

The Ageing Eye: Charles Bonnet syndrome

Key information

This document summarises some key points from DOCET's 'The Ageing Eye: Charles Bonnet syndrome' programme for your reference. It does not constitute formal guidance and does not supersede College of Optometrists or other formal guidance.

Remember: you are strongly advised to familiarise yourself with any local protocols that may be in operation where you practice, and to follow them.

What is Charles Bonnet syndrome?

- Visual hallucinations occurring in the context of vision loss.
- Commonly reported forms of hallucination include:
 - Dots, flashes, squiggles and lines
 - Distorted, grotesque faces
 - Small figures with elaborate costumes
 - Strings of text or letters with no meaning
 - Vehicles

Frequency and triggers

- Can occur with any ophthalmological condition
- Linked to sensory deprivation
- Key risk factor: acuity of 6/36 or less
- Could demonstrate brain plasticity
- Hallucinations could be a sign of adaption to visual loss
- Onset may occur with physical illness
- Often urinary tract or chest infection
- Some medications increase risk:
 - Particularly anti-muscarinic or anti-cholinergic drugs
 - Some long-term eye drops may also increase risk
- Sudden loss of unilateral vision may trigger hallucinations
- Hallucinations tend to start within weeks or months of visual loss
- Initially frequent, may occur every hour or continuously
- Over time they reduce in frequency and become shorter
- 75% patients still have hallucinations 5 years later
- Cannot reassure patients it will go away in a short time period
- Most hallucinations last seconds or minutes, but can be longer
- Over time, episodes may become shorter

Who is affected?

- Can occur at any age but is more common in the elderly
- Commonest cause is AMD
- The number of people with Charles Bonnet syndrome is unknown
- Often people don't admit to experiencing hallucinations
- Current estimate is that between 50,000 and 250,000 people in the UK have Charles Bonnet syndrome

How to recognise it

- People may be frightened to reveal the symptom
- There is a huge stigma surrounding mental illness
- 50-60% of people thought they were developing a mental illness or early dementia
- A study found that only 1/3 of people told anyone about their hallucinations
- There is a fear of what others will think of them
- People may only reveal it if they are asked in a sensitive way about the symptom

Raising it with patients

- Mention that some people with visual loss see things that aren't there
- Emphasise the normality of the experience
- Explain that it is not linked to any other mental illness
- Introduce Charles Bonnet syndrome in the context of visual loss

Other types of visual hallucinations

- Charles Bonnet syndrome involves visual experiences with no associated sound, smell or touch
- A strange theory or belief system about the hallucination indicates delusions (rather than CBS)
- Be aware of other causes of visual hallucinations
- Be informed about the overall medical history
- Seek permission to write to GP if appropriate
- Ensure someone else is aware of potential diagnoses

Impact on the patient

- About 1/3 of people find that hallucinations interfere with day-to-day visual abilities
- Can interfere with activities such as watching TV and make patients feel distressed
- Hallucinations can affect functional tasks
- Mobility can be affected
- May lead to loss of confidence
- 1/3 of people have negative outcome Charles Bonnet syndrome
- 1/3 of people feel neutral towards the hallucinations
- 1/3 of people find the experience positive
- The hallucinations may be reminder of normal vision
- Role of optometrist is to identify those patients in which Charles Bonnet syndrome is a problem

Tips and tricks to stop hallucinations

- Eye movements may activate the brain and stop a hallucination
- Eye exercises may help such as moving eyes left and right
- Eye exercises can stop hallucinations in 50-60% of patients
- Hallucinations tend to occur when in a quiet restful state
- Activities such as standing or making a cup of coffee can stop a hallucination as it is occurring
- Changing ambient lighting may also help

Patient management

- Main problem is the fear of developing a mental illness
- Experiences may be distressing in themselves
- Distress is enhanced when already trying to adapt to recent vision loss
- Identify those who are distressed and refer them to further help
- Current lack of evidence as to how to treat hallucinations
- Information about Charles Bonnet syndrome is the mainstay of current treatment
- Reassure the patient that it is a normal phenomenon and a normal consequence of visual loss