**BACKGROUND**

Age-related macular degeneration (AMD)

- A major cause of occupational dysfunction, diminished quality of life, and a known risk factor for depression (Casten & Rovner, 2007).
- AMD patients may generalize their vision loss to the extent that they perceive themselves as being useless and dependent, becoming dissatisfied with their specific mental health, vision specific social functioning and quality of life subscales, visual acuity stratification variable, change in visual acuity, and change in contrast sensitivity.

Oscillating therapy plays a vital role in enabling elders with AMD and the risk of depression to resume valued occupations, thus occupational therapists served as interventionists for this study.

**Study Aims**

1. To test the efficacy of a collaborative intervention (among a low vision optometrist, occupational therapist and client) to reduce the incidence of depressive symptom at 4 and 12 months.

2. To improve targeted vision function and vision-related quality of life at 4 and 12 months.

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**METHODS**

**STAGE 1: Retina Clinic**

- Eligible patients
- Baseline
- In-home interview

**STAGE 2: Introductory**

- Eligible patients
- Telephone screen

**Low Vision Optometry**

- Eligible patients
- Baseline
- Treatment Planning

**Behavioral Activation-Low Vision Rehab (LVR)**

- Six in home occupational therapy visits
- Review progress with optometrist after visits 3 and 5

**Supportive Therapy (ST)**

- Six in-home supportive therapy visits

**RESULTS**

- At 4 months, Low Vision Optometry and OT-BA-LVR halved the incidence of depression compared to Low Vision Optometry and ST.

  - 11 OT-BA-LVR subjects (12.6%) and 18 ST subjects (23.4%) developed a depressive disorder (relative risk [RR], 0.54; 95% CI, 0.27 – 0.98; P = 0.04).

  - In planned randomized analyses the RR was 0.51 (95% CI, 0.27 – 0.92; P = 0.04).

- A mediational analysis suggested that OT-BA-LVR prevented depression to the extent that it enabled subjects to remain socially engaged.

- In addition, OT-BA-LVR was associated with greater improvements in functional vision than ST, although there was no significant between-group difference in quality of life.

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**INTERVENTION DESCRIPTION**

**SESSIONS 1 & 2**

- Establish Rapport: Set agenda for visit
- Introduce Intervention: Discuss depression, healthy & unhealthy behaviors
- Discuss rationale for Behavioral Activation (BA) and what it entails
- Complete Life Activity Form
- Provide large print BA calendar to record behavioral task completion
- Assign 1 BA Goal: Complete Master Goal Log
- Introduce and review basic principles of home modification
- Assign homework - identify additional Functional and Activity goals

**SESSIONS 3 to 6**

- Set agenda for visit; Educate about depressive “runnination”
- Inquire about new Function and Activity goals; Revise Master Goal Log
- Review and reinforce low vision rehabilitation strategies
- Review BA Goal from previous session using BA Calendar
- Subject rated level of satisfaction with task completion
- Reinforce rationale of BA
- Identify 1 new Functional activity and 1 Activation activity
- Employ Brainstorming, Decision Analysis (Pros/Cons) and Implementation (Action Plan) steps of problem-solving if necessary
- Telephone meeting with OD (Sessions 3 & 5)

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**CASE EXAMPLE**

Cecelia: 79 year old wife, mother, grandmother; retired teacher

Optometrist Report: Distant: OC – 20/20; Near: OS: 3.2 m; Location of Scotoma - central macula; Contrast sensitivity: + both eyes. 

Prescription: reading glasses to be used with closely placed lighting; hand magnifier as needed.

PHQ-9 Baseline Score: 4/27

Self-identified Occupational challenges: (Life Activity Form)

- Finances – writing checks
- Reading - newspaper headlines
- Hobbies/Leisure
- Exercise routine
- Home management tasks – near vision home repairs
- Going to restaurants with family

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**GOAL SATISFACTION FORM:**

- Practice writing in checkbook using border and OTT light (Functional)
- Practice writing in crossword using border and OTT light (Pleasant)
- Fill in crossword puzzle using OTT light (Enjoyable)

- Goal: Practice writing in checkbook using border and OTT light

- Goal satisfaction: 1 (not satisfied) – 10 (very satisfied)

- Mood improvement: 1 (no change) – 10 (most improved)

- Can you see the relationship between accomplishing this goal and feeling better (Yes or No)?

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