



AGE-RELATED CHANGES IN VISION

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ABSTRACT

This essay explores the dynamic changes in vision across different stages of life, highlighting age-related transformations in the human visual system. From the sharp visual acuity of childhood and peak performance in young adulthood to the onset of presbyopia, cataracts, and conditions like age-related macular degeneration (AMD) and glaucoma in later years, the essay delves into the intricacies of how eyesight evolves over time. It addresses common age-related visual changes such as presbyopia, cataracts, AMD, glaucoma, dry eye syndrome, and retinal detachment, emphasizing the importance of awareness, regular eye examinations, and proactive care in preserving and optimizing vision throughout the aging process.

Introduction. The human visual system, a marvel of biological engineering, undergoes a series of transformations as individuals progress through different stages of life. From the keen eyesight of youth to the nuanced changes that come with aging, this essay explores the age-related alterations in vision, shedding light on the intricacies of how our eyes evolve over time. In the effect of aging on vision except for that summarized in Robert Weale's now classic book *The Aging Eye*. Twenty five years ago scientists were just beginning to embark on comprehensive programs of research addressing how the aging process impacts various aspects of visual functioning. With the formation of the National Institute on Aging in 1974 as a separate institute within the National Institutes of Health in the US, the scientific spotlight was focused on vision and the aging process per sé, rather than solely on eye conditions and diseases prevalent in older adults (e.g., macular degeneration, glaucoma, cataract). By the late 1970s research increasingly addressed the role of lifespan changes during adulthood on visual function and task performance and the mechanisms underlying these aging-related changes.

1. Childhood and Adolescence: The Foundation of Visual Acuity

In the early stages of life, the visual system is in its prime. Children and adolescents typically enjoy sharp vision, rapid focus adjustments, and a heightened ability to perceive colors and contrasts. This period is crucial for the development of visual acuity, depth perception, and the coordination of eye movements, laying the foundation for a lifetime of visual experiences.



2. Young Adulthood: Peak Visual Performance

Young adulthood is characterized by optimal visual performance. During this phase, individuals often experience minimal visual disturbances, and their eyesight remains stable. The crystalline lens inside the eye retains its flexibility, allowing for effortless accommodation to varying distances. While some may require corrective lenses for refractive errors like nearsightedness or farsightedness, the majority enjoy a period of visual clarity and precision.

Young adulthood, typically spanning from the late teens to the early 40s, represents a phase of life characterized by vibrant energy, optimal physical health, and, notably, peak visual performance. During this period, individuals often experience a unique convergence of factors that contribute to the pinnacle of visual acuity and overall eye health.

Optimal Visual Acuity: Young adults commonly enjoy optimal visual acuity, marked by clear and sharp eyesight. The crystalline lens inside the eye retains its flexibility, allowing for seamless adjustments in focus to view objects at varying distances. This flexibility is particularly advantageous for activities such as reading, driving, and engaging in both near and far vision tasks without significant strain.

Stability in Refractive Errors: For many individuals, young adulthood is a time of stability in refractive errors. While some may have experienced nearsightedness, farsightedness, or astigmatism in their earlier years, the mid-20s often bring a period of refractive stability. This stability contributes to a sense of visual consistency and reduces the need for frequent changes in corrective lenses.

Efficient Accommodation: Accommodation, the ability of the eye to adjust its focus, is highly efficient during young adulthood. Whether focusing on a nearby book or a distant landscape, the eyes adapt swiftly and effortlessly. This efficiency is crucial for the demands of a dynamic and active lifestyle, allowing for seamless transitions between various visual tasks.

Color Perception and Contrast Sensitivity: Young adults typically experience heightened color perception and contrast sensitivity. The eyes can distinguish a broad spectrum of colors, and visual contrast is pronounced, contributing to a vivid and detailed visual experience. These characteristics are particularly relevant for tasks that require accurate color discrimination, such as identifying signals in traffic or appreciating visual arts.

Visual Processing Speed: The processing speed of visual information is at its peak during young adulthood. The brain efficiently interprets visual stimuli, allowing for quick decision-making based on visual cues. This heightened processing speed contributes to activities that demand rapid visual assessment, such as sports, driving, and various aspects of professional and personal life.

Ocular Health and Resilience: The eyes in young adulthood exhibit remarkable health and resilience. The ocular structures, including the cornea, lens, and retina, typically function optimally. Issues such as dry eyes or age-related conditions are less prevalent during this phase, contributing to a sense of ocular comfort and well-being.

Lifestyle Impact: The visual demands of young adulthood, marked by educational pursuits, professional responsibilities, and an active social life, necessitate a robust visual system. Whether studying for exams, working on a computer, or engaging in recreational activities, young adults often rely heavily on their vision. The optimal performance of the visual system supports success and well-being in these varied pursuits.



Considerations for Visual Health: While young adulthood is characterized by peak visual performance, it is essential for individuals to be proactive in maintaining eye health. Regular eye examinations, proper lighting conditions, and adopting healthy visual habits contribute to the preservation of optimal vision throughout this critical period.

Young adulthood stands as a chapter of life where the visual system reaches its zenith in terms of performance and efficiency. The harmonious interplay of ocular structures, visual processing capabilities, and a lack of age-related changes contribute to a phase marked by clarity, precision, and visual vibrancy. Understanding and appreciating this period of peak visual performance empowers individuals to make informed choices that support and protect their eye health, laying the foundation for a lifetime of visual well-being.

3. Presbyopia: The Onset of Age-Related Changes

As individuals enter their 40s, the first signs of presbyopia, a common age-related vision change, begin to emerge. The crystalline lens loses some of its flexibility, making it challenging to focus on close objects. Many people find themselves reaching for reading glasses or bifocals to compensate for this natural aging process. Presbyopia is a universal part of aging and affects everyone to some degree.

4. Cataracts: Clouding the Lens with Time

Cataracts, a condition characterized by the clouding of the eye's natural lens, become more prevalent with advancing age. The lens, which is typically transparent, becomes progressively opaque, leading to blurred vision, glare sensitivity, and difficulty seeing in low light. Cataract surgery, a routine and highly successful procedure, involves replacing the cloudy lens with a clear artificial one, restoring clarity to the vision.

5. Age-Related Macular Degeneration (AMD): Navigating Retinal Changes

Age-related macular degeneration, a leading cause of vision loss in older adults, affects the macula, a small but crucial part of the retina responsible for central vision. AMD can lead to distortions in vision and difficulty recognizing faces or reading. Although there is no cure for AMD, early detection and lifestyle modifications can help slow its progression and preserve vision.

6. Glaucoma: Managing Intraocular Pressure

Glaucoma, a group of eye conditions characterized by increased intraocular pressure, becomes more prevalent with age. Left untreated, glaucoma can lead to optic nerve damage and irreversible vision loss. Regular eye exams are essential for early detection, as treatment options, including eye drops and surgery, aim to manage intraocular pressure and preserve vision.

7. Dry Eye Syndrome: Nurturing Ocular Comfort

Dry eye syndrome, a common age-related condition, occurs when the eyes do not produce enough tears or when tears evaporate too quickly. Symptoms include irritation, redness, and a sensation of dryness. While artificial tears and lifestyle modifications can provide relief, addressing underlying causes such as hormonal changes or medications is crucial for long-term management.

8. Retinal Detachment and Floaters: Preserving Retinal Health

As individuals age, the risk of retinal detachment increases. Floaters, tiny specks or cobweb-like shapes that drift across the visual field, become more prevalent. While most



floaters are harmless, sudden changes or the appearance of flashes of light may indicate a retinal tear or detachment, requiring immediate medical attention to prevent vision loss.

Visual processing speed. Slowing in visual processing speed is a common characteristic of aging, and has been well established as a phenomenon since the 1970s (Kline & Birren, 1975; Walsh, 1976; Walsh, Williams, & Hertzog, 1979). Many older adults require more time than younger adults to detect, discriminate, recognize, or identify visual targets, and this slowing contributes to higher-order processing problems characteristic of cognitive aging (e.g., associative learning, working memory, inhibition) (Salthouse, 1991; Salthouse, 1993; Salthouse, 1994; Salthouse & Meinzig, 1995). These deficits occur even in older adults who do not have conditions that cause dementia (e.g., Alzheimer's disease, cerebrovascular accident). Ball's work has demonstrated that aging-related slowing in visual processing speed is exacerbated by increasing attentional task demands (e.g., divided attention tasks) and by increasing visual clutter (e.g., distracting stimuli) (Ball, Edwards, & Ross, 2007; Ball, Roenker, & Bruni, 1990). That is, in performing laboratory tasks, the display duration needed by many older adults to complete a task under dual task conditions with distracting stimuli is proportionately greater than what is needed by young adults. Much of the work in this field has made use of a task originally described by Ball, Sekuler, and others called the useful field of view task (Ball, Beard, Roenker, Miller, & Griggs, 1988; Ball, Beard, Roenker, Miller, & Griggs, 2006; Ball et al., 1990; Ball et al., 2007; Edwards et al., 2006; Sekuler & Ball, 1986; Sekuler, Bennett, & Mamelak, 2000). The task has been refined over the years. The essential features of the task are that the observer is asked to identify a central target while simultaneously determining the location of a peripheral target, which on some trials is embedded in a field of distractors. Performance is measured by the minimum stimulus duration needed to perform the task (there is no motor response component). It is important to emphasize that slowed visual processing speed during later adulthood is not inevitable in that there are wide individual differences, with some older adults exhibiting processing speeds like those of young adults, and others having serious slowing (Ball, Owsley, Sloane, Roenker, & Bruni, 1993; Rubin et al., 2007). Unlike other types of visual psychophysical deficits discussed above, a great deal of research has already demonstrated that slowed processing speed in older adults has negative implications for their everyday life. Slowed visual processing in the elderly is associated with increased crash risk (Ball et al., 2006; Cross et al., 2009; Owsley et al., 1998; Rubin et al., 2007), increased fall risk (Sims, Owsley, Allman, Ball, & Smoot, 1998; Vance, Ball, Roenker, Wadley, Edwards, & Cissell, 2006), mobility problems such as transitioning from sitting to standing (Owsley & McGwin, 2004; Riolo, 2003), and increased time needed to complete visual tasks typical of everyday life (Owsley, McGwin et al., 2001; Owsley, Sloane, McGwin, & Ball, 2002). What is particularly promising is that for some older adults, processing speed can be improved, i.e., "speeded up", through practice (Ball et al., 1988; Ball et al., 2002; Edwards et al., 2002; Roenker, Cissell, Ball, Wadley, & Edwards, 2003; Sekuler & Ball, 1986). This training intervention, described in detail elsewhere (Ball et al., 2007), basically consists of computer-based nonverbal exercises that are visually presented very briefly and involve practice in the detection, identification, discrimination, and localization of visual targets. The speed of processing gains by older adults have been shown in one study to be enduring up to 5 years (Willis et al., 2006). Most importantly, intervention evaluations including multi-site randomized trials have



demonstrated that faster processing speed in older adults, or prevention of further slowing in processing speed as one ages, enhances several aspects of everyday functioning and health in older adults. Specifically, visual processing speed training led to more efficient completion of everyday visual tasks (less time needed) (Edwards, Wadley, Vance, Roenker, & Ball, 2005; Edwards et al., 2002), reduced motor vehicle collision risk (Ball, Edwards, Ross, & McGwin, in press), improved health-related quality of life (Wolinsky et al., 2006), reduced risk of clinical depression or depressive symptoms (Wolinsky et al., 2009; Wolinsky et al., 2009), and improvements in self-rated health (Wolinsky et al., 2010). The modifiability of visually processing speed in the context of reading speed in older adults is relevant for understanding whether it is reasonable to expect that older adults with a central scotoma due to AMD can be trained to increase their reading speed in the retinal periphery. The term “visual span” with respect to reading refers to a spatial property of the visual field defined as the number of characters that can be recognized with no eye movement.

Conclusion: The journey of vision through the ages is a testament to the remarkable adaptability of the human visual system. From the vibrancy of youth to the nuanced changes that accompany aging, understanding age-related alterations in vision allows individuals and healthcare professionals to navigate the visual landscape with awareness and proactive care. Regular eye examinations, lifestyle adjustments, and early interventions contribute to preserving and optimizing vision, ensuring that the gift of sight remains a vibrant and integral part of the human experience across the ages.

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