

RESEARCH ARTICLE

VISUAL HANDICAP CERTIFICATES: A TOOL TO EVALUATE THE CAUSES FOR PERMANENT VISUAL IMPAIRMENT IN KURNOOL DISTRICT

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Abstract

Aim: To analyze the causes of visual impairment amongst the patients coming for the visual handicap certificate and its application in eye health planning to prevent the blindness.

Methods and Materials: A retrospective data analysis of medical records of 1020 people who had applied for the visual handicap certification. Examination was done by the ophthalmologists appointed for the handicap board. BCVA < 20/60 to 20/120 in better eye was included in visual impairment Cat I (40%) and BCVA 20/200 or less is blindness category II to IV (75%to100%).

Results: Majority of them belonged to age group of 16 year to 45 years of age, 264 cases got rejected, 530 individuals had mild visual Impairment (< 40%), in 136 individual's moderate visual impairment (40%) was found; in 90 individuals had sever visual impairment to blindness. Overall Optic Atrophy was the most common cause followed by Retinitis Pigmentosa, followed by macular pathology followed by corneal opacity followed by phthisis bulbi followed by amblyopia.

Conclusion: Visual handicap registers are useful for the rehabilitation of visually impaired individuals and to assess the pattern or causes of blindness in particular area. The most common etiological factors causing visual impairment in our study are preventable so we propose the empowerment of the school health system and general health delivery system.

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Introduction:-

Visual impairment is a major public health problem mainlyindeveloping countries which limits social, economic, educational, and vocational development of aperson. The Minist ryofsocial justice and empowerment of Government of India given the guidelines for disability, the minimum degree of disability should be40% for an individual to be ligible for any concessions or benefit, ¹ for that they must apply for the visual handicap certification. Blindness registers are an important tool for publice ye health programs and have been used as data sources for population-based research, mostly in the developed world.²

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Materials And Methods:-

Theretrospectiveobservationalhospital-

basedstudyofindividualsattendingoutpatientdepartmentofOphthalmology.Regional Eve Hospital, Kurnool medical college, Kurnool, for visual handicap certification.Recordsofindividualscomingforvisualhandicapcertificate were July 2020 2022 and all patients were included in the study. Total 1020 obtained from to July peoplehadappliedforthevisualhandicapcertification.

Examination was done by the ophthalmologists appointed for the handicap board. After a thorough examination of visual acuity, the second secanteriorsegment, and posteriors egment along with required investigations like tonometry, perimetry, gonioscopy, fundoscopyetc.patientswerediagnosed and categorized according to the criteria forvisual handicap. For purpose of certification, guidelinesgiven by Government of India were followed which saysthat, disability should be assessed when the specialist issatisfied that further medical treatment/intervention is notlikely to reduce the extent of impairment.³

Results:-

Total1020numberofpatientswereenrolledforthevisualhandicap certification during study period including males 640 and 380 female. Theiragegroup was ranging from 4 years to 80 years and significant number belong to 16 years to 45 group (Table Distribution yearsage i.e. 2). was done according to the categories of visual impairment, majority of applicants belonged to One eyed category (V) which is 280andthencategoryIV(100%Blind)whichis24.ThenCategoryO(20%)had250CategoryI had (40%)136, Category II had (75%) 46, Category III had(100%) 20 applicants.

226 Applicants diagnosed with Moderate toSever Visual impairment and blindness (40% and above) and 530 had Mild Visual Impairment and 264 applicants got rejected.

Overall Optic Atrophy was themost common cause followed by Retinitis Pigmentosa, followed by macular pathology followed by corneal opacity followed by phthisis bulbi followed by amblyopia.

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Category	Allwithbestcorrectedvisualacuity		
	Bettereye	Worseeye	Percentageimpairment
0	6/9to6/18	6/24-6/36	20%
Ι	6/18-6/6	6/60toPL	40%
II	6/60to4/60orFieldofvision10°to20°	3/60toNoPL	75%
III	6/60to4/60orFieldofvision<10°	FC1feettoNoPL100%	100%
IV	FC1feettoNoPLorFieldofvision<10°	FC1feettoNoPLorFieldofvision	100%
		<10°	

 Table 1:- Categoriesofvisualdisability(classificationcurrentlyinuse)

V(Oneeyedperson) FC1feettoNoPL 6/6 PL -PERCEPTION OF LIGHT, FC- COUNTING FINGERS, CATEGORY I TO IV -Visually handicapped person

Table 2 Category wisculstribution.				
S.No	Category	NoofVHC		
1	O(20%)	250		
2	I(40%)	136		
3	II(75%)	46		
4	III(100%)	20		
5	IV(100%)	24		
6	V(30%)	280		
	Total	756		

Table 2. Categorywisedistribution

Table 3:- Age distribution and causes of visual impairment and blindness according to age group.

	0-15	16-45	46-60	>60	Total	
PathologicalMyopia	04	05	02	02	13	

Amblyopia	02	03	02	0	07
CornealOpacity	02	05	11	04	22
Phthisis	02	07	07	04	20
Cortical blindness	00	00	02	01	03
Absolute Glaucoma	00	00	06	04	10
RetinitisPigmentosa	04	22	04	02	32
Retinaldetachment&Retinopathies	02	03	05	02	12
Albinism	04	07	00	00	11
OpticAtrophy	02	15	16	03	36
ARMD	00	00	02	01	03
EmptySocket	00	00	10	04	14
Nystagmus	03	11	01	00	15
Staphyloma	00	02	00	01	03
Other MacularPathology	03	19	02	01	25
Total	28	99	70	29	226

Discussion:-

Handicapped registrationinIndiaisoptionalanddoneatInstitute level either the district hospital or the medicalcollege in that area, so persons with any disability and seeking governmental benefits apply for the handic appregistration. Visual impairment is an important public healthissue mainly in developing countries as it impairs the quality of life, limits the career choices job opportunities and ofthoseaffected, thus constituting asocioe conomic burdenons ociety.^{4,5}People with disability percentage of 40% and more are considered as handicapped and entitled to lot ofgovernment benefits such as reservation in colleges andjobs, travel Income tax benefits and variousother disability benefits, hence there concession, are many applicantsforthesecertificates.^{3,6}Weassessed theapplicationofvisual handicap certificates to find out the causes and itsdistributioninourarea.

Conclusion:-

Visual handicap registers are useful for the rehabilitation of visually impaired individualsand to assess the pattern or causes of blindness in particular area. The most common etiological factorscausing visual impairment in our study are preventable, so we propose the empowerment of the school healthsystemandgeneralhealthdeliverysystem,earlydetectionofamblyogenicfactorsanditstimelytreatment,applying strict safety precautions to factory workers who are prone to ocular injuries.

Sourceoffunding:

None.

Conflictofinterest:

None.

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