West Los Angeles VA Health Care Center, Los Angeles, CA

A review of the demographics of a group of "general" optometry patients seen recently (2023) at the main eye clinic in bldg. 304 yielded the following:

Average age: 64 years
Age range: 24-96 years
Age Distribution:
21-30: 4%
31-40: 9%
41-50: 10%
51-60: 14%
61-70: 30%
71-80: 20%
81-90: 11%
90+: 2%

Gender:
11% Female
89% Male

Avereage number of systemic medications per patient: 10
Range of systemic medications per patient: 0-27

Average # of active systemic problems in problem list per patient: 14
Range of active systemic problems in problem list per patient: 0-45

Common systemic problems:
64% had HLD
54% were hypertensive
54% had major depression, anxiety disorder, schizophrenia, or bipolar disorder
30% suffered from PTSD
29% had OSA
26% were diabetic
23% had GERD
21% were obese
21% had at least one type of cancer (excluding than skin cancer)
20% were cigarette smokers
18% had alcohol use disorder
16% had asthma
16% had cardiac arrhythmia
15% were homeless
14% had osteoarthritis
14% were anemic
14% suffered from migraines
14% had insomnia
13% had COPD

11% had gout
9% had cocaine dependence/abuse
9% had coronary artery disease
9% had chronic kidney disease
6% had suffered TBI
6% had hepatitis C
4% had suffered a stroke
4% had more than one type of cancer (excluding skin cancer)

Common ocular conditions:
68% had dry eye
54% had cataracts
20% were glaucoma suspects
19% had meibomian gland dysfunction
18% had peripheral retinal disease (lattice degen, cobblestone, reticular degen, retinal hole, s/p scleral buckle, etc)
14% had glaucoma (POAG, NTG)
14% were pseudophakic
13% had posterior vitreous detachment
13% had epiretinal membrane
10% had dry AMD
8% had hypertensive retinopathy
6% had DME or CME
5% had floppy eyelid syndrome
4% had diabetic retinopathy
4% were ocular hypertensives on IOP-lowering treatment
3% had neovascular AMD

Some of the cases reviewed over a 2-month period recently (2023) at the Quality Assurance meetings include:
Refractive shifts secondary to newly-diagnosed diabetes mellitus
Valsalva retinopathy
Diabetic with prior history of PDR, s/p PRP for NVE, lost to follow up, with NVE OS
Epiretinal membrane, approved for surgery by retina attending
right homonymous hemianopsia S/P CVA in left occipital lobe, homonymous thinning on OCT GCC
Aphake with recalcitrant CME
Old CRVO
Diabetic with poorly-controlled blood glucose secondary to taking prednisone for allergies
Severe optic nerve hypoplasia
Outer retinal tubulation from advanced AMD
Pancoast tumor with left arm weakness and Horner's syndrome
Pachychoroid spectrum with active CNV
Traumatic cataract
High anisometropia S/P trabeculectomy/CE
Toxic optic neuropathy
Purtscher's retinopathy
Asymptomatic retinal embolus in a patient with known atrial fibrillation
Idiopathic choroidal folds

Unusual telangiectatic vessels adjacent to left optic disc in 97 y/o
New CNV in a patient previously followed for dry AMD, h/o smoking x 30 years
Parapapillary PEDs, suspected polypoidal choroidal vasculopathy (
60 y/o with mild unilateral disc edema
Optic neuropathy secondary to pituitary tumor
Hollenhorst plaque
Discoid lupus and Sjogern's syndrome on hydroxychloroquine
Optic disc drusen
Parkinson's pt presenting with BP of 66/48mmHg, IOP 3mmHg OD, 4 OS , c/o dizziness, 911 called.
Recurrent bacterial conjunctivitis
Radiation retinopathy
Chronic mid-peripheral hemorrhages OU exacerbated by initiation of ASA + Plavix post-MI
92 y/o with transient vision loss
Severe NPDR, FA ordered
Unexplained unilateral CME
Referral from Neurosurgery for baseline pre-op visual field for patient with pituitary macroadenoma
Referral from Neurology to evaluate for ocular myasthenia; determined to have ptosis secondary to levator dehiscence
H/O anterior uveitis in HLA B27 (+) patient
High myopia secondary to retinopathy of prematurity
Hollenhorst plaque in post-CABGx2 patient
New onset CN III palsy, likely microvascular
H/O rhegmatogenous RD, scleral buckle
Avulsed optic nerve OD S/P gunshot wound to head
Old bilateral orbital blowout fractures with orbital fat herniation evident on MRI head
Myopic schisis in a patient with myotonic dystrophy
Recurrent pituitary adenoma
Occipital lobe meningioma discovered on MRI done to work up tremor, with subtle homonymous visual field defect
Right parietal lobe CVA with homonymous VFD
Full thickness macular hole
New onset CN VI palsy, likely microvascular, in a patient with h/o HTN crisis
Indistinct optic disc margins secondary to vitreo-papillary traction
H/O sarcoid granulomatous dacryocystitis
Conjunctival hemangioma
Incidentally discovered homonymous field loss, multiple risk factors for CVA, stroke workup initiated
Pachyvitelliform dystrophy
Drance hemorrhage in POAG patient who had been lost to follow up
Hollenhorst plaque led to discovery of significant carotid stenosis, pt underwent carotid endarterectomy
Patient with known pituitary macroadenoma concerned about her vision, requesting re-examination
Chronic bilateral episcleritis, extensive workup with Rheumatology, no systemic etiology discovered
Platelet-fibrin plaque S/T OS, found to have multiple infarcts on MRI/MRA and homonymous field loss from temporal lobe CVA

Full thickness macular hole
DME discovered in a glaucoma suspect returning for OCT (RFNL/GCC), to monitor Q2-3 months
Small preretinal hemorrhage superior to ONH, etiology unclear
H/O recurrent HSV uveitis Q4-5 years, previously on maintenance acyclovir, presenting with new recurrence; also has CN VII palsy S/P head trauma.

A review of the demographics of a group of patients seen recently (2023) in the low vision clinic yielded the following:

42% were visually impaired but not legally blind
41% were legally blind
17% had suffered a TBI

Age range for all low vision clinic patients: 21-102
Average age for all low vision clinic patients: 70

Average age of visually impaired and legally blind patients: 76
Age range of visually impaired and legally blind patients: 55-102
Age distribution for visually impaired and legally blind patients:
50-59: 3/50 = 6%
60-69: 12/50 = 24%
70-79: 13/50 = 26%
80-89: 9/50 = 18%
90-100+: = 26%

Average age of TBI patients: 41
Age range of TBI patients: 21-55

Ocular pathology of visually impaired and legally blind patients:
40% had POAG or NTG
22% had wet age-related macular degeneration
20% had undergone one or more glaucoma surgeries (trabeculectomy, tube shunt, shunt revision)
16% had experienced a retinal detachment (rhegmatogenous, exudative, or tractional) in one or both eyes
14% were s/p penetrating keratoplasty, DSEK, or had vision-impairing corneal conditions such as pseudophakic bullous keratopathy, band keratopathy, corneal dystrophy, keratoconus, radial keratotomy
12% had other types of glaucoma (chronic angle closure, pseudoexfoliative, angle recession, mixed mechanism)
10% had epiretinal membrane
10% had retinal dystrophies (retinitis pigmentosa, Stargardt, rod-cone dystrophy)
10% had lid position abnormalities (entropion, ectropion, ptosis)
8% had DME or CME
8% had non-glaucomatous optic nerve disease (NAION, traumatic optic atrophy, post-viral optic neuritis, etc)
6% had dry age-related macular degeneration
6% had experienced a retinal vein occlusion
4% had proliferative diabetic retinopathy

Other interesting ocular diagnoses among the visually impaired/legally blnid patients:
Aphakia
Asteroid hyalosis
Charles Bonnet syndrome
Choroidal rupture
Floppy eyelid syndrome
Full thickness macular hole
Homonymous hemianopsia
Malpositioned AC IOL
Meridional amblyopia
Myopic degeneration
Peripheral retinal breaks
Polypoidal choroidal vasculopathy
Pseudophakia (42% of patients were pseudophakic)
Vitreous hemorrhage

Ocular conditions of TBI patients seen in Low Vision clinic:
90% experienced photosensitivity
50% had accommodative dysfunction
40% had disorders of vergence (convergence insufficiency, vergence infacility, etc.)
20% had oculomotor dysfunction (saccades, pursuits)

Common systemic conditions of patients seen in low vision clinic:
62% had hyperlipidemia
53% had hypertension
42% had psychiatric disorders such as anxiety, depression, bipolar disorder
33% were diabetic
32% had post-traumatic stress disorder
27% had obstructive sleep apnea
27% had gastroesophageal reflux disorder
25% had one or more types of cancer (excluding skin cancer)
18% had vitamin D deficiency
17% had hearing loss
17% were obese
17% had cardiac arrhythmia or a pacemaker
15% were smokers
15% had COPD
13% had coronary artery disease
13% had chronic kidney disease
12% were anemic
12% had suffered a stroke
10% were dependent on alcohol
10% had dementia or cognitive disorder
8% had abnormal gait

A review of the demographics of patients seen in the therapeutic contact lens clinic recently (2023) demonstrated the following:

Gender: 92% M, 8% F
Average age: 58 years
Age range: 29-81

Lens modality:
Soft contact lens 62%
Rigid gas permeable corneal contact lens 33%
Scleral contact lens 5%

Primary reason for therapeutic contact lens (some patients have more than one):
High anisometropia 32%
Keratoconus 20%
Aphakia, bilateral or unilateral 15%
High myopia 12
Spectacle intolerance (e.g., nerve injury following facial trauma) 10%
High hyperopia 8%
s/p penetrating keratoplasty 7%
Corneal scarring 7%
S/P radial keratotomy 3%
traumatic mydriasis 3%
Ear deformity 2%
Pellucid corneal degeneration 2%

Other ocular conditions of TCL patients include:
Dry Age-related macular degeneration
Amaurosis fugax
Amblyopia
Anterior uveitis
Angle recession, steroid-induced, normotensive, and primary open angle glaucomas; glaucoma suspect
Anterior vitreous prolapse
S/P corneal ulcer
S/P corneal cross linking
Corneal neovascularization
Disc collaterals s/p BRVO OS
Dislocated IOL
Dry eyes
Epiretinal membrane, chronic CME, and s/p PPV/membrane peel/endolaser
Epithelial basement membrane dystrophy
Esotropia, s/p strabismus surgery
Paraproteinemic keratopathy
Photosensitivity
Ptosis, ectropion, entropion, floppy eyelid syndrome, and s/p oculoplastics repair of lid position anomalies
S/P penetrating keratoplasty, phototherapeutic keratectomy
S/P glaucoma valve for steroid-induced Glaucoma
Lattice degeneration, periph retinal hole, horseshoe tear, and s/p retinopexy
Migraines
Myopic degeneration
Narrow angles, s/p LPI

Mild nonproliferative diabetic retinopathy
H/O open globe injury
Proliferative vitreoretinopathy
Pseudophakia, cataract, and secondary IOL
S/P retinal detachment (including a case of bilateral retinal detachments, chronic RD), dialysis, and repair (scleral buckle, PPV, cryotherapy, laser)
Retinopathy of prematurity
Trigeminal neuralgia
Zonluar dehiscence

A review of the demographics of recent (2023) Optometry patients at the Community Living Centers and Geriatric (GRECC) Unit found the following:

Average age of GRECC and CLC patients: 76 years
Age range: 38-93 years
Gender: 100% male
Average # of medications per patient: 19
Average # of systemic problems listed per patient: 18

Common ocular diagnoses:
46% had cataracts
42% suffered from dry eyes
34% were pseudophakic
26% had epiretinal membrane
24% had POAG or NTG
10% were glaucoma suspects
6% had age-related macular degeneration
4% had chronic angle closure glaucoma or were S/P LPI

Other noteworthy ocular diagnoses:
Branch retinal artery occlusion
Branch retinal vein occlusion
Central retinal vein occlusion
Central serous chorioretinopathy
Choroidal nevus
Corneal dystrophy
Dermatochalasis
Diabetic macular edema
Ectropion
Hollenhorst plaque
Horner's syndrome
S/P repair of horseshoe retinal tear
Hypertensive retinopathy
Nonproliferative diabetic retinopathy, mild, moderate
Operculated retinal hole, atrophic retinal hole
Pigmentary glaucoma
Posterior capsule opacification
Ptosis; S/P ptosis repair
Quiescent proliferative diabetic retinopathy
Reticular degeneration

S/P selective laser trabeculoplasty
Strabismus
S/P trabeculectomy
Bilateral tractional retinal detachments secondary to proliferative diabetic retinopathy
Traumatic optic atrophy
Trichiasis