key points

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Decrease in pupil size with advancing age (senile miosis) reduces retinal illuminance, such that a 60 year old receives about one third of the light compared with a 20 year old.

In the UK, more than 30 per cent of visual impairment in the over-75s may be caused by untreated refractive error.

Visual acuity testing is the standard for quantifying visual impairment, but provides little information on visual disability from cataract-related glare or contrast sensitivity disturbance. Checking vision through a pinhole may indicate potential visual improvement following cataract surgery as the pinhole can neutralise up to 6 dioptres of refractive error.

POAG affects four per cent of those over 65 years of age in the UK. Most are asymptomatic until significant visual impairment has occurred.

Current treatments for AMD are largely directed at minimising visual loss in wet AMD caused by CNVM and include laser and photodynamic therapy (PDT).

In patients with late AMD in one eye, antioxidant supplements (containing 500mg vitamin C, 400iu vitamin E, 15mg ß-carotene, 80mg zinc) have been shown to have some protective effect on the other eye. ß-carotene is contraindicated in smokers.

In CRVO, presentation can be with the severe pain and raised IOP of neovascular glaucoma. This so-called '100-day glaucoma' occurs around three months after the vision is lost from the CRVO, when iris neovascularisation occurs.

In giant cell arteritis with a raised erythrocyte sedimentation rate (in nine per cent of cases of giant cell arteritis the ESR may be normal), high-dose steroids should not be delayed as the risk of bilateral blindness is up to 40 per cent within ten days if left untreated.