular degeneration

Metachromatopsia:	Object colour appears different from that in reality ⁹		
Textural illusion:	Object surface appears different from that in reality		
Dysmorphopsia:	Object shape appears distorted ¹⁰		
Macropsia:	Object appears larger than in reality ¹¹		
Micropsia:	Object appears smaller than in reality ¹²		
Teleopsia:	Object appears more distant than in reality ¹³		
Pelopsia:	Object appears nearer than in reality ¹³		
Kinetopsia:	Stationary object appears to be moving ^{14,15}		
Akinetopsia:	Moving object appears to be stationary ¹⁶		
Zeitraffer phenomenon:	Motion of object appears faster than in reality ^{17,18}		
Zeitlupen phenomenon:	Motion of object a reality ^{17,19}		
Tilt illusion:	Orientation of the villed ²⁰		
Upside-down	Orientation of the		

inverted²⁰

illusion:

Visual Phenomena in 40 PD patients



Hallucinations

Hallucination risks:

- Genetics
- Cognitive impairment
- Age
- PD severity
- Medications
- Impaired vision
- Concurrent disease (infections)
- Poor sleep



Treating Hallucinations

- Optimize vision: treat visual loss, cataracts, macular problems
- Look for infections, other diseases
- Stop non-PD medications that could contribute
- Aim for L-dopa monotherapy: wean off artane, amantadine, dopamine agoinsts, MAOb-Is, istradefylline
- Use lowest tolerable I-dopa dose, small doses more often



Treating Hallucinations

Non-medical intervention

- Pre-emptive patient and caregiver education and counseling
- Screening questions for illusions, hallucinations

Assess for acute change

- · Assess and treat infections/metabolic changes
- · Review need for pain medication, anticholinergics, sedatives, other contributors

Simplify PD medication regimen

- Consecutively taper anticholinergics, dopamine agonists, MAOb-Is, amantadine, COMT-Is
 as needed and tolerated. Watch for withdrawal syndromes
- Augment levodopa for resulting motor symptoms as needed

Reduce peak levodopa level

- Use smaller levodopa dose strength and give more often as needed
- Consider STN-DBS to reduce levodopa dose, or reduce need for anticholinergics

Add cholinesterase inhibitor

- Especially useful in patients with dementia
- Options: donepezil, rivastigmine, galantamine

Add antipsychotic*

- Quetiapine 6.25 to 100 or 150 mg/day. Dose at bedtime to augment sleep
- Clozapine (monitor for agranulocytosis)
- Pimavanserin 34 mg/day, takes several weeks to become effective

Adequate Hallucination
Control



What about driving?

- Impaired contrast: Limit night time and rainy driving
- Impaired depth perception: objects may appear further away or closer
- Slow sign reading
- Hallucinations



Summary

Ophthalmic pathology and management in Parkinson's disease. Treatment recommendations are often not PD-specific and are taken from general ophthalmologic practice, literature review and author's experience. See text for details

Eyelid/Ocular surface

- · Decreased blink rate
- Dry eye syndrome
- Blepharitis
- Meibomian gland dysfunction
- Blepharospasm

Treatment

- Preservative-free artificial tears [7]
- Tear duct occlusion [7]
- Lid hygiene [7]
- Botox for blepharospasm [14]
- Increase in dopaminergic agents

Diplopia

Monocular

- · Refractive error
- Comeal pathology
- · Cataract formation
- Macular disease

Binocular

- Convergence insufficiency
- Decompensated strabismus

Treatment

- Refraction
- Manage underlying pathology
- Cataract surgery
- Single vision reading glasses [7]
- Base-in prisms
- Typoscope [24]
- Proper lighting [7] [24]
- Reading stand (mitigates reading impairment from hand tremor) [7]
- Monocular occlusion [7]

Visual loss and visuospatial impairment Retina/optic nerve

- · Decreased acuity and color vision
- Reduced contrast sensitivity
- · Visual field defects

Cortical.

Visual hallucinations

Treatment

- Visual rehabilitation [24]
- Occupational therapy [24]
- Dopaminergic therapy [37]
- See Figure 1 for hallucination algorithm



Resources

- https://www.apdaparkinson.org/what-isparkinsons/symptoms/eye-vision-issues/
- https://www.parkinson.org/Understanding-Parkinsons/Symptoms/Non-Movement-Symptoms/Vision-Changes
- https://parkinsonsdisease.net/clinical/vision-issues-symptom

