

**National Institute for Health and Clinical Excellence**

**Falls  
Stakeholder Comments**

**Please enter the name of your registered stakeholder organisation below.**

**NICE is unable to accept comments from non-registered organisation or individuals. If you wish your comments to be considered please register via the [NICE website](#) or contact the [registered stakeholder organisation](#) that most closely represents your interests and pass your comments to them.**

<b>Stakeholder Organisation:</b>	<p>The College of Optometrists and the Optical Confederation</p> <p>The College of Optometrists is the professional, scientific and examining body for optometry in the UK, working for the public benefit.</p> <p>As the coalition of the representative bodies for the 12,000 optometrists, 6,000 dispensing opticians and 7,000 optical practices in the UK, the Optical Confederation is a major stakeholder in the changes proposed. The Confederation is a coalition of the five optical representative bodies: the Association of British Dispensing Opticians (ABDO); the Association of Contact Lens Manufacturers (ACLM); the Association of Optometrists (AOP); the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO). As a Confederation, we work with others to improve eye health for the public good.</p>
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<b>Name of commentator:</b>	Susan Blakeney
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<b>Order number</b> <i>(For internal use only)</i>	<b>Document</b> Indicate if you are referring to the <b>Full version NICE version</b> or the <b>Appendices</b>	<b>Section Number</b> Indicate <b>number</b> or <b>'general'</b> if your comment relates to the whole document	<b>Page Number</b> Indicate <b>number</b> or <b>'general'</b> if your comment relates to the whole document	<b>Comments</b>  <b>Please insert each new comment in a new row.</b>  <b>Please do not paste other tables into this table, as your comments could get lost – type directly into this table.</b>
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**PROFORMAS THAT ARE NOT CORRECTLY SUBMITTED AS DETAILED ABOVE MAY BE RETURNED TO YOU**

1	NICE	Key priorities for implementation	8	We are pleased to see that visual impairment is now included as a key priority.
2	NICE	1.1.2.1	10	We agree with this suggestion. We would also suggest having a recommendation for appropriate contrast between, for example, level changes (such as steps) and flat flooring, to help people with visual impairment recognise that there is a hazard that needs negotiating.
3	NICE	1.1.2.3	11	We are pleased to see the inclusion of visual impairment. This should include an assessment visual acuity and visual field.
4	Full	1.1.2.3	Page 12, line 9.	We strongly welcome and support the inclusion of visual impairment as a risk factor to identify then treat, improve or manage during patients' stay. There is significant evidence to demonstrate the link between

visual impairment falls and fractures.

**References**

College of Optometrists and The British Geriatric Society. *The importance of vision in preventing falls*, available from <http://tinyurl.com/vision-falls>. Accessed 11.2.2013.

Abdelhafiz, A.H. and Austin, C.A Visual factors should be assessed in older people presenting with falls or hip fracture *Age and Ageing* 2003 32(1), 26-30

Ivers RQ, Cumming RG, Mitchell P et al. Visual impairment and falls in older adults: the Blue Mountains Eye Study. *J. Amer Ger. Soc.* 1998 46(1): 58-64

Cummings SR. Treatable and untreatable risk factors for hip fracture. *Bone* 1996 18(3 suppl): 165S-167S

Jack DI, Smith T, Neoh C et al. Prevalence of low vision in elderly patients admitted to an acute geriatric unit in Liverpool: elderly people who fall are more likely to have low vision *Gerontology* 1995 41(5), 280-5

Patino CM, McKean-Cowdin R, Azen SP et al Central and peripheral visual impairment and the risk of falls and falls with injury *Ophthalmology* 2010 117(2) 199-206

Knudtson MD, Klein BE, Klein R Biomarker of aging and falling: the Beaver Dam eye study *Arch Gerontol Geriatr* 2009 49(1) 22-26

Kuang TM, Tsai SY, Hsu WM et al Visual impairment and falls in the elderly: the Shihpai Eye Study *J Chin Med Assoc* 2008 71(9) 467-72

Kulmala J, Era P, Parssinen O et al Lowered vision as a risk factor for injurious accidents in older people *Aging Clin Exp Res* 2008 20(1) 25-30

Lamoureux EI, Chong E, Want JJ et al Visual impairment, causes of vision loss, and falls; the Singapore Malay eye study *Invest Ophthalmol Vis Sci* 2008 49(2) 528-33

de Boer MR, Pluijm SM, Lips P et al Different aspects of visual impairment as risk factors for falls and fractures in older men and women *J Bone Miner Res* 2004 19(9) 1539-47

Coleman AL, Stone K, Ewing SK et al Higher risk of multiple falls among elderly women who lose visual acuity *Ophthalmology* 2004 111(5) 857-62

				visual impairment falls and fractures.
				<p><b>References</b></p> <p>College of Optometrists and The British Geriatric Society. <i>The importance of vision in preventing falls</i>, available from <a href="http://tinyurl.com/vision-falls">http://tinyurl.com/vision-falls</a>. Accessed 11.2.2013.</p> <p>Abdelhafiz, A.H. and Austin, C.A Visual factors should be assessed in older people presenting with falls or hip fracture <i>Age and Ageing</i> 2003 32(1), 26-30</p> <p>Ivers RQ, Cumming RG, Mitchell P et al. Visual impairment and falls in older adults: the Blue Mountains Eye Study. <i>J. Amer Ger. Soc.</i> 1998 46(1): 58-64</p> <p>Cummings SR. Treatable and untreatable risk factors for hip fracture. <i>Bone</i> 1996 18(3 suppl): 165S-167S</p> <p>Jack DI, Smith T, Neoh C et al. Prevalence of low vision in elderly patients admitted to an acute geriatric unit in Liverpool: elderly people who fall are more likely to have low vision <i>Gerontology</i> 1995 41(5), 280-5</p> <p>Patino CM, McKean-Cowdin R, Azen SP et al Central and peripheral visual impairment and the risk of falls and falls with injury <i>Ophthalmology</i> 2010 117(2) 199-206</p> <p>Knudtson MD, Klein BE, Klein R Biomarker of aging and falling: the Beaver Dam eye study <i>Arch Gerontol Geriatr</i> 2009 49(1) 22-26</p> <p>Kuang TM, Tsai SY, Hsu WM et al Visual impairment and falls in the elderly: the Shihpai Eye Study <i>J Chin Med Assoc</i> 2008 71(9) 467-72</p> <p>Kulmala J, Era P, Parssinen O et al Lowered vision as a risk factor for injurious accidents in older people <i>Aging Clin Exp Res</i> 2008 20(1) 25-30</p> <p>Lamoureux EI, Chong E, Want JJ et al Visual impairment, causes of vision loss, and falls; the Singapore Malay eye study <i>Invest Ophthalmol Vis Sci</i> 2008 49(2) 528-33</p> <p>de Boer MR, Pluijm SM, Lips P et al Different aspects of visual impairment as risk factors for falls and fractures in older men and women <i>J Bone Miner Res</i> 2004 19(9) 1539-47</p> <p>Coleman AL, Stone K, Ewing SK et al Higher risk of multiple falls among elderly women who lose visual acuity <i>Ophthalmology</i> 2004 111(5) 857-62</p>
4	NICE	1.1.2.4	11	Some causes of visual impairment, such as uncorrected refractive error, can easily and quickly be treated. Others, such as cataract, can be treated but this may take longer. Patients should still be given the opportunity to have remedial visual impairment treated, even if it cannot be done during the patient's expected stay in hospital. We would therefore recommend that if the risk factors cannot be treated during the patient's expected stay, the patient should still be given the option of having the problem itself -treated before leaving hospital to reduce the likelihood of the patient falling when discharged from inpatient care.
5	NICE	2.1	18	We would suggest that contrast also be considered, as this can help people with visual impairment to navigate in their surroundings. This would include dark toilet seat covers on white toilets, so that the patient can see where the seat is, and whether it is up or down, and dark edges on stairs, so that the patient can see that there are stairs there.
6	Full	3.6	86	We agree that there is a lack of evidence about how

				the clinical environment can be improved to reduce the risk of falls amongst patients with visual loss. We welcome the call for further research in this area and will consider how to incorporate this recommendation in our research programme.
7	Full	Table 8	60	Whilst we are pleased to see that the importance of a patient having the correct refractive correction is recognised, we assume that 'optician' here refers to 'optometrist' and 'dispensing optician'? Can we please ask that the correct terminology for the two professions is used please?

Please add extra rows as needed

Please email this form to: [Falls@nice.org.uk](mailto:Falls@nice.org.uk)

**Closing date: 5pm, Friday 15<sup>th</sup> February 2013**

**PLEASE NOTE:** The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.