

# Eyes and Parkinson's

**P**eople with Parkinson's often experience problems with their eyes and eyesight. Some of these problems may be due to Parkinson's itself, or Parkinson's medication, but they may also be due to other causes.

This information sheet looks at the common eye problems you may experience, such as blurred vision and glaucoma, and looks at other causes and possible solutions.

## Who treats eye problems?

**Ophthalmologists** – are medically trained doctors. They examine, diagnose and treat diseases and injuries in and around the eye. They also perform operations on the eye.

**Optometrists** – examine eyes and give advice on visual problems. They also prescribe and fit glasses or contact lenses. They usually work in the high street, but may also work in a hospital eye service. Some have a role in caring for patients with stable, long-term (chronic) eye conditions.

**Orthoptists** – diagnose and treat vision problems and abnormal eye movement. They are usually part of a hospital care team looking after people with eye problems.

If you are having problems with your vision, you should speak to your GP or specialist. You can also speak to your Parkinson's nurse, if you have one. A Parkinson's nurse is a qualified registered general nurse with specialist experience, knowledge and skills in Parkinson's. They play a vital role in the care of people with Parkinson's. You can read more about them on page 5.

Your GP, specialist or Parkinson's nurse may suggest that you visit the relevant eye and vision health professional to help treat your problem.

## How often should I get an eye test?

If you have Parkinson's, it is recommended that you attend regular eye exams with an optometrist, at least once a year, even if you aren't experiencing any specific problems with your eyes. You may find it helpful to tell them you have the condition, so they can look out for any related eye problems and make sure you're comfortable during your appointment.

People affected by Parkinson's may experience the following problems with their eyes.

## Difficulty moving the eyes

Parkinson's can affect your ability to move parts of the body, including your eyes. So you may have difficulties when starting to move your eyes or when trying to move them quickly. It may be more noticeable when looking at a fast-moving object, such as when watching moving cars or a tennis match. Sometimes, instead of a smooth movement, your eyes may move in a slow and jerky way.

This can make certain activities, such as driving, more difficult. If this happens talk to your GP, specialist or Parkinson's nurse because Parkinson's medication may help.

Difficulties in moving the eyes up or down are more common in a condition called progressive supranuclear palsy (PSP), which is a form of parkinsonism (an umbrella term that describes many conditions that share some of the symptoms of Parkinson's). If you are experiencing this problem, your specialist or Parkinson's nurse will be able to give you advice.

**Find out more:** see our booklet *Driving and Parkinson's* and information sheet *Parkinsonism*.

## Blurred vision

Blurred vision can be caused by difficulty moving the eyes. But it can also be a side effect of Parkinson's medication, particularly anticholinergics (such as Disipal, Arpicolin, and Broflex).

Blurred vision may happen when you start taking anticholinergic drugs and may improve with time as your body gets used to the medication. But it can also happen after you've been taking the drugs for a long time or when an adjustment has been made to the dosage. If blurred vision continues or gets worse, consult your GP, specialist or Parkinson's nurse. Don't stop taking your medication before seeking advice.

If you wear reading glasses you may find it helpful to visit your optometrist. A slight change to your prescription might improve blurred vision.

**Find out more:** see our booklet *Drug treatment for Parkinson's*.

## Double vision

Double vision is seeing two images of a single object some or all of the time. The two images may be one on top of the other, side by side, or a mix of both. This is also often caused by problems moving the eyes. Some

“My wife has been having problems for some time with her eyes after taking her medication. At last I can put a name to the problem. It's called 'blepharospasm'. This is a side effect of the medication but quite rare.”

**Graham, a carer for his wife who has Parkinson's**

people with Parkinson's experience 'tracking'. This is when the eyes do not move smoothly across a line or from one object to another, for example moving across a page when reading, or up and down. Poor co-ordination and fatigue of the muscles that move the eyeballs can mean that the eyes do not quite move together. This can cause double vision.

There are also causes of double vision (a common and usually minor eye condition) that are nothing to do with having Parkinson's, such as thyroid problems, diabetes, or an astigmatism in one eye. If the problem continues, see your optometrist for advice. or ask your GP or specialist if you can be referred to an ophthalmologist for further tests. Slight changes in your glasses prescription may also help with this.

## Dry eyes

People with Parkinson's may blink less often than other people. Blinking helps to clean the eyes by removing dust and dirt. If you blink less often these can build up, making the eyes dry or sore. Dry eyes can have other causes, so see your optometrist for advice. They may suggest you try artificial tears. These are available from pharmacies and may help reduce discomfort and dryness.

## Involuntary closure of the eyelids (blepharospasm)

Blepharospasm occurs when the muscle that closes the eyelid contracts or goes into spasm. This can cause repeated twitching of the eyelid or difficulty in keeping the eyelid open. Sometimes the eyelid may close completely.

The cause and treatment of blepharospasm are complex because levodopa, one of the main drugs used to treat Parkinson's, may cause it, but on other occasions these drugs can help to improve it. In mild cases, simply rubbing the eyelids may help. Sometimes, injections of botulinum toxin (botox) are used to treat blepharospasm.

Blepharospasm is more common in parkinsonism than Parkinson's. Your GP, specialist, or Parkinson's nurse can offer you more advice.

## Hallucinations

Some people with Parkinson's may have visual hallucinations. This is where they see things that aren't there, such as flickering lights, objects, people or animals. It is more common in those who have had Parkinson's for a long time. It may be partly due to Parkinson's itself and partly to the medication that is used to treat it. Older people and those with memory (cognitive) problems are more likely to have hallucinations.

If you are experiencing visual disturbances, your specialist may suggest reducing or changing your Parkinson's medication. If the hallucinations keep happening there are other treatments that can help.

“ I often think I see someone or a dark shadow out of the corner of my eye and experience flashes and pulsing of light in low light conditions. This has been confirmed by my ophthalmologist as an optic nerve problem due to Parkinson's. ”

**JC, diagnosed in 2006**

If you're experiencing hallucinations, it is important to rule out causes other than Parkinson's, such as poor eyesight or bad lighting. The sudden onset of hallucinations may also be due to an infection or other illness. Speak to your healthcare professional if you are having hallucinations.

**Find out more:** see our information sheet *Hallucinations and delusions in Parkinson's*.

## Other visual issues

### Problems with low light levels (contrast sensitivity)

You may find that it difficult to see in low light levels. You may also be unable to make out the shape of things clearly, such as a light-coloured object on a light background. This may also affect your ability to read fine print.

### Colour vision

Some people with Parkinson's may have difficulty telling the difference between some colours. This problem may be worse for shades of blue or blue/green. Your colour vision may improve with Parkinson's medication.

### Spatial awareness

Some people with Parkinson's may have difficulty judging the space around them. They may not be able to judge the distance between objects, and may have problems when walking past objects or getting through a narrow space. Sometimes reaching out to touch the sides of doorways or other objects may help. An occupational therapist may be able to help with advice about organising your home or work space to help you manage this problem. Speak to your GP, specialist and Parkinson's nurse about a referral.

Problems with spatial awareness can affect driving as well as walking so you may have to give up driving. You must tell DVLA if you've got any problem with your eyesight that affects both of your eyes, or the remaining eye if you only have one eye. For more information visit [gov.uk/driving-eyesight-rules](https://www.gov.uk/driving-eyesight-rules) or call **0300 790 6806**. You can also speak to your health professional for advice.

**Find out more:** see our booklet *Driving and Parkinson's* and information sheet *Occupational therapy and Parkinson's*.

### Seeing movement

Some people with Parkinson's don't see movement accurately, and seem unable to judge the speed of moving objects such as traffic. If you experience this problem, try to take extra care when crossing roads or when driving. Speak to your health professional for advice.

### Problems with glasses

If you have Parkinson's, your posture may become stooped. This can cause problems if you wear glasses. If you often lean forward, then you might find that you end up looking over your frames instead, or your glasses may slip down.

Your optician should be able to help you adjust your frames and lenses to suit your posture.

## **Glaucoma and Parkinson's medication**

Glaucoma is a type of eye disease that damages the optic nerve, which, if untreated, can lead to loss of sight. If you have glaucoma you may have problems with some Parkinson's medications, such as anticholinergic drugs and levodopa.

'Open-angle' glaucoma is the most common type of glaucoma. It is called 'open-angle' because the angle between the iris and the cornea is open. If you have open-angle glaucoma there may be risks when using anticholinergic drugs. Where there is no other option you should discuss the advantages and disadvantages of using them with an ophthalmologist or a Parkinson's specialist, so that you can make a decision together about whether they're the right treatment for you. Anticholinergic drugs are not recommended for people who have the less common, closed-angle glaucoma, and levodopa (Sinemet and Madopar) should only be used with caution.

Some dopamine agonists can have side effects that affect the eyes. For instance, rotigotine is not recommended for people who have closed-angle glaucoma. Yearly eye check-ups are recommended if you are using these drugs.

It is helpful if your Parkinson's specialist and the ophthalmologist can work together when prescribing medication for you if you have glaucoma. So, if you have this condition, always tell your GP, specialist or Parkinson's nurse.

**Find out more:** see our booklet *Drug treatments for Parkinson's*.

## **More information and support**

### **Look after your eyes**

This website has been set up for the general public by the College of Optometrists. They have developed a set of patient information leaflets to give straightforward advice about some common eye problems. You can also search for optometrists in your local area.

**[www.lookafteryoureyes.org](http://www.lookafteryoureyes.org)**

### **Royal College of Ophthalmologists**

An independent professional body that sets the standards and examinations for medical doctors aiming to become ophthalmologists, and provides surgical skills training.

**020 7935 0702**

**[www.rcophth.ac.uk](http://www.rcophth.ac.uk)**

### **College of Optometrists**

The professional, scientific and examining body for optometry in the United Kingdom.

**020 7839 6000**

**[www.college-optometrists.org](http://www.college-optometrists.org)**

## **Parkinson's nurses**

Parkinson's nurses provide expert advice and support to people with Parkinson's and those who care for them. They can also make contact with other health and social care professionals to make sure your needs are met.

The role of the Parkinson's nurse varies. Each will offer different services, aiming to meet local needs. Some nurses are based in the community, whereas others are based in hospital settings.

Many Parkinson's nurses are independent prescribers. This means they can prescribe and make adjustments to medication, so someone with Parkinson's doesn't always need to see their specialist for changes to or queries about their Parkinson's drugs.

Parkinson's nurses may not be available in every area, but your GP or specialist can give you more details on local services.

You can find out more at [parkinsons.org.uk/nurses](https://parkinsons.org.uk/nurses)

## **Information and support from Parkinson's UK**

You can call our free confidential helpline for general support and information. Call **0808 800 0303** (calls are free from UK landlines and most mobile networks) or email [hello@parkinsons.org.uk](mailto:hello@parkinsons.org.uk).

We run a peer support service if you'd like to talk on the phone with someone affected by Parkinson's who has faced similar issues to you. The service is free and confidential – ring the helpline to talk to someone about being matched with a volunteer.

Our helpline can put you in touch with one of our Parkinson's local advisers, who give one-to-one information and support to anyone affected by Parkinson's. They can also provide links to local groups and services.

We have a self-management programme for people with Parkinson's, partners and carers. It is an opportunity to reflect on life with the condition, learn about self-management and think about the future. To find out if there is a group near you, visit [parkinsons.org.uk/selfmanagement](https://parkinsons.org.uk/selfmanagement)

Our website [parkinsons.org.uk](https://parkinsons.org.uk) has a lot of information about Parkinson's and everyday life with the condition. You can also find details of your local support team and your nearest local group meeting at [parkinsons.org.uk/localtoyou](https://parkinsons.org.uk/localtoyou)

Visit [parkinsons.org.uk/forum](https://parkinsons.org.uk/forum) to chat to other people with similar experiences on our online discussion forum.

## Thank you

Thank you very much to everyone who contributed to or reviewed this information sheet:

**Tom Foltynie, Senior Lecturer and Honorary Consultant Neurologist in Movement Disorders, UCL, London**

**Anette Scrag, Reader and Consultant Neurologist, University Department of Clinical Neurosciences, Imperial College, Charing Cross Hospital, London**

Thanks also to our information review group and other people affected by Parkinson's who provided feedback.

## Can you help?

At Parkinson's UK, we are totally dependent on donations from individuals and organisations to fund the work that we do. There are many ways that you can help us to support people with Parkinson's.

If you would like to get involved, please contact our Supporter Services team on **0800 138 6593** or visit our website at **[parkinsons.org.uk/donate](https://parkinsons.org.uk/donate)**. Thank you.

## Our information

All of our most up-to-date information is available at **[parkinsons.org.uk/information-support](https://parkinsons.org.uk/information-support)**. If you'd prefer to read one of our printed leaflets or booklets, find out how to place an order at **[parkinsons.org.uk/ordering-resources](https://parkinsons.org.uk/ordering-resources)** or by calling **0300 123 3689**.

We make every effort to ensure that our services provide current, unbiased and accurate information. We hope that this will add to any professional advice you receive and help you to make any decisions you may face. Please do continue to talk to your health and social care team if you are worried about any aspect of living with Parkinson's.

If you'd like to find out more about how we put our information together, including references and the sources of evidence we use, please contact us at **[publications@parkinsons.org.uk](mailto:publications@parkinsons.org.uk)**



## Eyes and Parkinson's (2015)

If you have comments or suggestions about this information sheet, we'd love to hear from you. This will help us ensure that we are providing as good a service as possible. We'd be very grateful if you could complete this form and return it to **Editorial and Creative Services, Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ**. Or you can email us at **publications@parkinsons.org.uk**. Thanks!

### Please tick...

- I have Parkinson's. When were you diagnosed? .....
- I'm family/a friend/a carer of someone with Parkinson's
- I'm a professional working with people with Parkinson's

Where did you get this information sheet from?

- GP, specialist or Parkinson's nurse
- Parkinson's UK local group or event
- Our website
- Information and support worker
- Ordered from us directly
- Other .....

How useful have you found the information sheet? (1 is not useful, 4 is very useful) 1 2 3 4

Have you found the publication easy to read/use?  Yes  No

Has this resource given you information that might help you manage your condition better?

- NA
- It hasn't helped
- It has helped a little
- It has helped a lot

What aspects did you find most helpful? .....

Were you looking for any information that wasn't covered? .....

Do you have any other comments? .....

If you would like to become a member of Parkinson's UK, or are interested in joining our information review group, please complete the details below and we'll be in touch.

- Membership
- Information review group (who give us feedback on new and updated resources)

Name .....

Address .....

Telephone ..... Email .....

What is your ethnic background?  Asian/Asian British  Black/Black British  White

- Mixed/multiple ethnic backgrounds
- Other (please specify) .....



Every hour, two people in the UK are told they have Parkinson's – a brain condition that turns lives upside down, leaving a future full of uncertainty.

Parkinson's UK is here to make sure people have whatever they need to take back control – from information to inspiration.

We want everyone to get the best health and social care. So we bring professionals together to drive improvements that enable people to live life to the full.

Ultimately, we want to end Parkinson's. That's why we inspire and support the international research community to develop life-changing treatments, faster. And we won't stop until we find a cure.

**Together we can bring forward the day when no one fears Parkinson's.**

### Parkinson's UK

Free confidential helpline **0808 800 0303**

Monday to Friday 9am–7pm, Saturday 10am–2pm. Interpreting available.

NGT Relay **18001 0808 800 0303** (for use with smart phones, tablets, PCs and other devices).

For more information see **www.ngts.org.uk**

**hello@parkinsons.org.uk**

**parkinsons.org.uk**

Last updated July 2015. We review our information within three years.

Please check our website for the most up-to-date versions of all our information.

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