PARTIALLY SIGHTED SWEDISH SCHOOLCHILDREN

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ABSTRACT

812 visually handicapped children aged 7–21 years and educated by black print are investigated with regard to the degree and cause of visual impairment. The rate of visually handicapped children amounted to around 0.7/1000, boys being more frequently afflicted than girls.

The causes were most often prenatal; 30% of genetic origin, 15% caused by pre- or perinatal damage and 40% of prenatal origin which could not be specified. Some of the more common clinical entities are discussed.

The importance of preventing an additional functional amblyopia in the visually handicapped child is stressed.

INTRODUCTION

In a previous paper (Lindstedt, 1972) a report has been given on the causes of severe visual impairment in Swedish children; 515 children, about half of them being preschool children and the other institutionalized schoolchildren.

Below, the survey of visually handicapped Swedish children, will be complemented by a report on 812 ‘partially sighted’ children attending common school and educated by black print. (A preliminary report is included in the study on visual handicap in children published in Documenta Ophthalmologica, this volume pp. 00).

MATERIAL AND METHODS

Data concerning the children were collected by the consultants for partially sighted schoolchildren. The consultant had access to the information of the medical state and visual function given by the ophthalmologist responsible for the care of the child’s eyes. When needed complementary information was obtained by written request to the ophthalmologist. The questionnaire used was in accordance with the one suggested by the International Association for Prevention of Blindness (IAPB) but simplified in some respects.

The information obtained was then prepared for data processing by the author, using the codinglist introduced by the IAPB. Thus, classification of
the visual handicap and the causes of visual impairment are in agreement with the IAPB recommendations.

The age of the children was 7–21 years.

The degree of the visual handicap was assessed by objective criterion complemented in some cases by practical tests. The degree of the visual handicap ought to be assessed when considering the visual acuity and the visual fields. Perimetry in children is difficult. In our sample it was evident that many children had considerable field defects, but these had not been analysed by perimetry. In other children the defects were not of the type to influence the ranking in a handicap group according to the IAPB-definition. Cases with irregular multiple small central scotomas, e.g., were frequent. Such an affection is apt to influence seriously the ability to read texts although the visual acuity is fairly good when tested by the letter chart.

As a result of the shortcomings of the investigation and the classification system, a lot of children (15%), whose visual efficiency was that of a partially sighted child, could not be classified as such in the strict sense of the IAPB. If they were to be excluded, the review of the causes of visual impairment would loose in reability, as conditions giving rise to visual field defects difficult to document, would certainly be underrepresented, as would some conditions influencing the visual efficiency on lines not considered by the IAPB-definition. It is the opinion of the author, that these cases should be included in the review and they will be reported in a separate group ('moderate visual handicap').

About 25% of the children were by definition socially or practically blind. They were, however, actually able to read black print and to cope with the school work, in many cases with the help of visual aids.

The information concerning birth weight, prematurity and/or dysmaturity as well as of pregnancy complications, is incomplete.

Information on additional handicap is probably more correct.

The classification of the cause of visual impairment follows the IAPB standard with the changes and complements introduced in 1971. In lack of detailed information, the classification of pre- and perinatal conditions is often insufficient. For the same reasons the author has failed to classify syndromes with accuracy.

An attempt to get information of the different aids used by the children did not give reliable results.

RESULTS

Sex and age

The report comprises 812 children between 7 and 21 years of age. The boys