Abstract

The number of blind and partially sighted persons in Germany is growing. Increasing social cost and human suffering are related. Measures to counteract this development (e.g. prevention, rehabilitation) are needed. This work gives an overview of the social cost of visual impairment; rehabilitation efforts and needs for eye diseases are considered. MATERIALS AND METHODS: Data from several sources have been analysed in regard to social cost of blindness and rehabilitation efforts for eye diseases: e.g. from the Bavarian and Federal statistical agencies (number of blind and partially sighted), form the German veterans administrations (number of early retired) etc. The results relate to the former Federal Republic of Germany before unification; data from the five new states are not yet available. RESULTS: 1. social cost: The funds needed for blindness compensation payments increased steadily; new figures from Bavaria indicate that in Germany a total of 1,000,000 DM is needed. As a trend the yearly rise over the last 10 years was 6% in Bavaria. Indirect social cost ist caused by early retirement of blind or visually handicapped people; yearly 1% (2000 cases) of all early retirement is due to eye diseases. 2. rehabilitation efforts: For the annual incidence of blind and partially sighted--an estimated 17,000 blind and 50,000 partially sighted--only 12,000 rehabilitation measures are provided in Germany. For the age group over 65 years (which makes up to 60% of all visually impaired) only 800 rehabilitation measures are being completed yearly. In the ophthalmology sector the provision of low vision aids to visually handicapped people is incomplete. A maximum of 60% of all practising ophthalmologists in Bavaria provide this service. On the basis of own data (and from the medical service of medical assistance insurances) it is obvious that 20-50% of the prescribed low vision aids do not fit the requirements of the visually handicapped. In general too high a magnification is prescribed. CONCLUSIONS: More visual rehabilitation services are needed to cope with the growing demand, especially for low vision aids. A prerequisite for a higher coverage with low vision aids is a better reimbursement of the prescribing ophthalmologist by medical assistance insurances.