



# Eye Research & Eye Care for Individuals with Down Syndrome Across the Lifespan – Part 1

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# Disclosures

- No financial disclosures
- Corneal collagen crosslinking and Photrexa are off label in children under 14 years old.
- Global Down Syndrome Foundation supported the purchase of the Pentacam topographer at our institution

# Outline – Part 1

- How can vision problems affect development and quality of life?
- Eye diseases in people with Down syndrome
- Unanswered research questions

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# Visual Development – General Population

## Forced-choice preferential looking

- 20/600 at birth
- 20/120 at 3 months of age
- 20/60 at 12 months of age
- 20/20 at 3 to 5 years of age

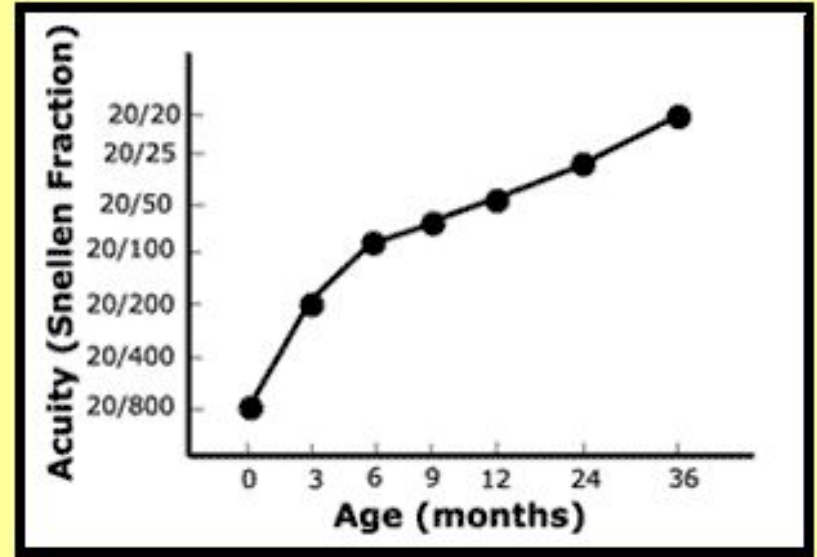
## Visual evoked potential

- 20/400 at birth
- 20/20 at 6 to 7 months of age

*Eustis & Guthrie, 2003*

Early Intervention Training Center for  
Infants and Toddlers With Visual Impairments  
FPG Child Development Institute  
University of North Carolina at Chapel Hill  
June 1, 2004

*Visual Conditions 20*



# Visual Milestones

Newborn – blinks to light

3 months – begins to make eye contact, tracks moving objects, social smiles

6 months – able to reach for objects, color vision develops

8-10 months – recognizes family and caregivers, looks at small objects like cereal, depth perception develops



# Visual Acuity in Children with Down Syndrome

- In one study of 35 children with Down syndrome, average visual acuity was 20/45
- This means that what someone with healthy eyes can see from 45 feet away, these could only see from 20 feet away

## Visual Psychophysics and Physiological Optics

### Static and Dynamic Measurements of Accommodation in Individuals with Down Syndrome

*Heather A. Anderson,<sup>1</sup> Ruth E. Manny,<sup>1</sup> Adrian Glasser,<sup>1</sup> and Karla K. Stuebing<sup>2</sup>*

# Visual Acuity in Children with Down Syndrome

- 94% of children with Down syndrome have below-average vision
- 79% of children with Down syndrome have visual acuity more than 2 standard deviations worse than average



## VISUAL ACUITY IN INFANTS AND CHILDREN WITH DOWN SYNDROME

Mary L. Courage, Russell J. Adams, Sandra Reyno, Poh-Gin Kwa

First published: July 1994 | <https://doi.org/10.1111/j.1469-8749.1994.tb11895.x> | Citations: 61



# Visual Acuity in Adults with Down Syndrome

- 46% of adults with DS between 50-59 years old have visual impairment (compared to 13% in adults with other causes of intellectual disability)
- 85% of adults with DS older than 60 years old have visual impairment (compared to 20% in adults with other causes of intellectual disability)



[J Appl Res Intellect Disabil.](#) Author manuscript; available in PMC 2015 May 1.

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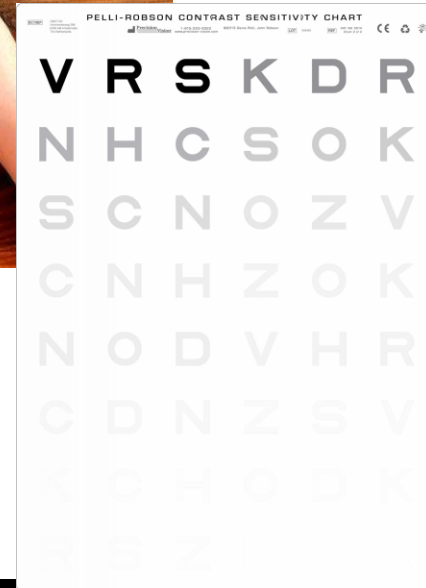
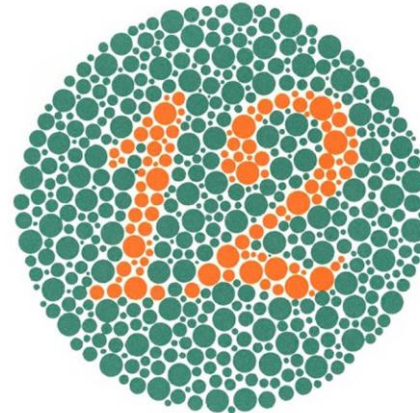
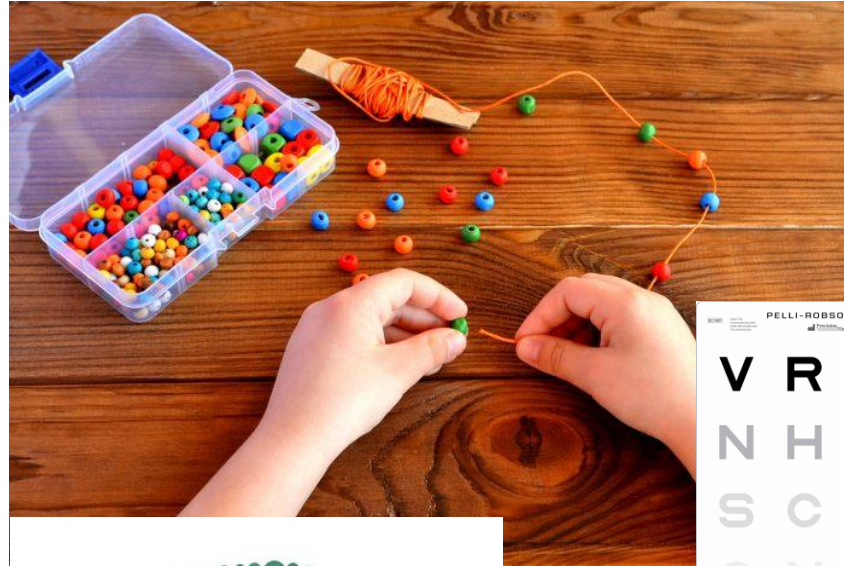
Vision Deficits in Adults with Down Syndrome

[Sharon J. Krinsky-McHale](#),<sup>1</sup> [Wayne Silverman](#),<sup>2</sup> [James Gordon](#),<sup>3,4</sup> [Darlynnne A. Devenny](#),<sup>1</sup> [Nancy Oley](#),<sup>5</sup> and [Israel Abramov](#)<sup>4,6</sup>

# Beyond Clarity

People with Down syndrome have been found to have decreased:

- *Depth perception*
- *Color vision*
- *Contrast sensitivity*



# Importance of good vision in childhood

- Vision affects all aspects of a child's development
  - *Social interaction*
  - *Language development*
  - *Motor skills*
  - *School*
  - *Independence*





# Impact of low vision in adults

## “Lowenfeld Losses”

1. Loss of the range and variety of experiences
2. Loss of the ability to move around
3. Loss of environmental control and self within it

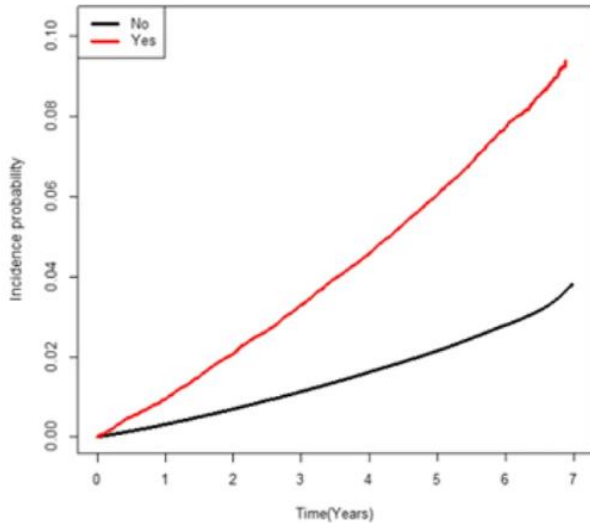


# Vision and dementia

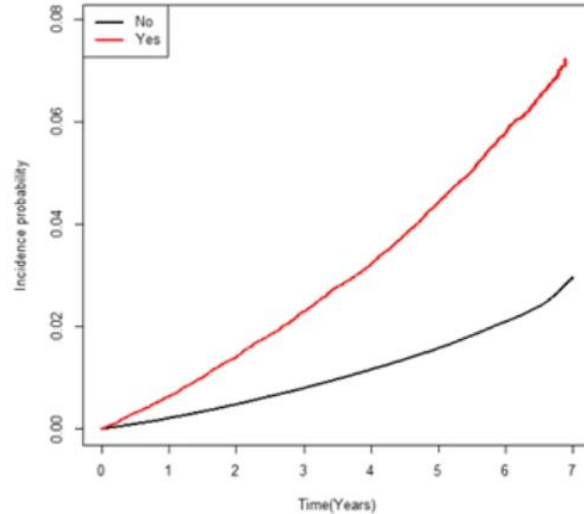
## *Risk of dementia in Koreans over 40 years old*

- **RED LINE** represents people with visual impairment
- **BLACK LINE** represents people without visual impairment

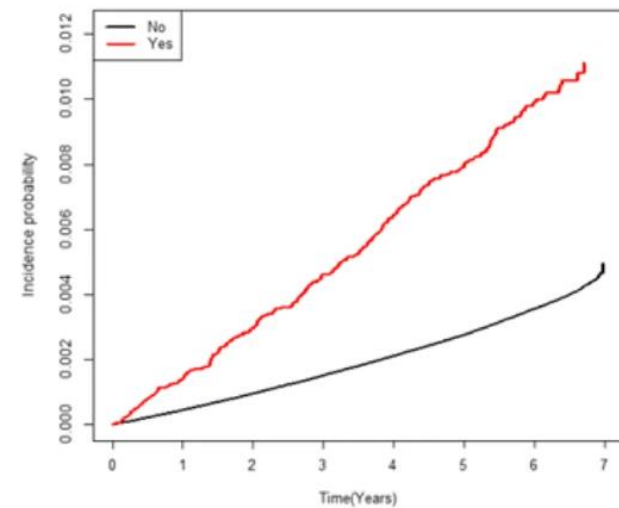
### Dementia



### Alzheimer's



### Vascular Dementia



# Vision and dementia

*Risk of dementia in Koreans over 40 years old*

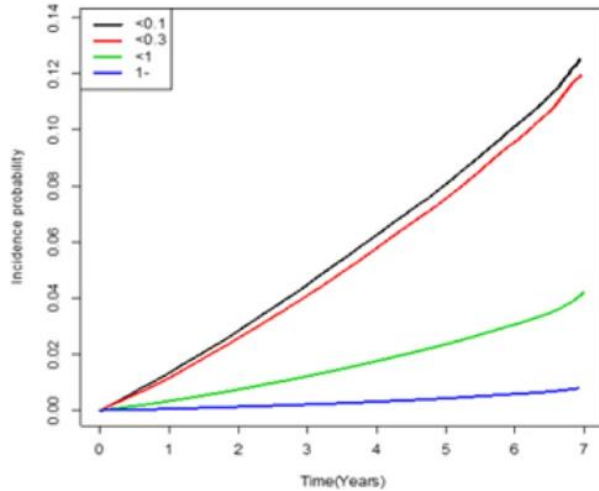
**BLUE LINE** = normal vision

**GREEN LINE** = mild visual impairment

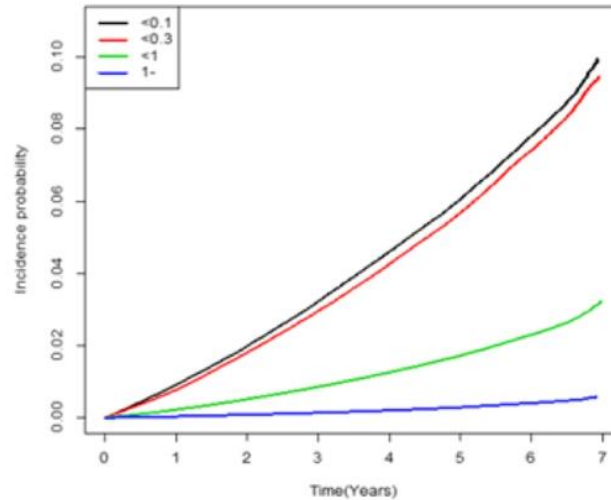
**RED LINE** = moderate visual impairment

**BLACK LINE** = severe visual impairment

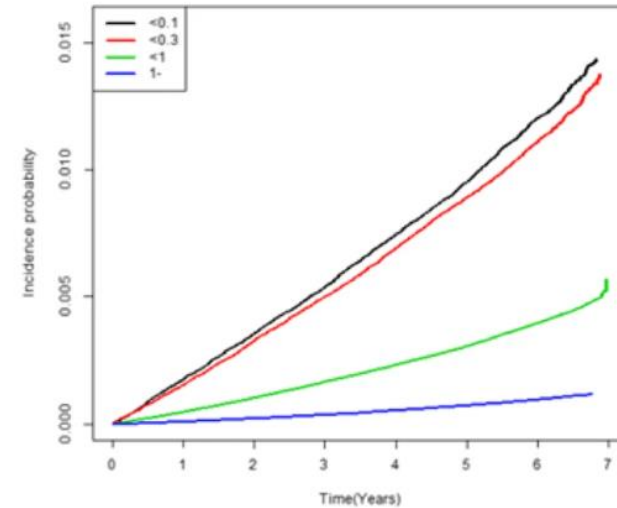
Dementia



Alzheimer's




Vascular Dementia



# Vision and dementia

- Cataract surgery has been shown to reduce the risk of dementia and cognitive impairment
- Vision problems may exacerbate cognitive decline
- Treating vision problems in adults may help preserve cognitive function



Original Article |  Full Access

## Cataract surgery is associated with a reduced risk of dementia: a nationwide population-based cohort study

W.-K. Yu, Y.-T. Chen, S.-J. Wang , S.-C. Kuo, B.-C. Shia, C. J.-L. Liu 


First published: 08 September 2014 | <https://doi.org/10.1111/ene.12561> | Citations: 17

# PLOS ONE

 OPEN ACCESS  PEER-REVIEWED

RESEARCH ARTICLE

## Effect of cataract surgery on cognitive function in elderly: Results of Fujiwara-kyo Eye Study

Kimie Miyata, Tadanobu Yoshikawa, Masayuki Morikawa, Masashi Mine, Nozomi Okamoto, Norio Kurumatani, Nahoko Ogata 

Published: February 20, 2018 • <https://doi.org/10.1371/journal.pone.0192677>



American Journal of Ophthalmology

Volume 146, Issue 3, September 2008, Pages 404-409



Original article

## The Impact of Cataract Surgery on Cognitive Impairment and Depressive Mental Status in Elderly Patients

Kotaro Ishii <sup>a, b</sup> , Takamichi Kabata <sup>b</sup>, Tetsuro Oshika <sup>a</sup>

# Outline – Part 1

- How can vision problems affect development and quality of life?
- **Eye diseases in people with Down syndrome**
- Unanswered research questions



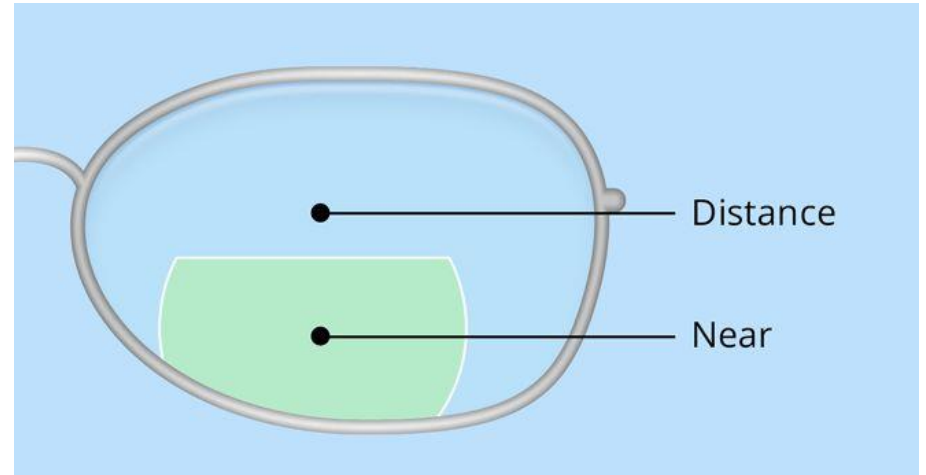
# Refractive error

- About 80% of children with Down syndrome need glasses
- Far-sightedness
- Near-sightedness
- Astigmatism



# Hypoaccommodation

- “Accommodation” refers to the eye’s ability to focus on objects up close
- Up to 100% of people with Down’s syndrome have impaired accommodation
- Bifocal glasses have a stronger prescription at the bottom to help with near vision



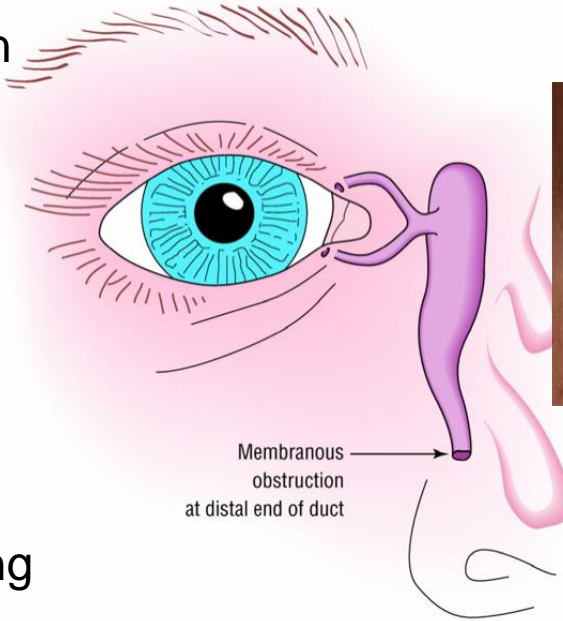
# Strabismus

- “Strabismus” refers to misalignment of the eyes
- Esotropia (or crossed eyes) is especially common
- Some people develop exotropia (or drifting eyes)
- Can affect depth perception



# Nasolacrimal duct obstruction

- Tears are supposed to drain to the inside of the nose via the nasolacrimal duct
- Up to 36% of children with Down syndrome have NLD obstruction
- Blocked tear ducts cause constant tearing and crusting



# Nystagmus

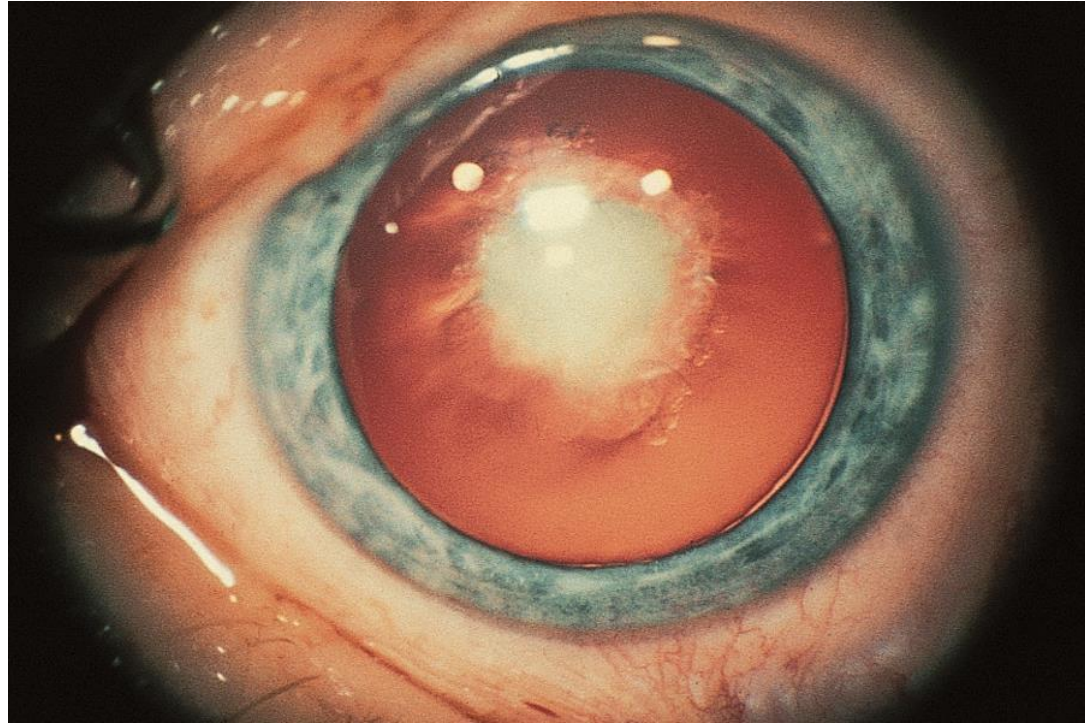
- “Nystagmus” refers to uncontrollable shaking movements of the eyes
- Up to 33% of people with Down syndrome have nystagmus
- Nystagmus is associated with low vision





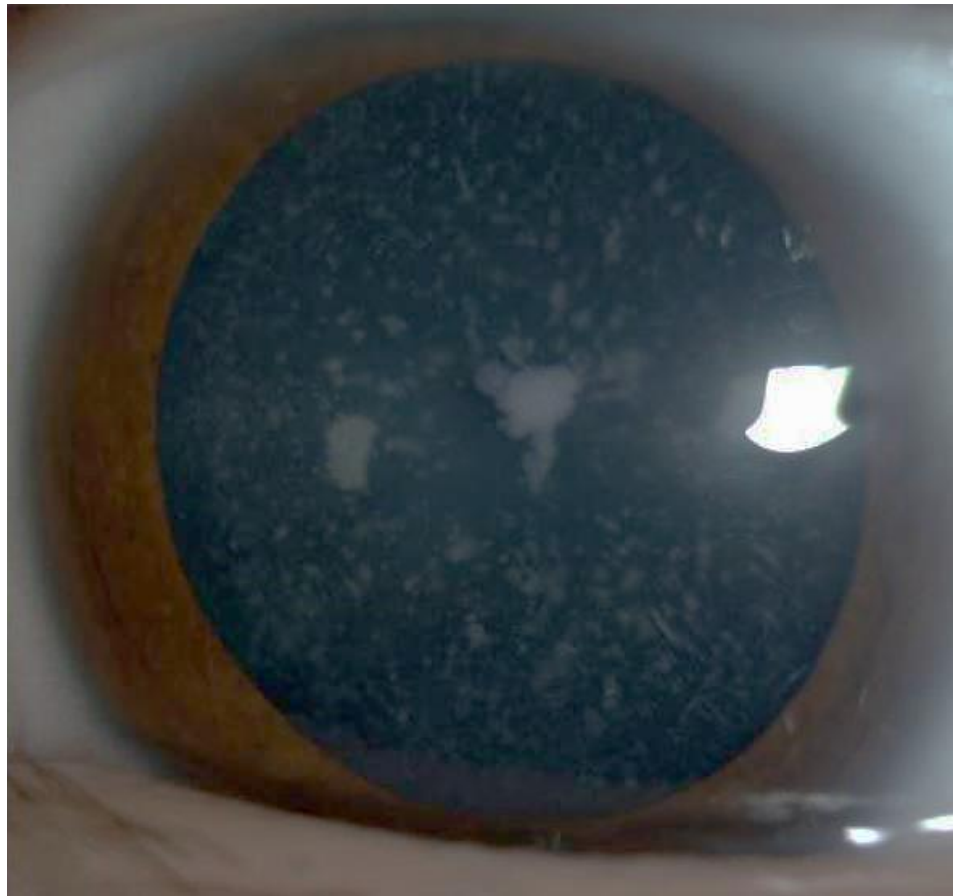
# Congenital cataracts

- “Cataract” refers to cloudiness of the lens inside the eye
- Babies with Down syndrome have about 300 times increased risk of being born with a cataract
- Treatment is surgery to remove the cloudiness



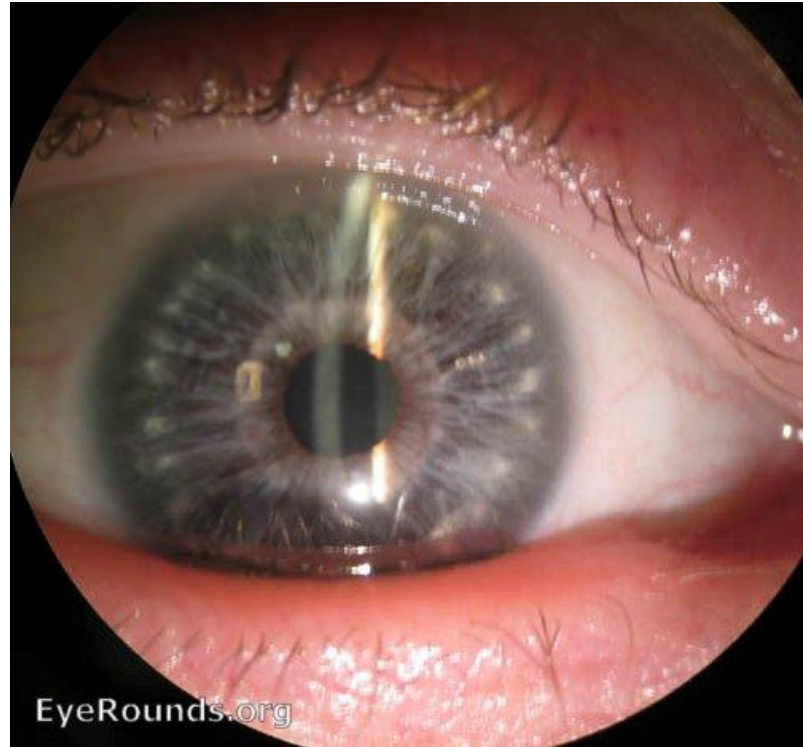
# Other cataracts

- People with Down syndrome develop cataracts at an earlier age than the general population, often needing cataract surgery in their 40's or 50's
- About half of people with DS have “blue-dot cataracts,” which usually do not affect vision



# Brushfield spots

- White/gray/brown spots around the periphery of the iris
- No effect on vision
- Commonly seen in people with Down syndrome

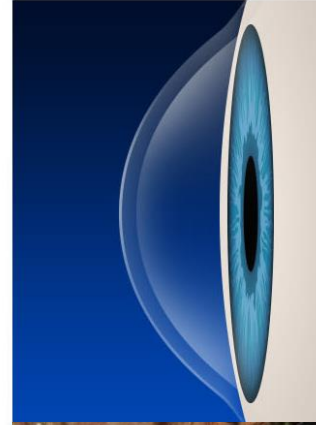




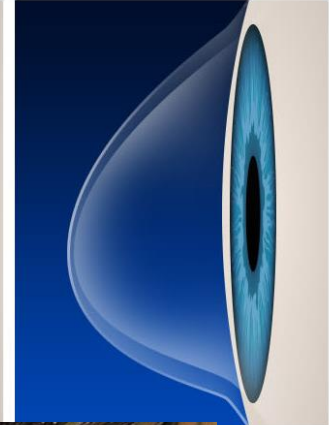
# Keratoconus

- The cornea is the clear front layer of the eye (like the windshield of a car)
- Keratoconus is a disease where the cornea changes shape from being round to being cone-shaped
- Causes progressively blurrier vision
- Up to 32% of people with Down syndrome develop keratoconus

Normal cornea

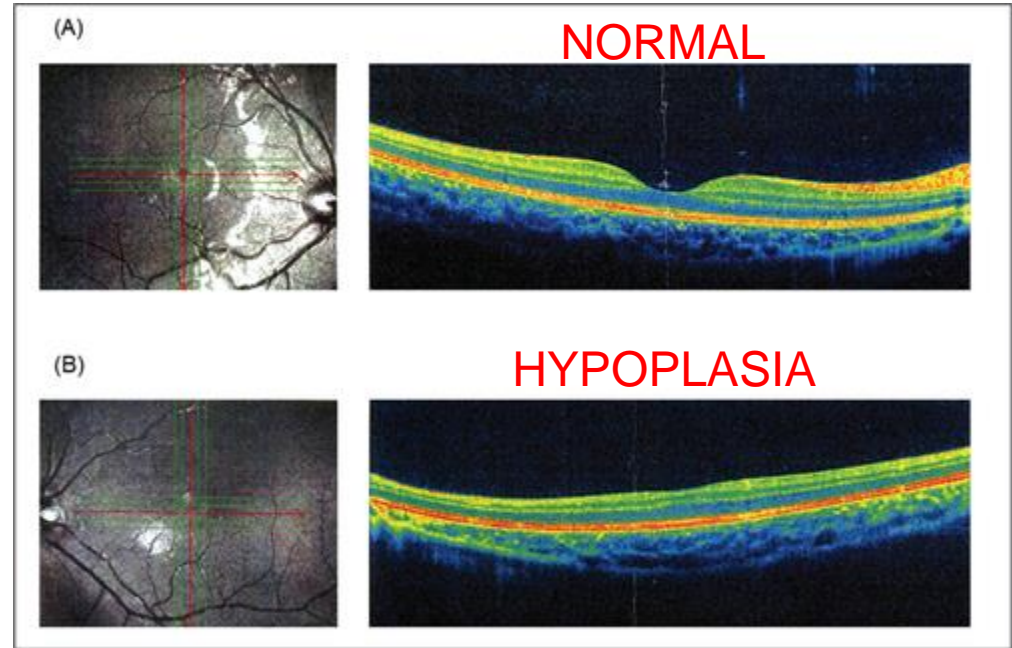


Keratoconus



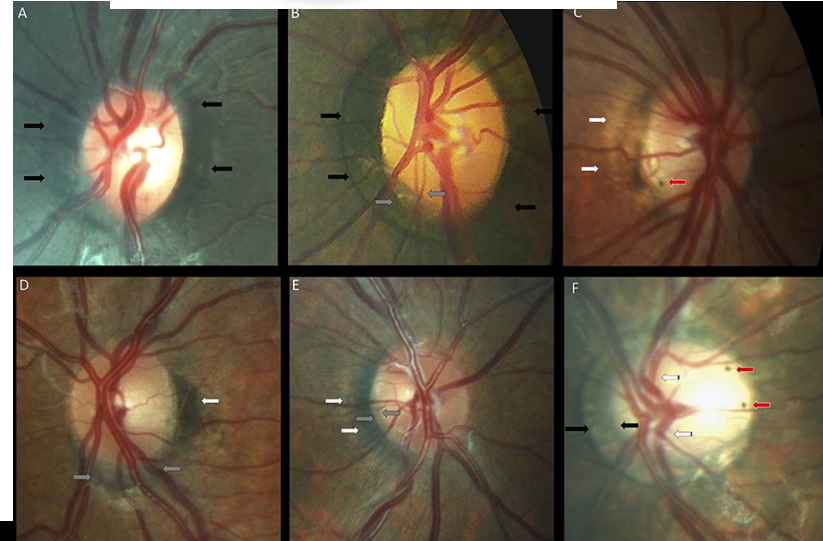
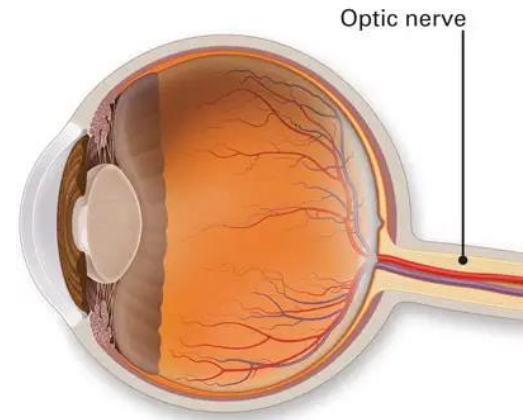
# Foveal hypoplasia

- The fovea is the part of the retina responsible for central vision
- Under-developed foveas lead to limited central vision
- Recent studies have shown that most children with Down syndrome have foveal hypoplasia



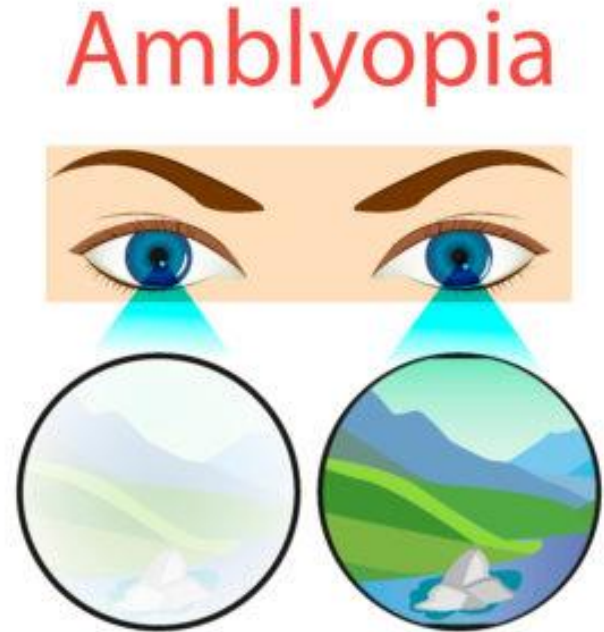
# Optic nerve anomalies

- The optic nerve is the cable that connects the eye and the brain
- Optic nerve abnormalities limit the eye's ability to send a clear signal to the brain
- People with Down syndrome commonly have abnormal optic nerves



# Amblyopia

- aka “lazy eye”
- Refers to blurrier vision in one eye due to the brain learning to ignore that eye
- Can be caused by any of the diseases discussed thus far
- Affects between 3-26% of people with Down syndrome



# Cortical visual impairment

- The “visual cortex” is the part of the brain responsible for processing information from the eyes
- Problems with the visual cortex can cause decreased vision
- Down syndrome is associated with impaired cortical development, and cortical atrophy throughout life



# Outline – Part 1

- How can vision problems affect development and quality of life?
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- **Unanswered research questions**



# Pediatric Research Questions

- How quickly does keratoconus worsen in children with Down syndrome?
- Why do children with Down syndrome develop nystagmus?
- How much do optic nerve abnormalities affect vision in children with Down syndrome?
- Why do babies with Down syndrome have such a high risk of cataracts?
- Should all kids with Down syndrome wear bifocal glasses?
- Why do people with Down syndrome develop keratoconus?

# Adult Research Questions

- What is the risk of common adult eye diseases in people with Down syndrome?
  - *Macular degeneration*
  - *Diabetic retinopathy*
  - *Glaucoma*
- Can retinal studies indicate risk of future dementia in people with Down syndrome?
- What type of lens implant works best for adults with Down syndrome after cataract surgery?
- Do visually impaired people with Down syndrome have higher risk of dementia?
- How frequently do adults with Down syndrome need an eye exam?





# **Eye Research & Eye Care for Individuals with Down Syndrome Across the Lifespan – Part 2**

Emily McCourt, MD

The Ponzio Family Chair for Pediatric Ophthalmology

Chief of Pediatric Ophthalmology, Children's Hospital Colorado

Associate Professor University of Colorado

# Disclosures

- No financial disclosures
- **Global Down Syndrome Foundation** supported the purchase of the Pentacam topographer at our institution

# Outline

- Who should examine me or my family member?
- How eye exams should be performed on patients with Down Syndrome
- Recent advances in treatments for eye disease in people who have Down Syndrome
- Recommended timelines for eye exams

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# Different types of eye doctors

## **Ophthalmologist – MD**

4 years undergraduate  
4 years medical school,  
1 year of internship  
3 years of ophthalmology residency

Pediatric Ophthalmologist – extra  
year of fellowship training (9 years)

## **Optometrist – OD**

4 years of undergraduate  
4 years optometry school

Pediatric Optometrist – extra  
year of training (5 years)

# Different types of eye doctors

## Ophthalmologist – MD

- Surgeon
- Specialist in medical and surgical diseases of the eye
- Extensive medical training
- Complex and medical / surgical care

## Optometrist – OD

- Glasses
- Contact lens experts
- Variable medical experience
- Great /appropriate for routine care

# Who should examine me or my family member?

.....It depends!

## Babies / Children

- Pediatric ophthalmology
- Pediatric optometrist with experience with DS

## Teens

- With years of stable exams optometry is a great option

# Who should examine me or my family member?

## Adults

- Known medical eye problem (cataracts, strabismus, keratoconus): Comprehensive ophthalmologist *at least* once a year
- Very stable eye exams as child: optometrist with experience in DS annually.
- At minimum, would check in with eye MD every 5 years



# Who should examine me or my family member?

## *Special situations:*

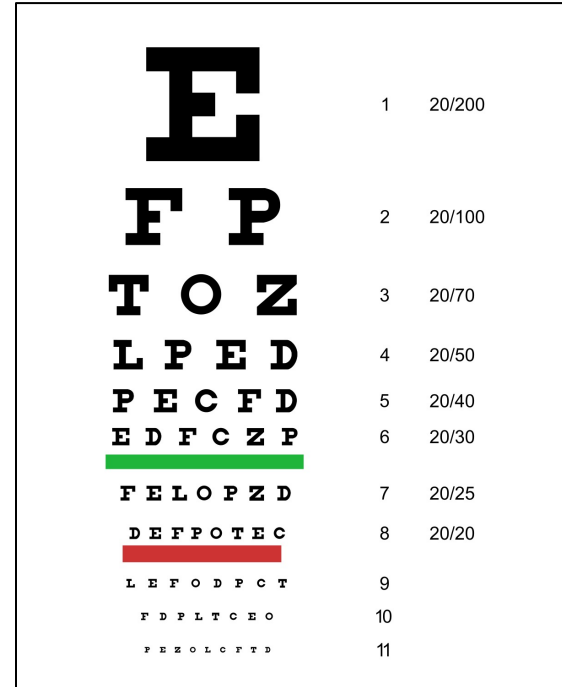
- ❖ Non verbal / difficult communication /behavior
  - Transition clinics?
  - MD with experience
- ❖ Cataracts
  - Needs surgeon
- ❖ Keratoconus
  - Pediatric or cornea specialist with experience in keratoconus in patients with DS
- ❖ Glaucoma
  - Pediatric or pediatric glaucoma specialist

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# What should a comprehensive eye exam look like in a person with Down Syndrome?

- Visual acuity testing
- Eye pressure
- Eye alignment and motility
- Dilation
- Refraction (glasses check)
  
- Special testing: topography, photos, etc when needed



# What should a comprehensive eye exam look like in a person with Down Syndrome?

- Visual acuity testing
  - Snellen chart (regular letters)
  - HOTV (4 letters to choose from)
  - Allen (pictures) – ok but unless young child, not desirable
  - Teller Acuity cards when needed
  - Don't forget about NEAR vision!



# What should a comprehensive eye exam look like in a person with Down Syndrome?



Checking eye pressure to evaluate for glaucoma

# What should a comprehensive eye exam look like in a person with Down Syndrome?



# What should a comprehensive eye exam look like in a person with Down Syndrome?

- Dilation +/- photos
- Should I pay extra for photos?

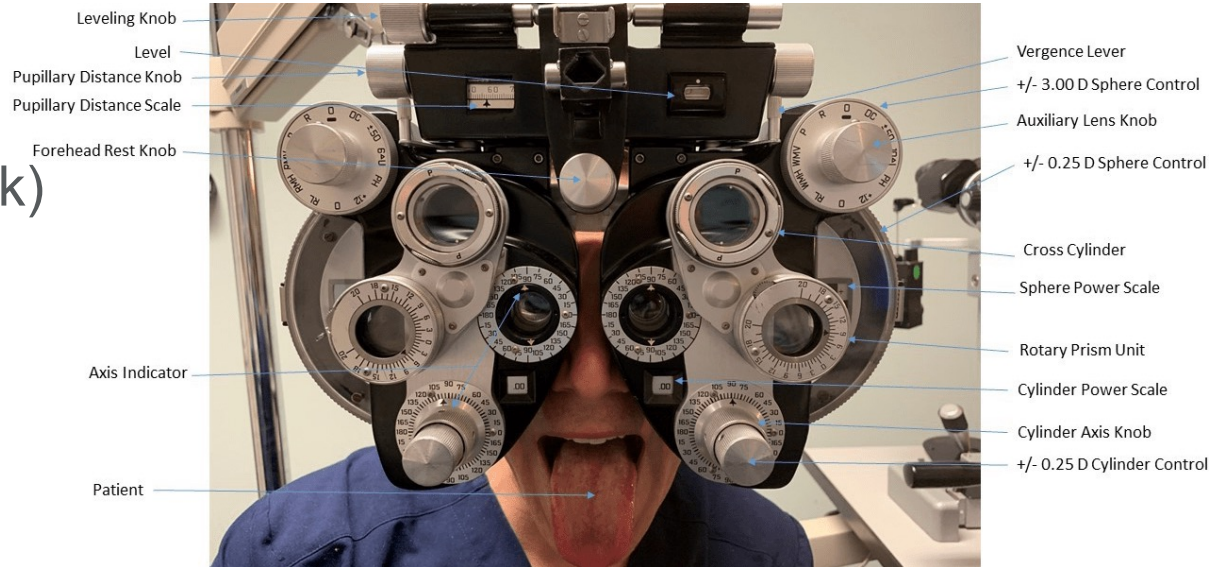




# What should a comprehensive eye exam look like in a person with Down Syndrome?

Refraction (glasses check)

PHOROPTER  
(lens 1 or lens 2)





# What should a comprehensive eye exam look like in a person with Down Syndrome?

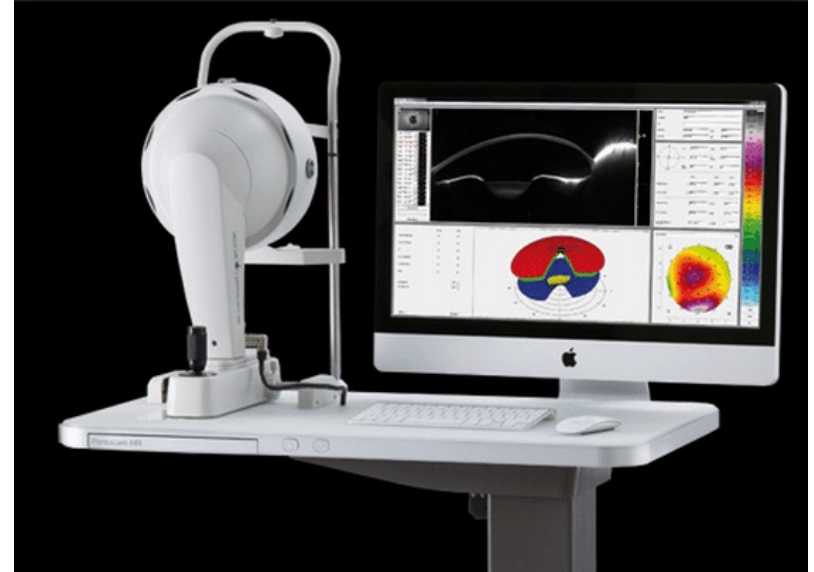
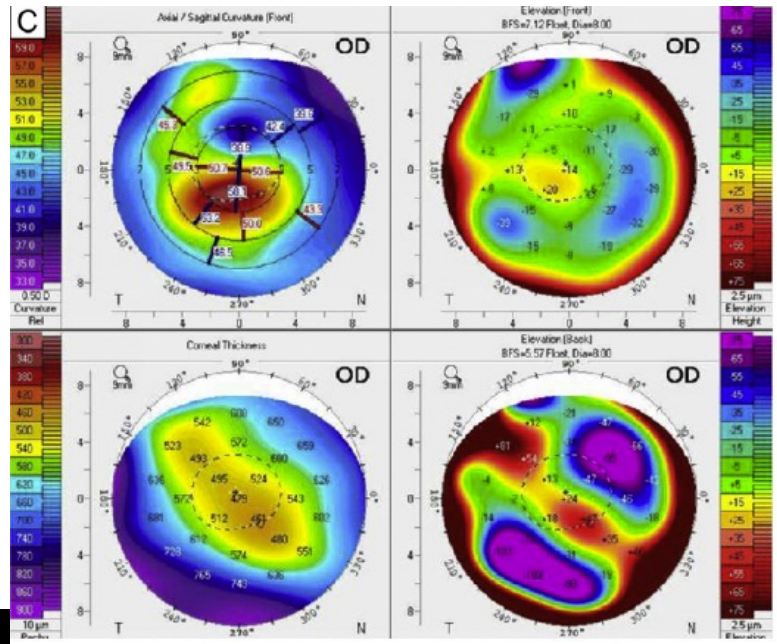
Refraction (glasses check)

**RETINOSCOPY**

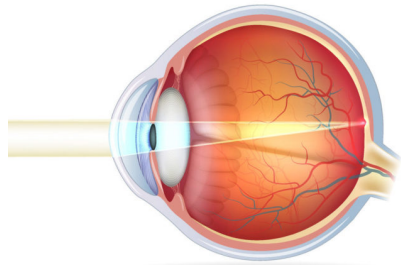


# What should a comprehensive eye exam look like in a person with Down Syndrome?

Topography!



# A few words about glasses



NORMAL VISION



# A few words about glasses

- ❖ People with Down Syndrome have much higher rates of needing glasses – higher astigmatism, nearsightedness (myopia), and farsightedness (hyperopia)
  - MUCH more likely to need a **bifocal** even as a child
  - Bifocals can help with acceptance of glasses in children



Specs4us.com

# A few words about glasses

Certain brands that fit better than others, however just like shoes some brands fit one person better than another

Glasses online? Generally would **avoid** for first pair or new fit.



<https://jonaspaleyewear.com/>

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# Recent advances in treatments for eye disease in people who have Down Syndrome

- Crosslinking for Keratoconus
- Cataract surgery
- Strabismus (eye alignment)
- Blocked tear ducts





# A patient story



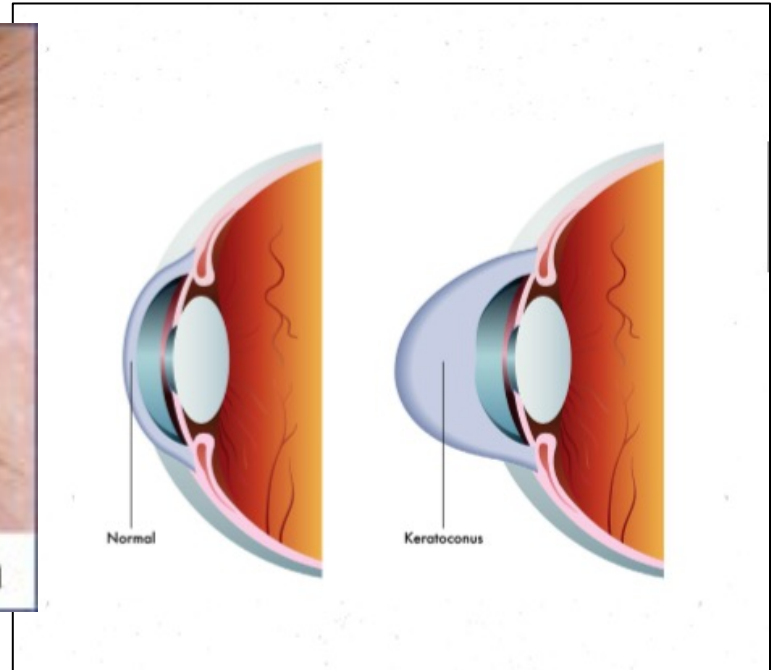
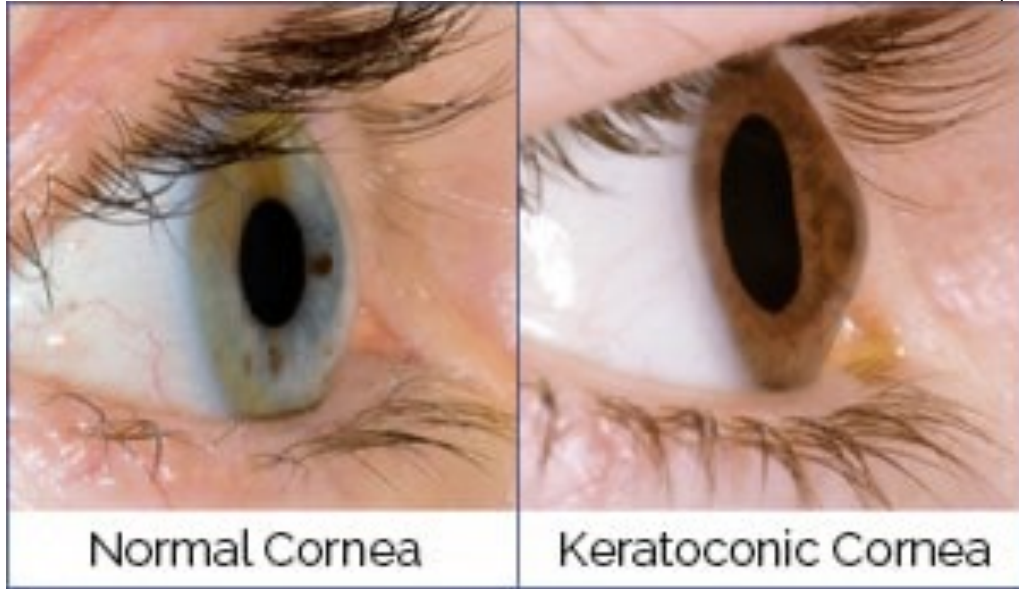
# Lauren



Sue Anschutz-Rodgers Eye Center  
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

uhealth

# Exam under anesthesia, April 2018



# November 2018 – severe complication of keratoconus called corneal hydrops





How could I prevent this?

Am I missing cases of keratoconus? How would I know?

Why can't I crosslink my patients?



# Keratoconus: focus on Down Syndrome

- **KCN affects people at a rate 10-300x more frequently in people with Down Syndrome**
- Alternations in chromosome 21 may affect collagen
- Eye rubbing – very common in patients with DS
- Numbers are variable:
  - Patients with Down syndrome sometimes are hard to examine
  - Variable definition of keratoconus

# Corneal Morphologic Characteristics in Patients With Down Syndrome

Jorge L. Alio, MD, PhD, FEBO; Alfredo Vega-Estrada, MD, PhD; Pablo Sanz, OD, MSc; Amr A. Osman, MD, PhD; Ahmed M. Kamal, MD, PhD; Amr Mamoon, MSc; Hany Soliman, MSc

- 112 patients with Down Syndrome
- Included mostly adults, some children



It was observed that around 75% of the patients with DS diagnosis had corneal morphologic irregularities compatible with keratoconus. There are great variability and contradic-

# Keratoconus and corneal morphology in patients with Down syndrome at a pediatric hospital

Lauren M. Imbornoni, MD,<sup>a</sup> Ronald E. Wise, MD,<sup>a</sup> Michael J. Taravella, MD,<sup>a</sup> Francis Hickey, MD,<sup>b</sup> and Emily A. McCourt, MD<sup>a</sup>

- What about **children** with Down Syndrome?
- If anyone should be diagnosed early, shouldn't it be patients with Down Syndrome?

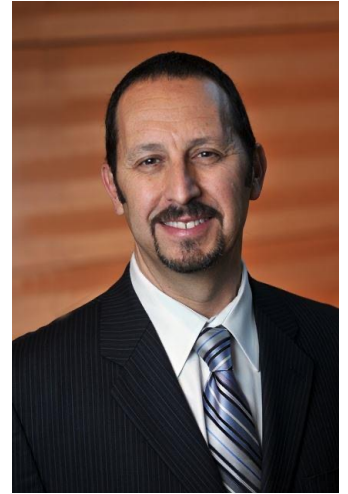
JAAPOS 2020 epub ahead of print



# Keratoconus and corneal morphology in patients with Down syndrome at a pediatric hospital

Lauren M. Imbomoni, MD,<sup>a</sup> Ronald E. Wise, MD,<sup>a</sup> Michael J. Taravella, MD,<sup>a</sup> Francis Hickey, MD,<sup>b</sup> and Emily A. McCourt, MD<sup>a</sup>

- We started to look at our patients
- 10 month period (August 2018 to May 2019)
- Pentacam  
**Generous gift from Global Down Syndrome Foundation**



JAAPOS 2020 epub ahead of print



# Results, continued

- Definite keratoconus: 4 eyes of 4 patients (13%)
- KCN suspect: 8 eyes of 8 patients (26%)
- 10 patients (32%) had KCN or KCN suspect in at least one eye
- Abnormal scan: 14 eyes of 10 patients (32%)
- 8 patients (26%) had normal scan of both eyes

**18 patients (58%) had at least one eye with abnormal cornea,  
KCN or KCN suspect**

# Conclusion

Keratoconus is often a much more aggressive in pediatric patients and needs to be treated.

We recommend screening patients with Down Syndrome for keratoconus with topography and tomography, regardless of age.

# Follow up on Lauren

- Right eye with significant scarring
- **Left eye crosslinked January 2019 – stable cornea**

Video on keratoconus



# More to come on keratoconus

- **New grant!**





# More on recent advances in treatments....

- Crosslinking for Keratoconus
- Cataract surgery
- Strabismus (eye alignment)
- Blocked tear ducts



# Cataract Surgery

## Cataracts and Down Syndrome

- Lenses implant (IOL)
  - Monofocal
  - Multifocal
  - Toric



- NO studies guiding what type of lens to implant
- I would avoid multifocal lenses



# More on recent advances in treatments....

- Crosslinking for Keratoconus
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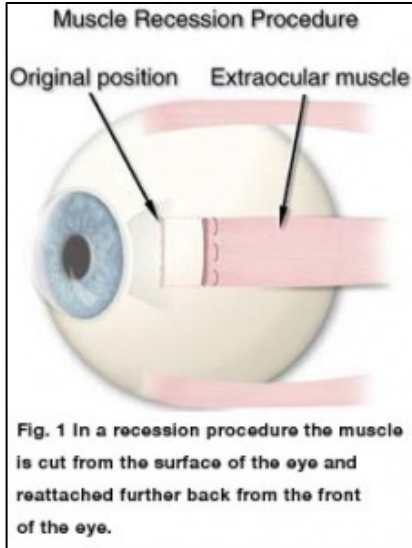
# Strabismus and Down Syndrome



video about strabismus and strabismus surgery



# Strabismus and Down Syndrome



- Prevalence is high!
- Surgical dose tables for DS
- Special kinds of strabismus in DS



video about strabismus and strabismus surgery



# More on recent advances in treatments....

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# Nasolacrimal Duct Obstruction (Blocked tear ducts)

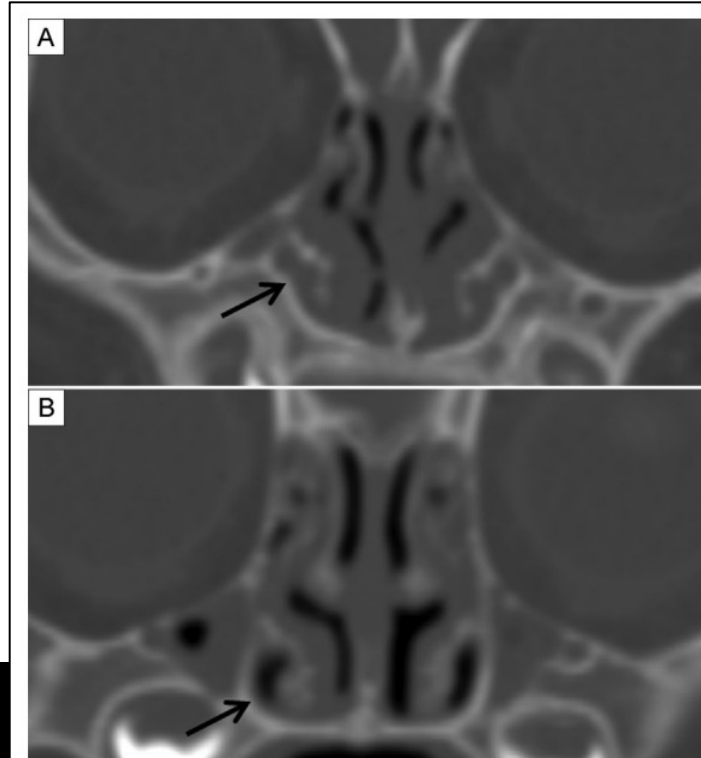


- High rates of surgical failure with probing and often need second surgery
- Can be very frustrating!



# Evaluation and treatment of failed nasolacrimal duct probing in Down syndrome

Francine Baran, MD,<sup>a,b</sup> John P. Kelly, PhD,<sup>a,b</sup> Laura S. Finn, MD,<sup>c</sup> Scott Manning, MD,<sup>d</sup>  
Erin Herlihy, MD,<sup>a,b</sup> and Avery H. Weiss, MD<sup>a,b</sup>



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# Recommended timelines for eye exams

- Children:
  - At 6 months of age.
  - Yearly until age of 8
  - After age of 8, could go to every other year if very stable



# Recommended timelines for eye exams

- Teens/Adults:
  - No formal recommendations exist!
  - Yearly in setting of known eye problems (cataract, etc)
  - Stable for year? Optometry yearly or every other year is appropriate
  - At minimum, would check in with eye MD every 5 years
  - Topography – ideally every 2 years between ages 13 and 30

# Our Team

- Michael Puente
- Ronnie Wise
- Casey Smith
- Rich Davidson
- Mike Taravella
- Jennifer Jung
- Francis Hickey
- Lauren Imbornoni
- Lauren Mehner
- Eimi Rodriguez-Cruz
- Naresh Mandava



- **Our patients and their families**
- **Global Down Syndrome Foundation**
- **Sie Center for Down Syndrome**



# Links / resources

- [www.aapos.org](http://www.aapos.org)
- <https://www.childrenscolorado.org/doctors-and-departments/departments/down-syndrome/>
- <https://medschool.cuanschutz.edu/linda-crnice-institute>
- [https://eyewiki.aao.org/Trisomy\\_21/Down\\_Syndrome](https://eyewiki.aao.org/Trisomy_21/Down_Syndrome)
- <https://www.livingwithkeratoconus.com/>
- <https://publications.aap.org/pediatrics/article/128/2/393/30609/Health-Supervision-for-Children-With-Down-Syndrome>
- <https://www.uhealth.org/locations/uhealth-eye-center-anschutz-medical-campus/>
- <https://www.denverhealth.org/services/denver-health-and-global-down-syndrome-foundation-adult-down-syndrome-clinic>
- <https://www.globaldownsyndrome.org/>
- <https://www.childrenscolorado.org/doctors-and-departments/departments/eye/>



# Questions?

