

Think globally

Sleuthing needed to solve cases of adult-onset diplopia

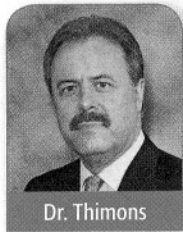
By Ron Rajecki

Reviewed by J. James Thimons, OD, FAAO

New York—The great fictional detective Sherlock Holmes believed that once you have eliminated the impossible, whatever remains—however unlikely it may be—must be the answer.

Optometrists would do well to keep those words in mind and be prepared to do some sleuthing of their own when it comes to adult-onset diplopia, said J. James Thimons, OD, FAAO, here at International Vision Expo East.

According to Dr. Thimons, who is medical director, Ophthalmic Consultants of Connecticut, Fairfield, CT, adult-onset diplopia is one of the more common areas of clinical practice as far as neuro-ophthalmic patients go. Both the presentation and the diagnosis can be complex, or conversely fairly simple, he said, but even the most challenging cases should not be beyond the skill of a well-trained clinical practitioner to diagnose.



Dr. Thimons

The eventual diagnosis can often come from good observation on the part of the clinician. By recognizing effects (or lack thereof) on a patient's cognitive and motor skills, an optometrist may decide to pursue a more aggressive examination. Be a good observer of the person who's in the chair, Dr. Thimons said, as opposed to examining just the small subset of the ocular findings.

"In patients with possible masquerading syndromes such as the neurodegenerative diseases, Alzheimer's or Parkinson's, or the atypical extraocular muscle function problem, patients with possible systemic concerns such as multiple sclerosis, myasthenia gravis, or thyroid eye disease. Everything is potentially important: every element of history and every nuance of the physical examination need to be viewed from a global perspective," Dr. Thimons said.

Couple the comprehensive analysis with a complete ophthalmic and neuro-ophthalmic examination and at the end of that process you can begin to answer the questions the patient presents with. Just be prepared to find more than one answer.

"In the binocular dysfunction group, it's frequently the case that there is more than one problem that needs to be addressed in order to solve the global complaint of the patient," Dr. Thimons said. "At least half of my patients who come in with a complaint that involves binocular vision don't have a single reason for their diplopia, but instead have multiple reasons, and they end up getting answered one at a time."

According to Dr. Thimons, clinicians must "work backward" with these patients to eliminate potential causes of the diplopia, then base their diagnosis on the potential causes that remain.

"You use all the tools that are available to you as a clinician to work your way through the process," he said.

In many instances, lab testing and imaging such as MRI/CT need to be done to rule out causes such as diabetes, inflammatory/infectious disease, tumors, lesions, and vascular insufficiency syndromes. Dr. Thimons noted that MRI, with contrast enhancement, can be a valuable tool to assess the presence or absence of cortically based disease.

Finding a colleague in your area who spe-

cializes in binocular vision dysfunction is another important element in treating these patients, according to Dr. Thimons.

"Depending on your diagnosis, you will often need appropriate subspecialty care to complete the process for [patients with] binocular dysfunction," he said. "The majority of that care comes from colleagues in optometry who are dedicated binocular vision specialists. Those specialists are valuable assets to the comprehensive practitioner, because they can provide the kind of vision training that will treat the vast majority of issues that are not organic in nature."

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Most important, however, is to know that you can step up and help these patients.

"Optometrists should welcome the opportunity to work with these patients as opposed to being uncomfortable with them," Dr. Thimons said. "Our profession is evolving, and our clinical skill sets are growing. Optometrists who embrace these patients expand the professional horizon for all of us." **OP**

Take-Home Message

Adult-onset diplopia can be a sign of an underlying neurological disorder, or it may have a simpler cause. Diagnosis of these patients is well within the skill set of a dedicated optometrist if the practitioner is prepared to think globally, and not just look at the ocular findings.

"What I see is when diplopia walks in, the patient walks out, because many doctors aren't comfortable working in that space," Dr. Thimons said. "A good primary care optometrist has the skill set to . . . assess the problem [competently]. There's basically no one other than a neuro-ophthalmologist who has more training than an optometrist on the role of the extra-ocular muscles and diplopia, as well as the binocular system and the effect of refraction and visual function on visual performance. It's a good place for us to be."

The evaluation of patients with diplopia must include a comprehensive, system-wide analysis of function. Start with a thorough history, including personal behavior, pharmaceutical use, recreational drug use, changes in lifestyles, and changes in behavior.

"Listen to your patients, and they will tell you their disease," Dr. Thimons said.

FYI

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