THE HIGH COST OF LOW VISION

The Evidence on Ageing and the Loss of Sight

EXECUTIVE SUMMARY
As the number of older adults explodes globally, it is both an ethical responsibility and a public health imperative to prevent avoidable vision loss. It is also great economic policy. Indeed, spending to prevent vision loss should be seen as an investment that facilitates social and economic engagement of ageing populations and thus creates cost savings for both individuals and health systems. We have in our grasp the potential to turn vision deterioration and loss into an artifact of history.

BACKGROUND

The global population is ageing, and individual life spans are longer than they have ever been before. In 2012, the over-60 population numbered 810 million – quadruple the size of this cohort in 1950, but not even half of the two billion population expected to be over-60 by 2050. With more people living longer, incidents of vision loss soar exponentially.

Vision loss – 80 percent of which is preventable – is currently the leading cause of age-related disability. Worldwide, 285 million people are visually impaired, including 39 million who are totally blind. In developing countries, 94 million older people suffer from moderate to severe visual impairment – twice as many as those who suffer from significant hearing impairment. Great strides have been made in preventing communicable eye diseases, but now action is needed to combat the dramatic growth in non-communicable age-related eye conditions like age-related macular degeneration (AMD). As the global population ages, vision loss will have a devastating impact on not only individuals but families, communities, and nations unless serious, proactive measures are taken.

VISION LOSS: UNDERESTIMATED AND MISUNDERSTOOD

Many people fail to recognize the extent to which vision loss has severe personal, social, and economic consequences. Vision loss not only cruelly alters the life of the person affected, but it takes an enormous toll on family members and caregivers. Moreover, vision loss is not an isolated health impairment. It often triggers depression and decreases productivity, functional ability, and quality of life.

Almost one-third of those with vision loss suffer from clinical depression – twice the rate among the general population of older adults. Additionally, older people who suffer from vision loss are more likely to struggle with mobility, pain and discomfort and anxiety. Vision loss not only severely impairs one’s ability to be independent and self-sufficient, but it also has a “snowball effect” on the health and wellbeing of older people.
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families, caregivers, and society at large. This cumulative effect is severely underestimated.

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**DIRECT AND INDIRECT COSTS OF VISION LOSS**

According to AMD Alliance International, the direct costs of vision loss worldwide in 2010 were $2.3 trillion. Indirect costs, such as lost productivity and provision of informal and family care, added another $652 billion. By 2020, these costs are expected to rise to $2.8 trillion for direct costs and $760 billion for indirect costs.

One reason these costs are so high is that those with vision loss often require considerable formal and informal caregiving support. Annual indirect costs due to caregivers’ time, support, and direct service provision for people with severe visual impairment averages over $47,000 per year. Also, people whose vision deteriorated from “normal” to blindness were nearly three-times as likely to need skilled nursing and be admitted to long-term care facilities.

The costs of vision loss are also high because of lost productivity in the workforce. Higher absenteeism, premature retirement, and premature death are all more common outcomes among those with vision loss. In the region anchored by the United States and Canada, AMD Alliance International estimates that the cost of absenteeism due to visual impairment in 2010 was nearly $97 billion. As the over-60 population increases exponentially, so too will these costs unless action is taken.

**COST-EFFECTIVENESS OF PREVENTIVE CARE**

Research has shown that preventive care for vision loss is cost-effective. One study found that preventive injections considerably improved vision for one-third of patients and saved costs by reducing further visits and procedures. The figures are in reality much higher, once lost and regained productivity are taken into account.

Studies have also found that vision loss creates non-eye-related costs. In fact, for patients with vision loss, their non-eye-related medical costs are between $2,000 and $4,500 higher than those without vision loss.
The demographic changes of the 21st century provide humanity with tremendous opportunities if healthy ageing leads to active, productive ageing. Vision loss, however, is a significant barrier to a positive aging outcome. Proactive global action is needed to make healthy vision a public health priority.

**Priorit y Actions Include:**

- Integrating visual screening and other preventive eye-health interventions into public health practices for adults of all ages;
- Creating education and awareness programs that include vision-loss prevention, detection, and treatment regimens;
- Reimbursing both treatments and preventive eye health interventions to ensure positive impact on system-wide costs and support for future innovation;
- Developing and utilizing tele-health mechanisms to provide greater access to screening and treatment regardless of geographical location;
- Advocating for vision loss to become widely recognized as a preventable health condition; and
- Conducting more research on the outcomes and efficacy of preventive eye health.

**About IFA**

The International Federation on Ageing is an international non-governmental organization with a membership base of NGOs, the corporate sector, academia, government, and individuals. IFA aims to generate positive change for older people throughout the world by stimulating, collecting, analyzing, and disseminating information on rights, policies, and practices that improve the quality of life of people as they age.

**Acknowledgements**

This report was made possible through an unrestricted educational grant from Bayer Healthcare and based on a literature review, which can be accessed on IFA’s website (www.ifa-fiv.org).