

Commentary: Vision screening for children in special schools

Awareness about higher prevalence of visual impairment among children and adults with intellectual disability (ID) has been increasing. One of the largest epidemiological studies about visual impairment among adults with ID from the Netherlands goes even to recommend that “every adult with severe ID and those with Down’s syndrome should be considered as visually impaired unless proved otherwise.”^[1] Children with ID are 10 times more likely to have vision impairment compared to normally developing children.^[2,3] Presence of visual impairment adversely impacts the child’s ability to learn skills needed for various areas of development, thus compounding the effect of intellectual and other disabilities.^[2] But often, the visual impairment gets overlooked in these children due to focus on other complex disabilities.

Most of these children with ID can be found in special schools. Vision integrates all other senses, hence all professionals working with children with special schools need to know how the child sees, to make a meaningful difference to the child’s life. For example, a special educator teaching a child how to eat from a plate needs to know whether the child can actually see the food in the plate. Though there is emphasis on vision screening for children in regular schools, hardly any child in special schools gets their eyes examined on a regular basis. It is high time that we address the issue of inequity in access to eye care for children with ID. There is a need to build evidence to support the recommendation that annual vision assessment for children in special schools is a must. We have limited studies from India on this aspect,^[4,5] and therefore, the study by Bhaskaran *et al.* published in this issue of Indian Journal of Ophthalmology is an important one.

There are a few interesting takeaways from this study. First one is the onsite screening methodology used. Clinic environment is unfamiliar and anxiety provoking to most of the children with ID. It is not easy to carry many of them there due to other associated disabilities. These children tend to be more cooperative if they are assessed in a familiar environment, supported by a familiar caregiver. Onsite assessment in school also ensures that all the children in school get access to the care; else, those who manage to reach an eye clinic get it and the rest do not. The authors duly acknowledge limitation of onsite testing and admit that they could only suspect cerebral visual impairment in children and then refer them to the base hospital for confirmation of the diagnosis and further intervention if needed.

The authors have given due emphasis on the functional vision assessment, which goes beyond the traditional visual acuity estimation and structural eye examination. They have looked at different aspects of vision like contrast sensitivity, eye hand coordination, visuo-spatial orientation, figure-ground discrimination, understanding facial expressions, and so on. For assessing these aspects, they used tools that are easily accessible, like use of a small stick to assess optic ataxia, familiar objects arranged to understand figure-ground discrimination, use of emoticons for facial expressions, and so on. This should encourage eye care professionals to develop tools to assess these

functions using materials that are available in their area and not necessarily depend on expensive tools that are not readily available for screening at the grassroots level.

It is indeed a challenging task to assess vision in a child with ID. But with training of the concerned eye health personnel and using appropriate tools, most of these children can be examined. Predominance of boys in the schools may reflect on the gender discrimination that prevails when it comes to access to health care, which is a matter of concern.

We look forward to more such studies coming from different parts of India, helping us to build necessary evidence to push toward a policy which mandates an annual eye and vision assessment for every child with special needs.

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