

## Determinants of Impaired Visual Acuity

MUHAMMAD ALI KHAN, MUZNAY NAVEED KHAWAJA, ZOYA NAVEED KHAWAJA, MONA SAEED

**Objectives:** To determine the association between impaired vision and its psychosocial factors.

**Design:** It is population based case control study.

**Subjects and methods:** Fifty cases were randomly selected from adult population excluding persons having cataract. Fifty controls were selected after matching. A pre-tested questionnaire formatted and distributed. Data was collected, compiled and analysed through SPSS to determine the association.

**Result:** Lack of exercise (OR 0.352, CI 0.156-0.795) and excessive exposure to fumes (OR 0.357, CI 0.105-0.999) were found to be the significant factors causing impaired visual acuity.

**Conclusion:** There is high risk of impaired visual acuity in individuals who don't do exercise regularly and who are exposed to excessive fumes.

**Key words:** impaired vision, lack of exercise, exposure to excessive fumes

---

### INTRODUCTION

The eye is the lamp of body. If your eyes are good, your whole body will be full of light. Visual acuity is the measure of smallest retinal image which can be appreciated. Impaired visual acuity is one of the most prevalent problems in our community. Our basic aim is to create awareness among people that how they can take care of their visual acuity by taking simple measures. Impaired visual acuity causes disturbance in day to day work. We have seen that following factors aggravate impaired visual acuity:

Diabetes<sup>1</sup>, Formaldehyde and fumigants<sup>2</sup>, Lack of helmet goggles and sun glasses<sup>3</sup>, Vit A deficiency<sup>4</sup>, Trachoma<sup>5</sup> predispose to impaired visual acuity. Cataract<sup>6</sup>, Depression<sup>7</sup>, Aging<sup>8</sup>, Over use of computer<sup>9</sup>, Excessive TV watching<sup>10</sup> leads to impaired visual acuity. Conjunctivitis<sup>11</sup>, Malnutrition<sup>12</sup> Fatigue<sup>13</sup>, Use of other people glasses<sup>14</sup>, Unhygienic Conditions<sup>15</sup> aggravate impaired visual acuity, Dim light work<sup>16</sup>, Impure kajal or surma use<sup>17</sup>, Use of unsafe hair dyes<sup>18</sup>, Irregular

### MATERIALS & METHODS

Dependent variable is impaired visual acuity. Independent variables are Diabetes, Formaldehyde and fumigants, Lack of helmet goggles and sun glasses, Vit A deficiency, Trachoma, Cataract, Depression, aging, Over use of computer, Excessive TV watching, Conjunctivitis, Malnutrition, Fatigue, Use of other people glasses, Unhygienic conditions, Dim light work, Impure kajal or surma use, Use of unsafe hair dyes and Irregular use of glasses or lenses

---

Final Year MBBS students of King Edward Medical University.  
Correspondence to Muznay N Khawaja  
Email: muznay8@hotmail.com

Study Design is Case control. Study area is Lahore urban area. Study population is Adults. Inclusion Criteria for the cases is People with impaired visual acuity. Controls are People with normal visual acuity. Exclusion Criteria for the cases & controls are people not willing, mentally insane, very old and hard of hearing. Social and Ethical Considerations will be observed. Sample size will be calculated through Epi-info. Random sampling will be done. The data will be compiled and analyzed through SPSS. Before carrying out the actual exercise of data collection, questionnaire will be tested on some subjects on experimental basis to observe any deficiency in questionnaire and Ethical and social acceptability of questionnaire.

**Distribution:** A total of 100 individuals (50 cases and 50 controls) were recruited in the study. Overall 55% of the total individuals were males and 45% were females (55 males and 45 females). 30% were above matric whereas 70% below matric. 40% were skilled whereas 60% unskilled. Overall income of 49% was upto 3000 and income of 51% was more than 3000. overall 50% were married, 49% unmarried and 1% divorced.

**Multivariate analysis:** The bivariate analysis showed above some of the sociodemographic factors exhibiting statistically significant association with impaired visual acuity including lack of exercise, exposure to fumes. Multivariate logistic regression model was used to control for the possible confounding effect of these sociodemographic factors on each other. It was observed that after the controlling for the sociodemographic factors, only lack of exercise exhibited a statistically significant relationship with the determinants of impaired visual acuity whereas obesity, lack of regular prayers, no rest after lunch, smoking, lack of sound sleep, poor personal hygiene, diabetes, use of kajal and surma, exposure to fumes, use of helmet and goggles, lack

of eggs in diet, lack of milk in diet, vitamin a deficiency, depression. conjunctivitus, excessive use of hair dye, continuous work despite fatigue, irregular use of power glasses, misuse of spectacles, overuse of computers without shield, excessive use of TV in dark did not exhibit a statistically significant relationship with the impaired vision.. Similarly in the bivariate analysis some of the sociodemographic factors did not exhibit statistically significant association with impaired visual acuity including obesity ,lack of regular prayers, no rest after lunch, smoking, lack of sound sleep, poor personal hygiene, diabetes ,use of kajal and surma, use of helmet and goggles, lack of eggs in diet, lack of milk in diet, vitamin A deficiency, depression, conjunctivitus, excessive use of hair dye, continuous work despite fatigue, irregular use of power glasses, misuse of

spectacles, overuse of computers without shield, excessive use of TV in dark .did not exhibit a statistically significant relationship with the impaired visual acuity. However after multivariate analysis only obesity ,lack of regular prayers, no rest after lunch, smoking, lack of sound sleep, poor personal hygiene, diabetes ,use of kajal and surma, exposure to fumes, use of helmet and goggles, lack of eggs in diet, lack of milk in diet, vitamin A deficiency, depression, conjunctivitus, excessive use of hair dye, continuous work despite fatigue, irregular use of power glasses, misuse of spectacles, overuse of computers without shield, excessive use of TV in dark. did not exhibit a statistically significant relationship with the impaired visual acuity whereas lack of exercise. Exhibited a statistically significant relationship with the impaired visual acuity.

Variables	Crude OR	95% CI	Adjusted OR	95% CI
Lack of exercise	0.352	0.156-0.795	0.259	0.086-0.781
Obesity	0.513	0.219-1.205	0.538	0.165-1.754
Lack of offering prayer	1.308	0.586-2.919	1.365	0.401-4.649
No rest after lunch	0.688	0.299-1.58	0.792	0.233-2.696
Smoking	1.07	0.393-2.912	0.485	0.70-3.350
Lack of sound sleep	0.912	0.409-2.073	0.631	0.174-2.290
Poor personal hygiene	1.61	0.503	2.405	0.571-10.131
Diabetes	2.82	0.96-8.26	2.284	0.651-16.581
Use of kajal and surma	0.991	0.395-2.49	0.808	0.198-3.299
Exposure to fumesand fumigant	0.317	0.105-0.990	0.602	0.166-2.187
Lack of use of helmet goggles	1.648	0.745-3.647	0.800	0.299-2.799
Lack of eggs in diet	0.714	0.324-1.575	0.740	0.261-2.096
Lack of milk in diet	0.522	0.325-1.119	0.512	0.147-1.787
Vit. A deficiency	1.113	0.449-2.757	2.094	0.483-9.079
Depression	0.494	0.207-1.180	0.548	0.139-2.170
Redness and watering of eye	0.744	0.322-1.117	0.563	0.175-1.815
Work in dim light	1.119	0.504-2.482	1.209	0.365-3.999
Excessive use of hair dye	0.838	0.348-2.021	0.887	0.234-3.357
Fatigue	1.142	0.825-4.115	3.217	0.953-10.864
Irregular use of power glasses	0.997	0.441-2.250	1.686	0.587-5.950
Misuse of spectacle	0.513	0.187-1.406	0.312	0.58-1.667
Use of computer without shield	0.917	0.417-2.014	6.631	0.182-2.191
Watching TV in dark	1.700	0.764-3.781	3.195	0.843-12.113

**DISCUSSION**

After bivariate analysis it was found that lack of exercise led to impaired visual acuity. However no results were found in previous studies. Obesity did not lead to impaired visual acuity, however no results were found in previous studies. Lack of offering prayers did not lead to impaired visual acuity, however no results were found in previous studies. Lack of rest after lunch did not lead to impaired visual acuity, however no results were found in previous studies. Smoking dint lead to impaired visual acuity, however no results were found in previous studies. Lack of sound sleep dint lead to impaired visual acuity. However no results were found in previous

studies. Poor personal hygiene did not lead to impaired visual acuity. However poor personal hygiene was found associated with impaired visual acuity. Diabetes did not lead to impaired visual acuity however diabetes was found associated with impaired visual acuity in previous studies. Excessive use of kajal and surma did not lead to impaired visual acuity. However use of unsafe kajal surma was found associated with impaired visual acuity in previous studies. Repeated exposure to formaldehyde and fumigants did not lead to impaired visual acuity. However repeated exposure to formaldehyde and fumigants was found associated with impaired visual acuity in previous studies. Irregular use of helmet

goggles and sun glasses did not lead to impaired visual acuity. However irregular use of helmet goggles and sun glasses was found associated with impaired visual acuity in previous studies. diet deficient in eggs and milk did not lead to impaired visual acuity, however diet deficient in eggs and milk was found associated with impaired visual acuity in previous studies. Lack of vitamin A did not lead to impaired visual acuity. However lack of vitamin A was found associated with impaired visual acuity in previous studies. Depression and anxiety did not lead to impaired visual acuity. However depression and anxiety was found associated with impaired visual acuity in previous studies. Conjunctivitis did not lead to impaired visual acuity. However conjunctivitis was found associated with impaired visual acuity in previous studies. Prolonged work in dim light did not lead to impaired visual acuity, however prolonged work in dim light was found associated with impaired visual acuity previous studies. Excessive and persistent use of hair dye did not lead to impaired visual acuity however excessive and persistent use of hair dye was found associated with impaired visual in previous studies. Lack of rest and fatigue did not lead to impaired visual acuity however lack of rest and fatigue was found associated with impaired visual in previous studies .irregular use of spectacles did not lead to impaired visual acuity however lack of rest and fatigue was found associated with impaired visual in previous studies. Misuse of spectacles did not lead to impaired visual acuity however misuse of spectacles was found associated with impaired visual acuity in previous studies. Excessive use of computer did not lead to impaired visual acuity however excessive use of computer was found associated with impaired visual in previous studies. Excessive TV watching did not lead to impaired visual acuity however excessive TV watching was found associated with impaired visual in previous studies

## CONCLUSION

The bivariate analysis showed above some of the socio-demographic factors exhibiting statistically significant association with impaired visual acuity including lack of exercise, exposure to fumes and fumigants. Similarly in the bivariate analysis some of the socio-demographic factors did not exhibit statistically significant association with impaired visual acuity including offering no prayers, obesity , lack of rest after lunch, smoking ,lack of sound sleep, lack of washing hands, diabetes, lack of kajal and surma ,lack of use of helmet and goggles. Use of egg daily in diet, lack of regular use of milk .difficulty in seeing at night. depression redness and watering in eyes .habit of working in dim light. Use of hair dye

continuous work inspite of fatigue .irregular use of glasses. use of other people glasses. habit of watching TV in dark, use of computer without protective shield.

It was observed that after the controlling for the socio-demographic factors via multivariate analysis, lack of exercise exhibited a statistically significant relationship with the impaired visual acuity.

## ACKNOWLEDGEMENT

We are grateful to our teachers of Community Medicine Department, King Edward Medical University, Lahore for their help and guidance. We are also obliged by the valuable services provided by the staff of Computer Lab of KEMU.

## REFERENCES

1. Awan HR, Ihsan T. Prevalence of visual impairment and eye diseases in Afghan refugees in Pakistan. *Eastern Mediterranean Health Journal* 1998 Jun, 3[2008 sept,6];4(6).
2. Kumar V, Abbas AK, Fausto N. Robbins and cotran pathologic Basis of disease. 7<sup>th</sup> ed. New Delhi India: Elseier 2004; 1199
3. Edward RWC, Bouchier ADI Davidson's principles and practice of medicine. disease of pancrease. 16<sup>th</sup> ed. Edinburgh UK: Churchill Liringsone 1993; 678
4. R M Alshaban, M Aslam, A H Shah.Kohl(Surma):A Toxic Traditional Eye Cosmetic. *Public Health* [internet]June 2004 [2008 Sep 6];118(4)
5. Kumar V, Abbas AK,Fausto N. Robbins and Cotran pathologic basis of disease. Environmental and nutritional pathology. 7<sup>th</sup> edition. New Delhi India: Elsevier 2004 ;430.
6. Johnson EJ.An Egg a Day May Keep Macular Degeneration Away. *Journal of Nutrition*. 2004 Aug,18[2008 sept,6]; 7(4)
7. Jogi R. Basic Ophthalmology.Conjunctiva.2<sup>nd</sup> ed. India: Jaypee 1999;104
8. Kumar V, Abbas AK, Fausto N. Robbins and Cotran pathologic basis of disease. environmental and nutritional pathology. 7<sup>th</sup> ed. new Delhi India: Elsevier 2004;454.
9. George F. Ocular Opacities and Visual Field Defects. *Vision*[internet] 2003Jan3[2008 Sep 5];3(12)
10. Edward RWC, Brichier ADI. Davidson's Principles and Practice of Medicine. Diseases due to infections. 16<sup>th</sup> ed. Edinburgh UK: Churchill livingstone 1993;117
11. Alfred A. Depression and AMD. *Rosenbloom* [internet] 2008 August 28;120(6) Available from:URL:<http://www.archophth.ama-assn.org>
12. Awori N, Bayley A, Beasley A, Boland J, Crawford M, Driessen F. The Red Painful Eye. *Primary surgery*. 1999 Jan 7[2008sept,6];1(4)
13. Nishiguchi K, Sandberg MA, Kooijman AC. Defects in RGS9 or its anchor protein R9AP in patients with bradyopsia. A novel form of retinal dysfunction[internet] 2004[2008]; 1020. URL: <http://abstracts.iovs.org/cgi/content/abstract/45/5/1020>

14. Ricahrd G, Rouan F. Missense Mutations in GJB2 Encoding Connexin-26 Cause the Ectodermal Dysplasia Keratitis-Ichthyosis-Deafness Syndrome .American Journal of Human Genetics: 2003 [2008];70
15. Taylor F .The Effect of Fatigue on Vision.European Journal of Ophthalmology.[internet]1997 feb,9[2008 sept,5];7(1)Available from:URL:<http://www.wright.edu>
16. Dandona R, Dandona L,Kovai V, Giridhar P,Prasad MN, Srinivas M. Population-based study of Spectacles use in Southern India. Indian journal of ophthalmology[internet]2002 sept
17. Doyne WR. A Lecture on the Value and Misuse of Spectacles in the Treatment of Headache Migrane and other Functional Troubles of the Eyes.Br Med J.[internet]1910 August 13[2008sept,6]; 2(2589)
18. Rom WN. Environmental and Occupational Medicine. 4<sup>th</sup> ed. New York: Lippincot Williams and Witkins 1997;702
19. Woo KH, Park Jh, Choi GS, Jung YY, Lee TH, Han GW. The effect of VDT work on vision and eye symptoms among workers in a manufacturing plant. Korean J prev med.[internet]1992 sep[aug 28,2008];25(3):247\_268 Available from: [URL:http://www](http://www)