

Dr. Eddie Kadrmas: Going the Extra Mile for Low-Vision Patients

BY JERRY HELZNER, SENIOR EDITOR

Eddie F. Kadrmas, M.D., Ph.D., is one retina specialist who felt there was something more he could do to help his patients who have severe vision loss. He notes that retina specialists tend to focus on diagnosis and treatment, but despite their best efforts many patients have to live with severe vision impairment.

"I wasn't comfortable telling patients that there's really nothing more I could do for them except send them out the door and check them once a year for follow-up," says Dr. Kadrmas, who's in private practice in Plymouth and Dartmouth, Mass., and an instructor in ophthalmology at the Harvard Medical School. "I've been referring patients to an optometrist who's a low-vision specialist. He has helped provide them with hand magnifiers, special eyeglasses and other low-vision aids, but I still felt there was something more that I could do to help these individuals do the basic things they needed to do to live as independently as possible."

Earlier this year, Dr. Kadrmas made arrangements with the Jordan Hospital in Plymouth, Mass., for the hospital's occupational therapists to provide vision rehabilitation services to low-vision patients referred by local ophthalmologists.

"These occupational therapists (OT) have a great deal of experience with helping stroke and traumatic brain injury patients, so they have worked with people who have vision deficits," says Dr. Kadrmas. "The OTs have now taken special classes so they can be more familiar with the vision

rehabilitation needs of patients who have AMD and other retinal diseases."

Teaching Everyday Skills

Dr. Kadrmas' goal in starting this program is to provide his low-vision patients with the skills that will allow them to do something as simple as take their pills each day.

"We're talking about elderly people who may be on numerous medications," says Dr. Kadrmas. "The therapists can give them the ability to handle small tasks that will enable these patients to function in the household environment. For some patients, this makes the difference between living independently or going to an assisted living facility, or even a nursing home."

In a step-wise approach, patients are first referred to a low-vision specialist who tries to maximize their vision potential through the use of low-vision aids. They are then assigned to an occupational therapist who first sees them in the clinic to assess their rehabilitation needs and capabilities. The OT can then visit patients' homes (multiple times if necessary) to determine what type of skill-building will be required to help specific patients function more effectively. The therapist then helps the patient to acquire those skills.

"No program of this nature has been available in our community until now," says Dr. Kadrmas. "The state Commission for the Blind here in Massachusetts offers in-home training for one visit and will try to make the home as safe as possible, but there's not much follow-up."

Dr. Kadrmas likes the concept of hospital-based vision rehabilitation because it's a labor-intensive effort that would be difficult to do in an office setting.

"We're also finding it relatively easy to obtain reimbursement for most of these services when they're provided by a hospital," notes Dr. Kadrmas. "We give the therapist a written order outlining a rehabilitation program for each patient and Medicare reimburses accordingly."

Because vision loss often leads to clinical depression, the program also includes a psychological assessment of each patient to determine if treatment for depression is needed. Dr. Kadrmas says many patients go through a "grief" period after vision loss and a psychologist can help them through this.

"What we're finding is that this is a self-selecting program in that the patients who are most motivated do the best in staying with the therapy and improving their basic skills," says Dr. Kadrmas. "But we've also had those who were initially reluctant to participate and then heard from a friend or neighbor how much they'd been helped. So the word is getting out. And, of course, to the families of these patients, having this kind of help available is a godsend. The response in our community has been overwhelmingly positive, so much so that the hospital is considering expanding its OT department to handle the demand for their services."