

Symptoms

Vision

- **How can multiple sclerosis affect my vision?**
- **What should I do if I experience vision issues?**
- **What else can I do to manage these symptoms?**
- **General information and assistance**

Visual problems are often the first symptoms associated with multiple sclerosis. More than half of people living with multiple sclerosis will experience at least one issue with vision. Identifying this and seeking early treatment is key. With the right information and support, vision issues can be managed effectively to maintain a healthy and active lifestyle.

How can multiple sclerosis affect my vision?

There are three types of visual symptoms in multiple sclerosis:

1 Optic neuritis

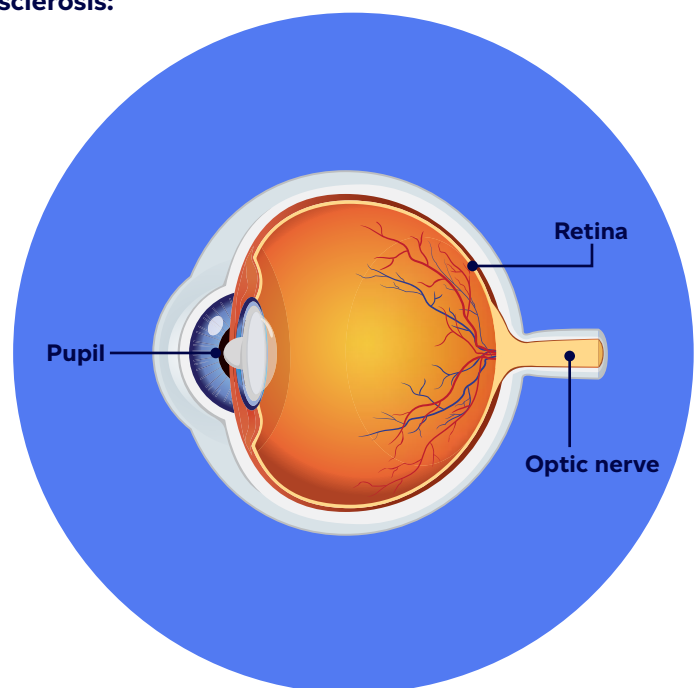
Optic neuritis is common in multiple sclerosis and can occur more than once.

It is caused by inflammation or demyelination (damage to myelin – the nerve covering) of the optic nerve, which transmits the image (message) from the retina (thin tissue layer behind the eye) to the brain.

This often causes blind spots or areas of poor vision surrounded by an area of normal vision. Colour vision can also be severely affected (colours, in particular red, may appear faded). Frequently there is pain, particularly during eye movement, such as looking sideways. The visual loss associated with optic neuritis is often in one eye only. It occurs suddenly, is progressive and usually reaches its peak after about two weeks before symptoms start to improve.

The effects of optic neuritis – e.g. visual disturbance (sometimes blurring) and pain behind the eyeball – are often the first symptoms experienced by people living with multiple sclerosis. Like multiple sclerosis itself, optic neuritis normally affects people aged between 20 and 40, and women more than men.

Also recognised as a condition on its own, not everyone who experiences optic neuritis goes on to develop further symptoms of multiple sclerosis, but many do.



2 Double vision

Our eyes are like two cameras and should take the same image. Double vision (also known as diplopia) can occur in multiple sclerosis when the nerve pathways that control eye movements are damaged. The vision in each eye is usually normal but the nerve damage means that the eyes are not aligned properly. As such, vision messages from each eye are uncoordinated and you experience a false double image and sometimes, loss of balance.

3 Nystagmus

Nystagmus is the involuntary movement of the eyes – from side to side, up and down or in a rotary manner. This sometimes goes unnoticed by the person living with multiple sclerosis but can be clearly seen by an observer. If more persistent, nystagmus may contribute to dizziness, nausea and impaired balance.

What should I do if I experience vision issues?

If you feel eye pain, notice that colours appear to have faded, experience double or blurred vision or visual field defects (part of your vision is missing in different areas of your visual field), or seem to have 'blind spots', talk to your GP or MS nurse, or ask to be referred to the appropriate specialist.

An eye assessment can determine how much inflammation is present and inform your doctor whether treatment will speed up the recovery of your vision.

What else can I do to manage these symptoms?

Treatments

1 Optic neuritis

Optic neuritis is usually transient and associated with good recovery, which takes four to six weeks. In the majority of people living with multiple sclerosis, eyesight can return to normal without treatment. Depending on severity, optic neuritis is sometimes treated with steroids, which aim to reduce the inflammation and speed up recovery.

2 Double vision

If you experience double vision as part of a relapse, it will often recover, partially or fully – often on its own. Steroid treatment can help speed up the rate of recovery. To reduce the impact of double vision you can use a patch over one eye to block out

one of the images. Temporary stick-on Fresnel prisms can be worn on your glasses to adjust the way light enters your eye to help realign the two images.

If you have long-lasting double vision, discuss other treatment options with your medical team, such as botulinum toxin or surgery, which adjust the muscles that control vision to restore the symmetry of your eye position.

3 Nystagmus

Nystagmus can be a difficult symptom to treat, so discuss with your doctor. Occasionally drug therapy may be suggested.

General information and assistance

- Your GP should be the first contact for any new and/or persistent vision concerns. MS nurses and vision advisers can also help you to manage these symptoms on an ongoing basis.
- Contact your state MS organisation (details below) to access services such as MS nurses, peer support and other resources.
- Speak to your neurologist and other healthcare providers about the best approach to treatment management for your individual circumstances.
- **Vision Australia**
1300 84 74 66
www.visionaustralia.org
Useful products such as talking books and provides financial and benefits advice for eligible people, including those with low vision.
- **Independent Living Centres Australia**
1300 885 886
www.ilcaustralia.org.au
Information about products and services to help people remain independent and improve their quality of life.
- **Carers Australia**
1800 242 636
www.carersaustralia.com.au
Information and advice to carers, their friends and families about carer support and services.
- **Moneysmart**
1800 007 007
www.moneysmart.gov.au
Federal Government agency provides financial advice, including debt help options, during stressful life events with a free Financial Counselling Helpline.
- **National Debt Helpline**
1800 007 007
www.ndh.org.au
Some utility and other services offer payment extensions or consider a local welfare service for help with payments.

State MS organisations

MS Plus (Victoria, NSW, ACT and Tasmania)



1800 042 138
connect@msplus.org.au
www.msplus.org.au

MS Society SA & NT (South Australia and NT)



1800 812 311
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MSWA (Western Australia)



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