

# NICE PUBLIC HEALTH GUIDANCE

## Independence and mental wellbeing (including social and emotional wellbeing) for older people: Call for Evidence

From 21 March 2014 – 25 April 2014  
Evidence to be submitted by Friday 25 April 2014

### PUBLISHED EVIDENCE SUBMISSION FORM

- When submitting evidence that is published please provide reference details (which are to include author/s, title, date, journal or publication details including volume and issue number and page numbers)
- Comments forms with attachments such as research articles, letters or leaflets will not be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline.

Stakeholder Organisation	Evidence Submission  (Details of evidence that relates to the questions. Please specify which question you are referring to)	Full Reference  (E.g. Author, date of publication, full title of paper/report and where can a copy be obtained from)
<b>Optical Confederation and the College of Optometrists</b>	<b>Question 4:</b> What links are there between the mental wellbeing and independence of older people and their: mental and physical health, capability, quality of life, isolation and participation in community, civil and family activities?  <b>Answer:</b> In order for older people to maintain their health,	1.)Hodge, Barr and Knox (2010) Evaluation of emotional support; 5: Douglas et al (2006) Network 1000  2.) Wang MY, Rousseau J, Boisjoly H <i>et al</i> (2012) Activity limitation due to a fear of

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	<p>independence and well-being in the community, older peoples' support networks need to cover sight, hearing, oral health, appropriate medicines concordance and compliance, continence and mobility.</p> <p>If unaddressed, problems in any of the above-mentioned areas may contribute to isolation, loneliness and depression. Sight loss, for example, has major adverse impacts on quality of life, mental health and wellbeing with over one-third of older people with sight loss suffering from depression (1), and has been demonstrated to significantly increase the risk of falls and hip fractures. Between</p>	<p>falling in older adults with eye disease. <i>Investigative Ophthalmology and Visual Science</i> 2012; 53 (13): 7967 DOI: 10.1167/iavs. 12-10701</p> <p>3.) Access Economics (2009) Future Sight Loss (1): The economic impact of partial sight and blindness in the UK adult population, 1.1 Definitions of Partial Sight and Blindness, p.3.</p>
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	<p>40 and 50 per cent of older people with sight loss fear falling to the extent that they reduce their own levels of activity, thereby increasing the risk (2).</p> <p>Sight loss, defined as partial sight or blindness in the better-seeing eye, affects people of all ages, but especially older people: 1 in 5 people aged 75 and 1 in 2 aged 90 and over are living with sight loss (3). Good vision can have a great impact on an individual's independence, self esteem and general well-being enabling them to perform daily tasks and participate in recreational activities.</p>	<p>4.) Annual Report of the Chief Medical Officer – Surveillance Volume, 2012: On the State of the Public's Health, Chapter 4, p.49-60.</p>
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	<p>Dementia is another factor which can affect older people’s mental wellbeing and independence and should be an integral part of this public health guidance. It has very recently been associated with sensory impairment (4). People with dementia can experience a number of vision related problems from those normally associated with ageing, but also from additional damage to the visual system caused by specific types of dementia. These can result in a variety of visual “misunderstandings” that are likely to be more severe for people with dementia as they may not have the awareness to interpret what is happening to their vision. Good</p>	
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	<p>vision could significantly improve the quality of life of a person with dementia and may have a positive effect on behaviour.</p> <p>All of these issues can only be addressed through a better integrated, joined-up primary care with acute home based support interventions when necessary. This will ensure primary care is properly connected to and works in partnership with reformed acute hospital care – with inpatient admission being the exception rather than the rule - and social care (including that provided by voluntary organisations).</p>	
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	<p>Tangible solutions will lie with the principles and outcomes of the NHS England Call to Action programme, especially through the cross cutting work between primary and secondary care and the voluntary sector.</p> <p>As representatives of a professional community health sector, the Optical Confederation and the College of Optometrists fully support the Call to Action's aims and believe these principles should be taken into consideration in the development of this NICE public health guidance.</p>	
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