Visual problems are a common symptom amongst people with MS. A problem with vision could be caused by a number of factors; it is important not to assume that all difficulties are due to MS. If you develop problems with your vision, speak to your GP or neurologist who may refer you to an optometrist or your neurologist for further diagnosis, consultation and advice.

There are generally three main types of visual disturbances in MS, however there are also several minor ones as well. The three main types are Optic neuritis, Nystagmus (blurring of vision) and Diplopia (double vision).

Some people may also experience temporary blurring of vision, temporary loss of vision, pain with eye movement, blind spots and double vision.

Often a vision problem is the first symptom of MS. Optic neuritis is the most common of the symptoms associated with MS.

**Optic Neuritis**

Optic neuritis (ON) is inflammation of the optic nerve, the nerve that transmits visual information to the brain. It is a variable condition in which vision can be severely or moderately affected. It can either affect one only or both eyes concurrently or at different times and is usually reversible, with spontaneous recovery occurring in some cases.

Some of the symptoms of optic neuritis are:
- Blurring of vision
- Eye pain
- Reduced colour vision
- Visual flashing

An attack of ON is sometimes accompanied by pain on moving the eyes. An attack usually subsides and vision should return to normal within 6 weeks. However if the nerve fibres are damaged by demyelination and attacks are recurrent, this may lead to permanent loss of visual acuity (acuteness or clearness of vision).
The most common form of treatment for ON is a course of intravenous steroids. This has been shown to speed up recovery and reduce inflammation.

**Nystagmus (involuntary eye movements)**

Nystagmus is a condition in which the eyes move involuntarily. The movement is usually horizontal but it can also be vertical or rotary. In almost all cases, both eyes move together.

More often than not the person with MS is unaware that this is happening but it is clearly seen by a doctor or optician. To others it resembles the eye movements of someone looking at the scenery from the window of a moving vehicle.

If the nystagmus continues for a period of time it can cause dizziness and nausea and loss of balance.

Although nystagmus is quite a common symptom, it can be a difficult symptom to treat. If it interferes enough with daily life then drug therapy can help and very recently the use of a muscle relaxant injection (Botox) into the eye muscles has been shown to be effective. (The effects of this only last 3-4 months and require injection into the ocular muscles under general anaesthesia). Apart from immunomodulating drugs and steroids there are no other treatments for nystagmus.

**Diplopia (double vision)**

This can be a very early symptom of MS without people realising it. It is caused when the pair of muscles that control a particular eye movement become weak. The muscles then become uncoordinated. This disturbs vision by producing images in double. It may also cause loss of balance because spatial orientation is disturbed. The sudden onset of double vision, poor contrast, eye pain or heavy blurring can be frightening.

Fortunately, the prognosis for recovery from many vision problems associated with MS is good. It is re-assuring to remember that double vision is temporary. It can be increased by fatigue or over usage of the eyes. For example too much time spent on a computer or reading for a length of time. Resting the eyes periodically throughout the day can be beneficial.

There are a few ways in which
people deal with double vision. In some cases an optician may prescribe glasses with prisms to help realign the image. Some people find simply wearing a patch helps to block out one of the images. This is not recommended for long periods but useful for driving and performing short tasks. A number of people have tried acupuncture for relief of vision problems and found it to be quite helpful. This is obviously not a cure as with any other complementary or alternative therapy but can help relieve the symptom to a degree.

**Low vision**

Low vision refers to a vision loss that is severe enough to impede performance of vocational, recreational and/or social tasks, but still allows some visual discrimination. Low vision cannot be corrected to normal vision by regular eye-glasses, lenses or spectacles. The majority of people who are legally blind are included within the low vision classification. ‘Legally blind’ is a term used by government to define the conditions for which a person is eligible for benefits and services provided for vision impaired people. A person who cannot see at six metres what a normally sighted person can see at 60 metres, or has a field of vision ten degrees or less in total (a normal field of vision is 180 degrees), is considered legally blind. 95% of people who are legally blind people have some useful vision. If your eye specialist tells you that you can be registered as legally blind, this does not necessarily mean you will lose all your sight – it means your eyesight has fallen below certain levels. Being registered may entitle you to a range of services, such as an assessment of your practical needs in the home and/or workplace and access to various gadgets, technology and assistive equipment. Low vision services provide help for people with serious sight loss. Help comes in a variety of forms, with services varying depending on where you live. Low vision services may be located in hospital eye departments, in optometrists’ practices and voluntary organisations. If you experience any ongoing visual disturbances it is always best to contact your GP or MS Nurse.
If you are interested in more information
The Society has more information sheets included in the Symptoms Series as well as a Managing MS and a Healthy Living series. Please see the website for more details.

References

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http://www.mssociety.org.uk/support_and_services/free_publications/ms_essentials_05.html

National MS Society US

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