Choices

Visual symptoms

Read me...
Visual symptoms

Visual symptoms are common amongst people with multiple sclerosis (MS).

There are three main visual symptoms in MS: optic neuritis, nystagmus and diplopia (double vision). Some people also experience temporary blurring of vision, temporary loss of vision, pain with eye movement and blind spots.

Visual problems are often the first symptoms associated with multiple sclerosis (1).

‘Accepting that it can take time to focus. Just sit down relax and wait. A cold flannel across the eyes helps me.’

‘I keep things in their place so I know where they are. Wear sunglasses, have large print letters sent.’

Optic neuritis

Optic neuritis is a common symptom in MS. It is caused by inflammation or demyelination to the optic nerve at the back of the eye, which transmits the signals from the visual image from the eye to the brain (1).

Optic neuritis causes a disturbance in vision – sometimes blurring, and often a reduction in colour vision, particularly for the colour red. Optic neuritis can also cause a headache, or a pain behind the eye when the eye moves (2).

Visual flashing sensations can be present and over half of those affected by optic neuritis will experience Uhthoff’s sign – in which symptoms worsen with heat or exhaustion.

Optic neuritis is a variable condition where vision can be moderately to severely affected. It usually occurs in one eye, but can occur in both eyes at the same time (2).

Optic neuritis starts suddenly and progresses for a few weeks before recovery happens spontaneously. Treatment with steroids may be advised by your MS nurse to help reduce inflammation and hopefully help speed up recovery (2).

If the optic nerve is damaged by demyelination a permanent loss of visual acuity (acuteness or clearness of vision), may be experienced.

‘Meditate and relax.’

‘I use magnifying glasses for close up work and always try to have a magnifying glass in my pocket if I’m out in order to read menu’s etc.’
Nystagmus

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. There are two main types of nystagmus, one which appears in the first months of life which is called congenital nystagmus and another which develops later in life which is usually called acquired nystagmus.

More often than not a person with MS will have acquired nystagmus and although they may be unaware of these involuntary movements, they may notice movement themselves in a mirror or by others who notice this. Nystagmus will be diagnosed by an ophthalmologist who will examine the inside of your eyes and test your vision (3).

Although acquired nystagmus is quite a common symptom, treatment of this condition is limited at present. Drug therapy with gabapentin or memantine may help (4). Botulinum toxin injections have also been shown to help some people with the acquired form of nystagmus associated with MS (5).

‘Stay cool and get adequate rest.’

Diplopia

Diplopia, or double vision, can be a very early symptom of MS. It is caused when the pair of muscles that control a particular eye movement are weakened. The muscles then become uncoordinated and this disturbs the vision by producing images in double. It may also cause loss of balance because spatial orientation, that ability of a person to correctly determine his/her body position in space, is disturbed. Double vision is usually temporary. It can occur through fatigue or over usage of the eyes. For example, too much time spent on a computer or reading for a long time. Resting the eyes periodically throughout the day can be beneficial (6).

If you experience double vision, talk to your GP or MS nurse about a referral to an ophthalmologist.

‘Prism in glasses for double vision, rest eyes from screens when necessary.’

Nutrition, supplements and eye health

The key vitamins for eye health are the antioxidants – vitamins A, C and E, lutein and zeaxanthin. These support eye health and are all found in fruits and vegetables. Lutein is found in mango, yellow peppers and green leafy vegetables, such as kale, chard, broccoli and cavolo nero. Zeaxanthin is found in orange sweet
peppers, citrus fruits such as oranges and tangerines, broccoli, corn, spinach and eggs. These types of food also provide vitamins A, C and E. If you have a healthy diet with a good balance of fruit and vegetables, then you will get all the vitamins you need from your food, although you can choose to supplement these vitamins (7).

Vitamin D

Vitamin D is important for a healthy immune system, brain development and function and the cardiovascular system (heart and blood vessels). Vitamin D helps the body to absorb calcium and phosphorus – the building blocks for strong bones.

A study, looking at the effect of vitamin D in recovery from acute episodes of optic neuritis in people with MS found a link between the severity of optic neuritis and vitamin D levels. People with higher levels of vitamin D had less severe episodes of optic neuritis. However there was no association with high vitamin D levels and a faster recovery from optic neuritis (8).

Further information

RNIB – Royal National Institute of the Blind
105 Judd Street
London
WC1H 9NE
Helpline: 0303 123 9999 - Monday to Friday 8.45am-5.30pm
www.rnib.org.uk

The Nystagmus Network
A website packed with information about nystagmus, including personal experiences.
Call 029 2045 4242 or 0845 634 2630 open most weekdays 9am-5pm.
Email info@nystagmusnet.org
www.nystagmusnet.org

For more detailed information on Uhthoff’s sign, see our Choices leaflet about symptoms.

For further information on Vitamin D, see our Choices leaflet about Vitamin D.
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How we create our Choices leaflets

MS-UK believes we must listen to the voices of people affected by multiple sclerosis to shape the information and support we provide. It is these people that bring us perspectives that no one else can give.

For every Choices leaflet we produce, MS-UK consults the wider MS community to gather feedback, and uses this to inform content. All of our Choices leaflets are then reviewed by the MS-UK Virtual Insight Panel before they are published.

Thank you to everyone affected by MS who made this leaflet possible.

Sources


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