

VISION CARE

FOR HOMELESS PEOPLE

Championing the cause of equitable eye care for homeless and vulnerable people.



Case record 1:

A 54-year-old Caucasian man has a previous history of hypertension but he has not been taking his medication. He is sleeping rough and his bag containing all his property, including his medication, was stolen whilst he was sleeping in a shop doorway. He was finding it difficult to get an appointment with his GP to get a new supply of medication as he keeps forgetting about the appointments and misses them.

He attended for an eye examination reporting headaches and blurred vision. He has only worn ready-made reading glasses up until now but is now finding his vision blurred for distance as well as reading.

*“I think what you guys have done is brilliant because it is “IN HOUSE” and it feels like you guys are part of the family and not outsiders.” ” **Anonymous Patient, Crisis Skylight***

Discussion points:



What investigations would you carry out and what might you discover – see image below?



What is the possible diagnosis?



What is your referral urgency and pathway? How is this influenced by him being homeless?



What are the treatment options and prognosis?



“I like to spend time in the local library reading and so my glasses mean a lot to me. Thank you.”

Brian Shepherd, Patient at Skylight

Case record 2:

A 35-year-old Caucasian woman attended for an eye examination complaining that her eyes were feeling very red, sore, itchy and gritty. She was also having problems with her vision fogging over.

She is myopic and has been sleeping in her monthly disposable contact lenses as she couldn't afford disinfection solutions and she has no back up glasses to use. She has been staying in a hostel and doesn't feel safe taking her contact lenses out and not being able to see.

Discussion points:



What investigations would you carry out and what might you discover – see image below?



What is the possible diagnosis?



What is your advice? Is this different to your normal advice considering her situation?



What are the treatment options and prognosis?



“Being homeless means I can’t pay for my glasses in a high street store, because of Vision Care I now have no pain when reading because of my new glasses.” **Mr Ogurek, Patient**

Case record 3:

A Caucasian 29-year-old man attended for an eye examination after being assaulted last night whilst sleeping in a door way. He was kicked in the face which had resulted in bruising, tenderness and swelling around his left eye and redness of the conjunctiva.

His vision seems OK when looking straight but when he looks to the side and upwards he gets double vision.

*"I remember a time when a lady came to collect her glasses. She tried them on and asked me 'How do I look?' I replied 'they look great'. Tears started to run down her cheeks and I asked her why. She said it was the first time she had owned a pair of glasses and the first time she had seen clearly in years." **Nick Sawers, VCHP Volunteer***

Discussion points:



What investigations would you carry out and what might you discover – see image below?



What is the possible diagnosis?



What is your referral urgency and pathway? How is this affected by him being homeless?



What are the treatment options and prognosis?



“Being homeless means I can’t pay for my glasses in a high street store, because of Vision Care I now have no pain when reading because of my new glasses.” **Mr Ogurek, Patient**

CHALLENGE:

What should we do about the eye care health inequality faced by homeless people?

What can I do in my individual practice to make eye care more accessible to homeless people?

<https://www.youtube.com/watch?v=Z7NVJytP4jY>