



Durham
University

Electronic Tools for the Assessment and Rehabilitation of Post- Stroke Visual Impairments

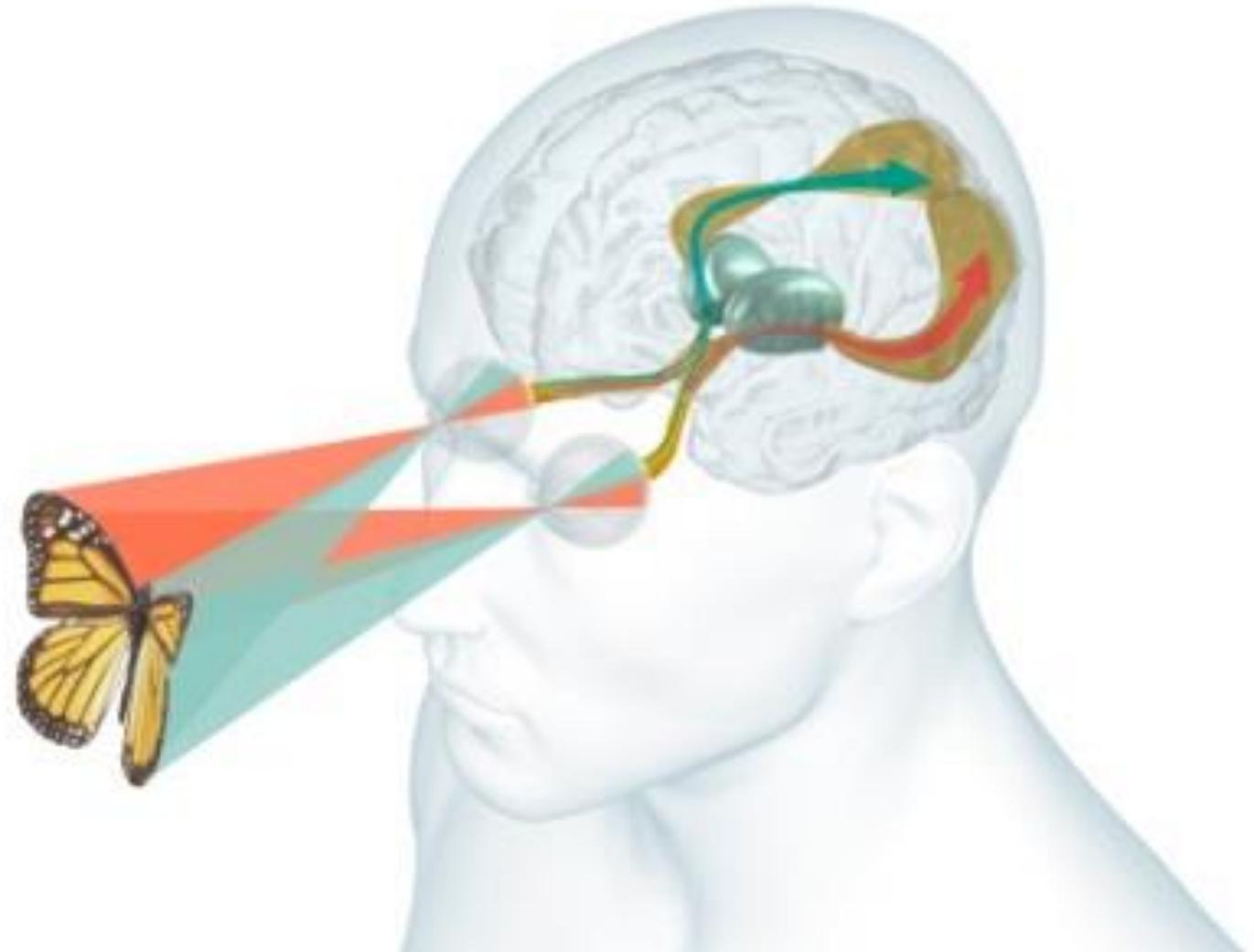
Dr Kathleen Vancleef

Dr Alison Lane

What is visual perception?

How we see:

Signals travel from your eyes to the back of the brain.



What is visual perception?

The signals don't mean anything to you while it travels.

Only when the message arrives, you can start trying to understand it.

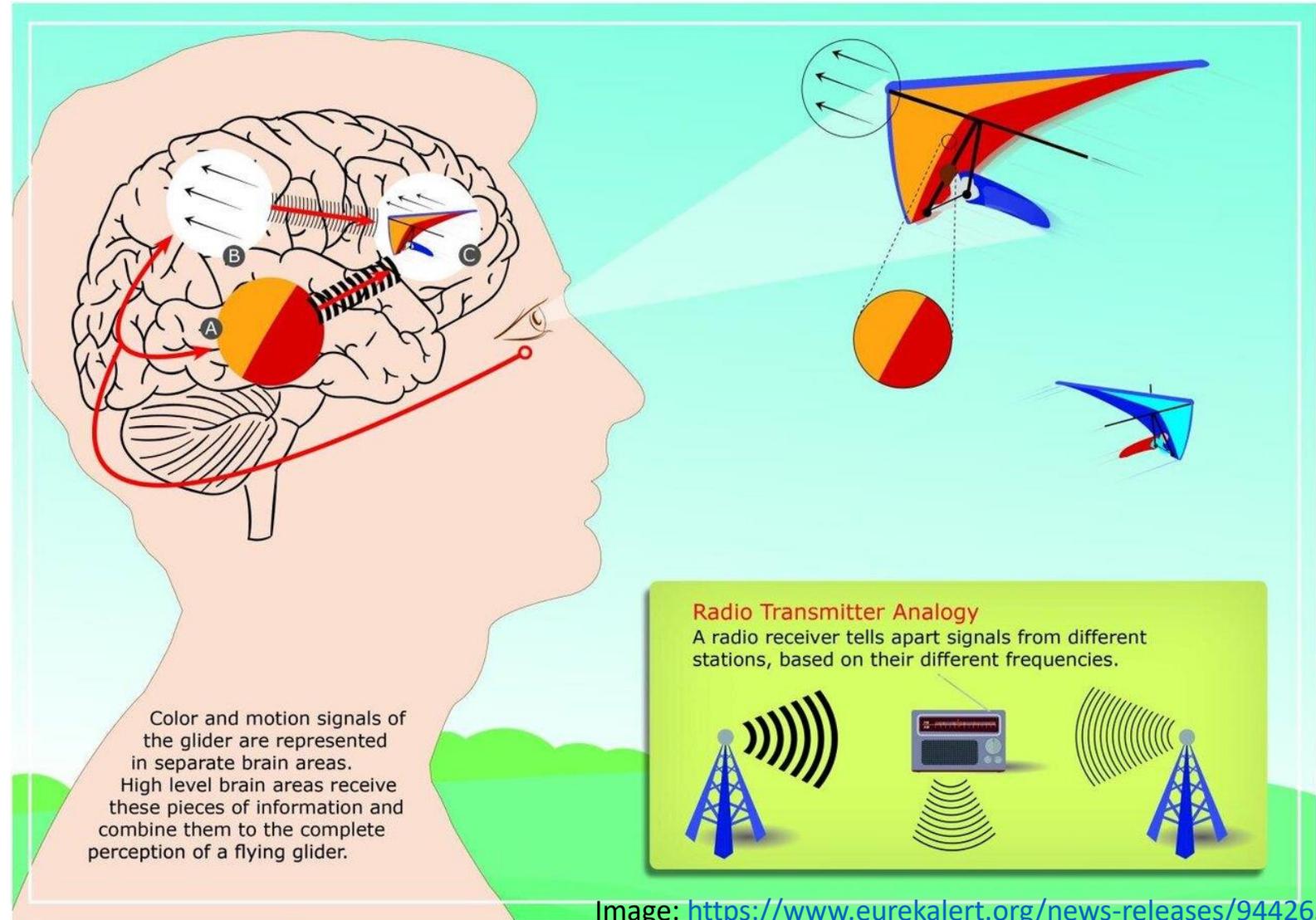


shutterstock.com · 611511482



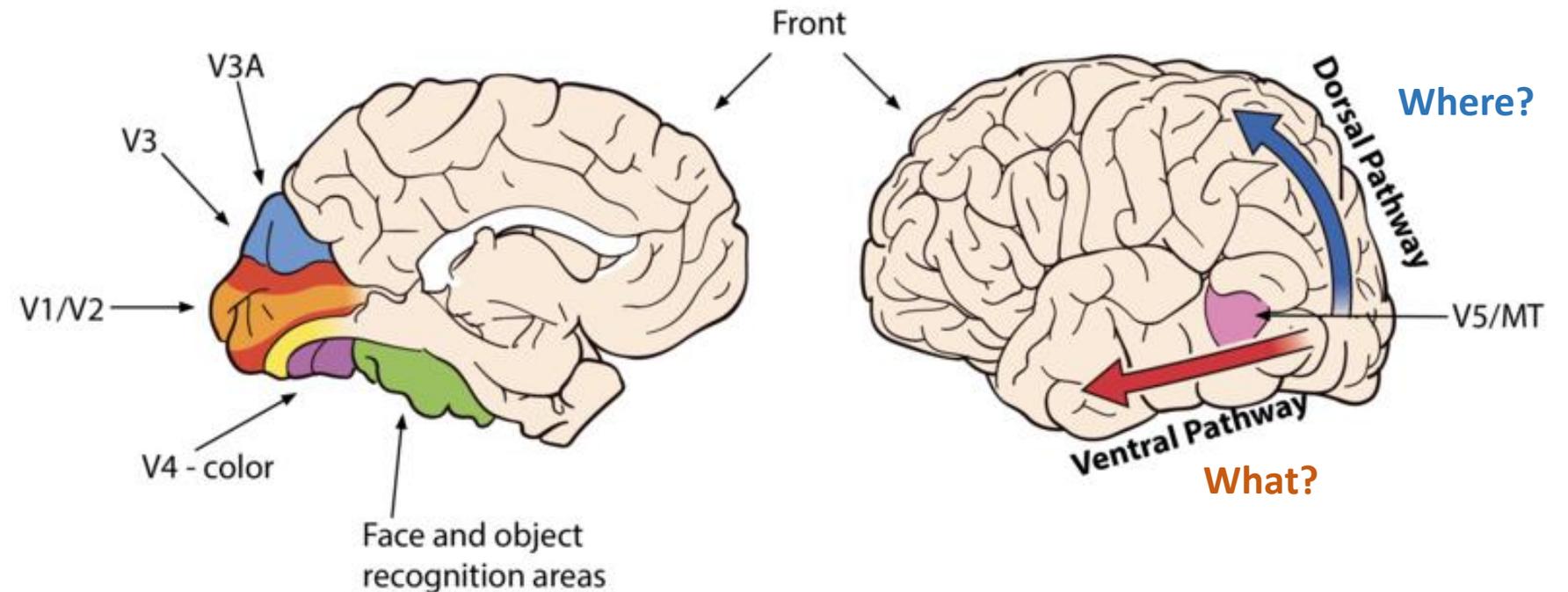
What is visual perception?

Visual perception are the processes in your brain that help you understand the message coming from your eyes.



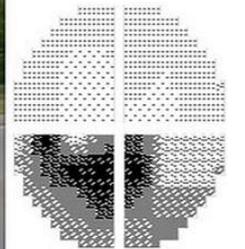
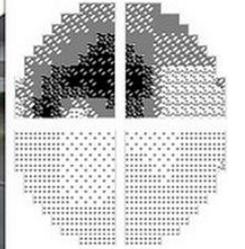
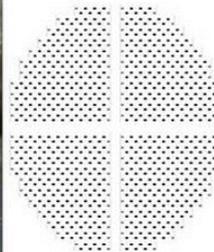
What kind of processes?

Motion
Colour
Shapes
Faces
Objects



Visual perception problems after brain injury

- Visual field



Visual perception problems after brain injury

- Motion blindness



Visual perception problems after brain injury

- Blindsight

Navigating Blind

Suspecting patient TN might exhibit blindsight, researchers, including Lawrence Weiskrantz (shown with TN), asked him to walk down a cluttered hallway, telling him it was empty. TN avoided all the obstacles, even though he remained unaware of them and of his meandering path.



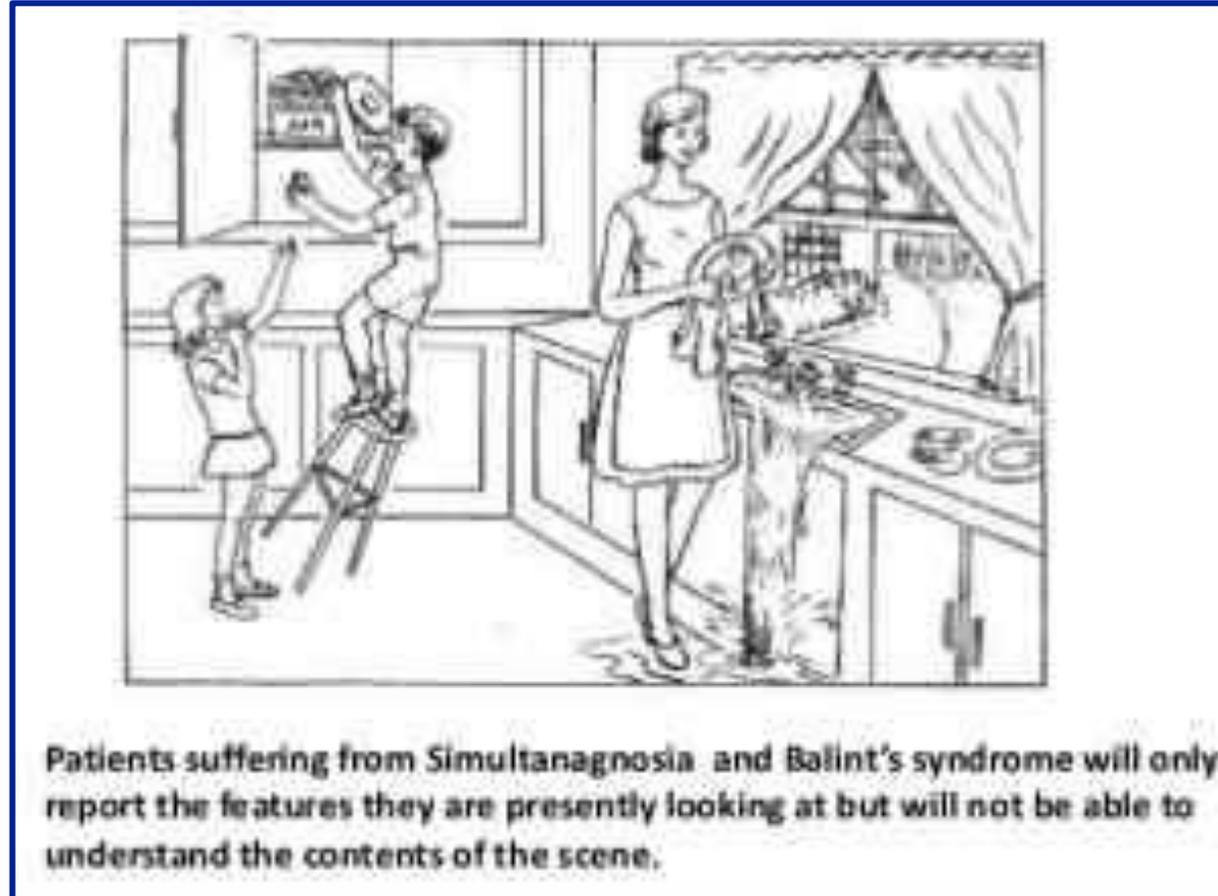
Visual perception problems after brain injury

- Colour blindness



Visual perception problems after brain injury

- Simultan-agnosia



Visual perception problems after brain injury

- Object agnosia



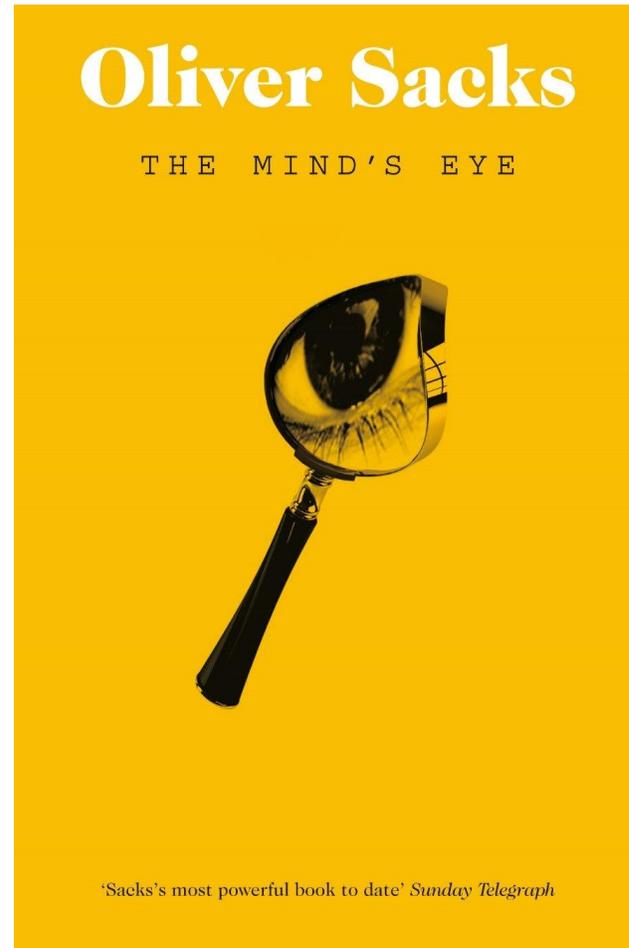
Visual perception problems after brain injury

- Face blindness



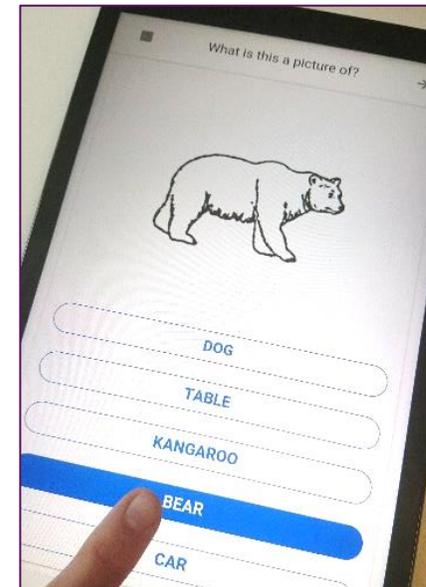
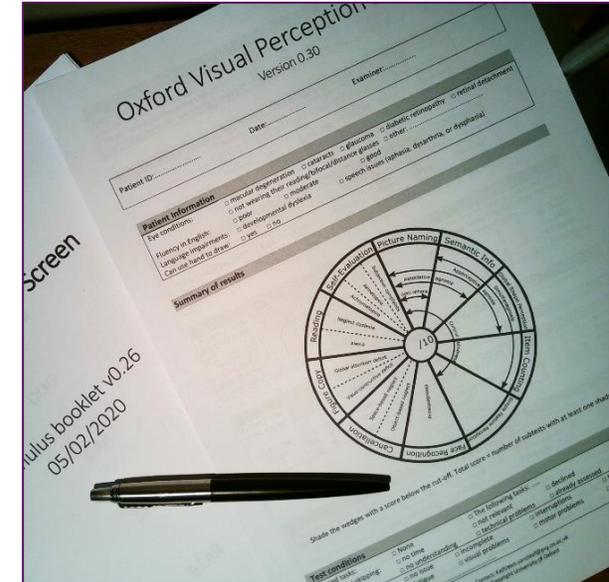
Visual perception problems after brain injury

- Word blindness

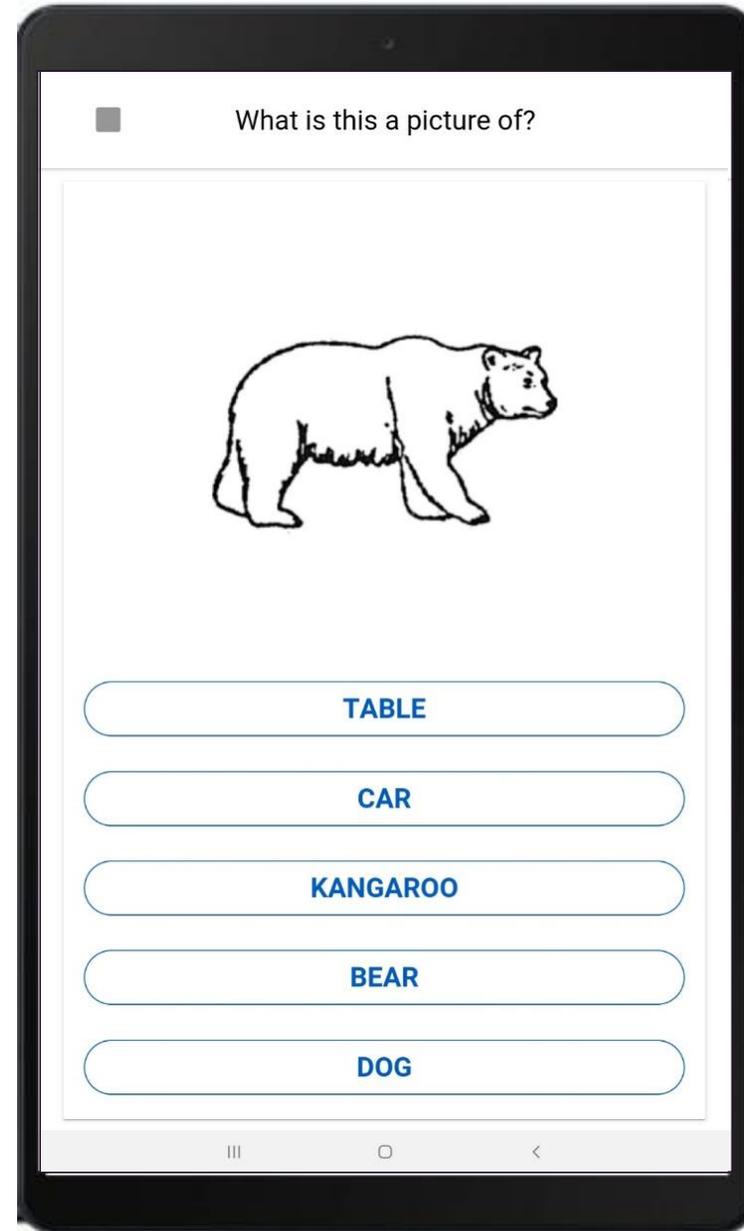


Oxford Visual Perception Screen

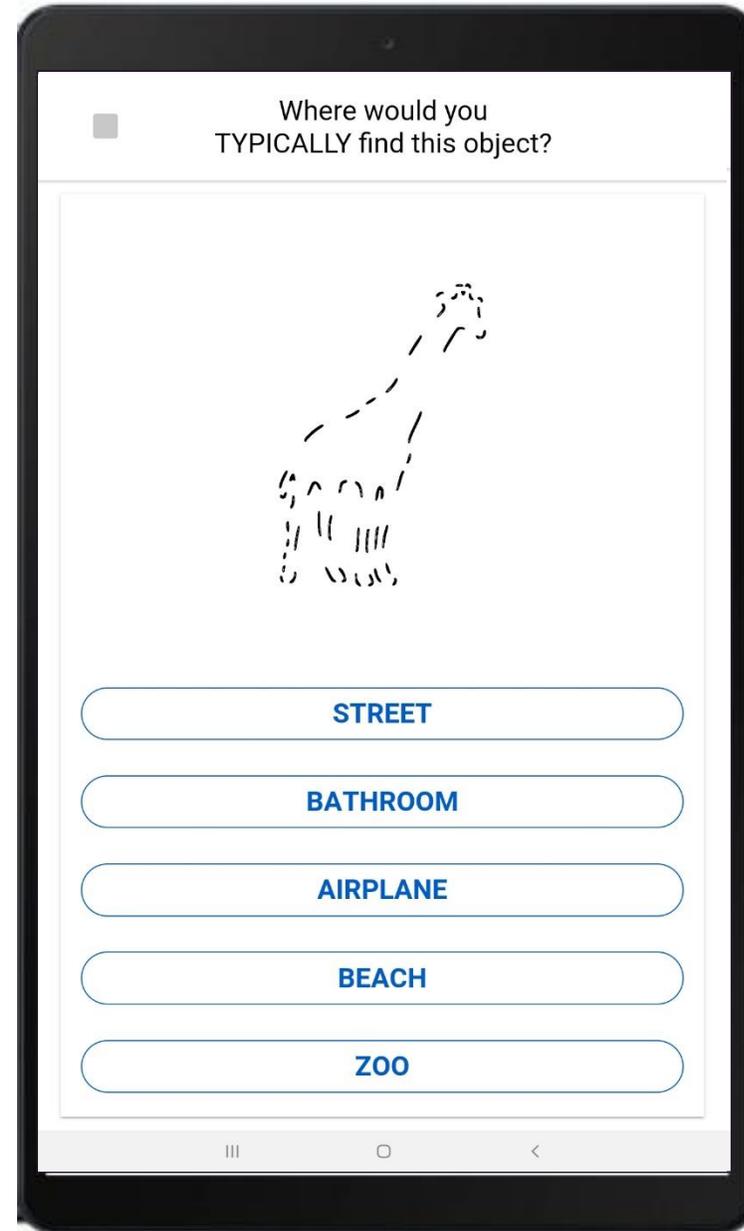
- 10 - 15 minutes
- Screening not diagnosis
- Developed with feedback from stroke survivors



Solution: Fast and easy to use screening test

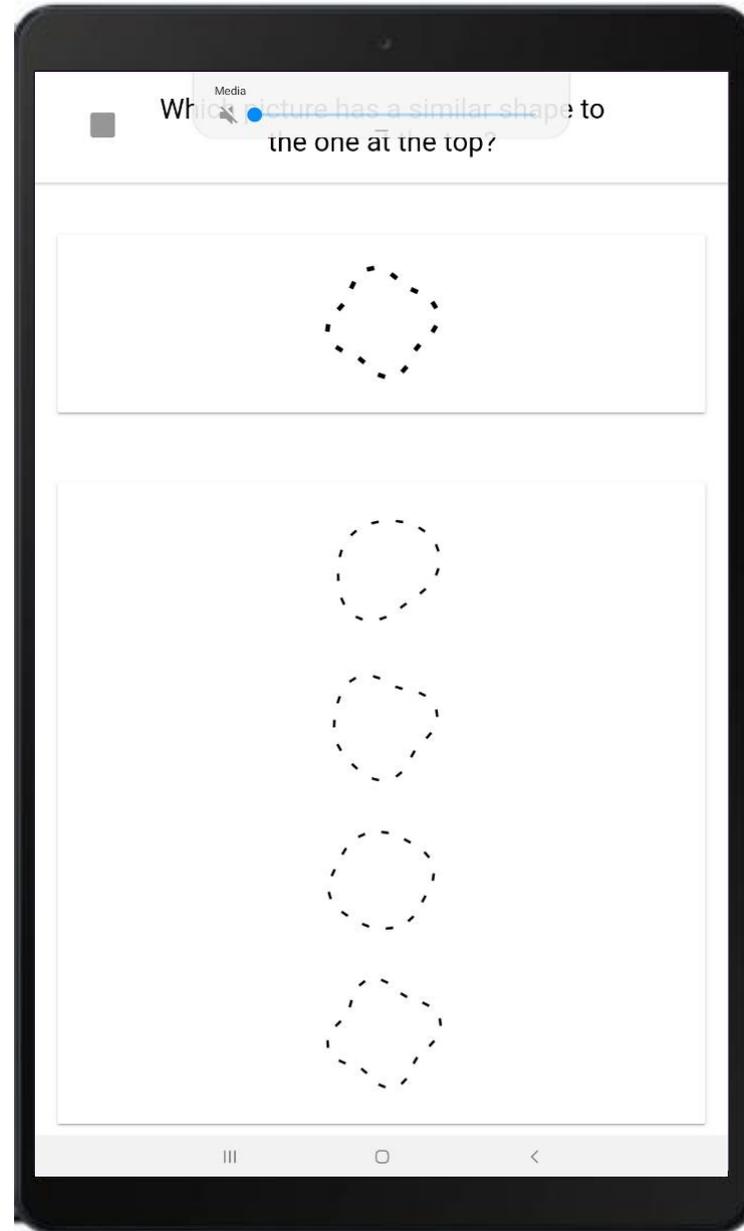


Solution: Fast and easy to use screening test

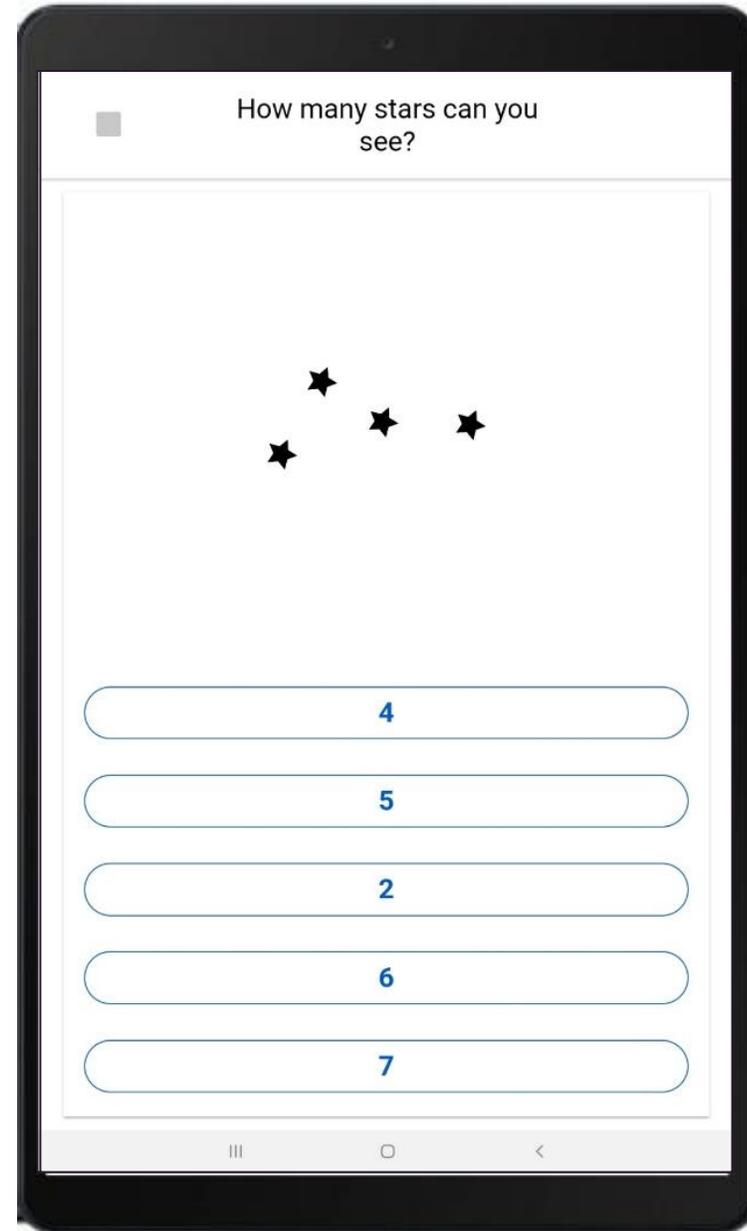


Solution: Fast and easy to use screening test

UNPUBLISHED WORK
DO NOT COPY OR
DISTRIBUTE

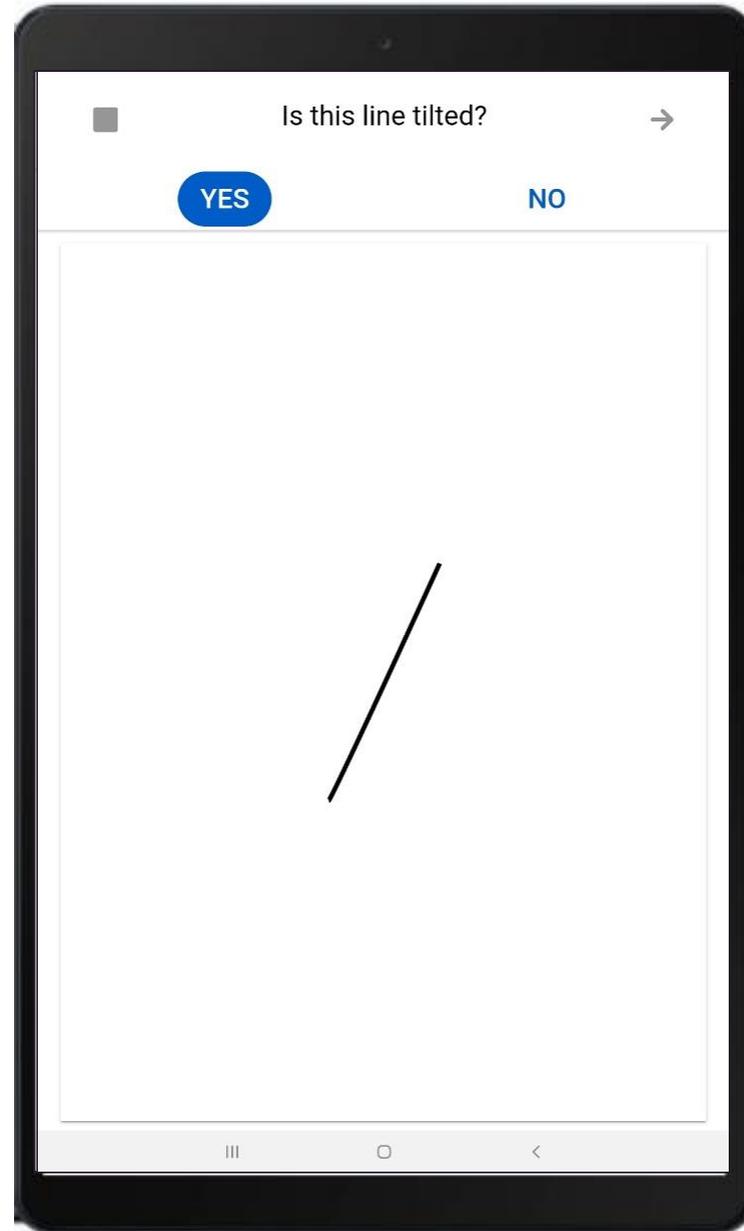


Solution: Fast and easy to use screening test



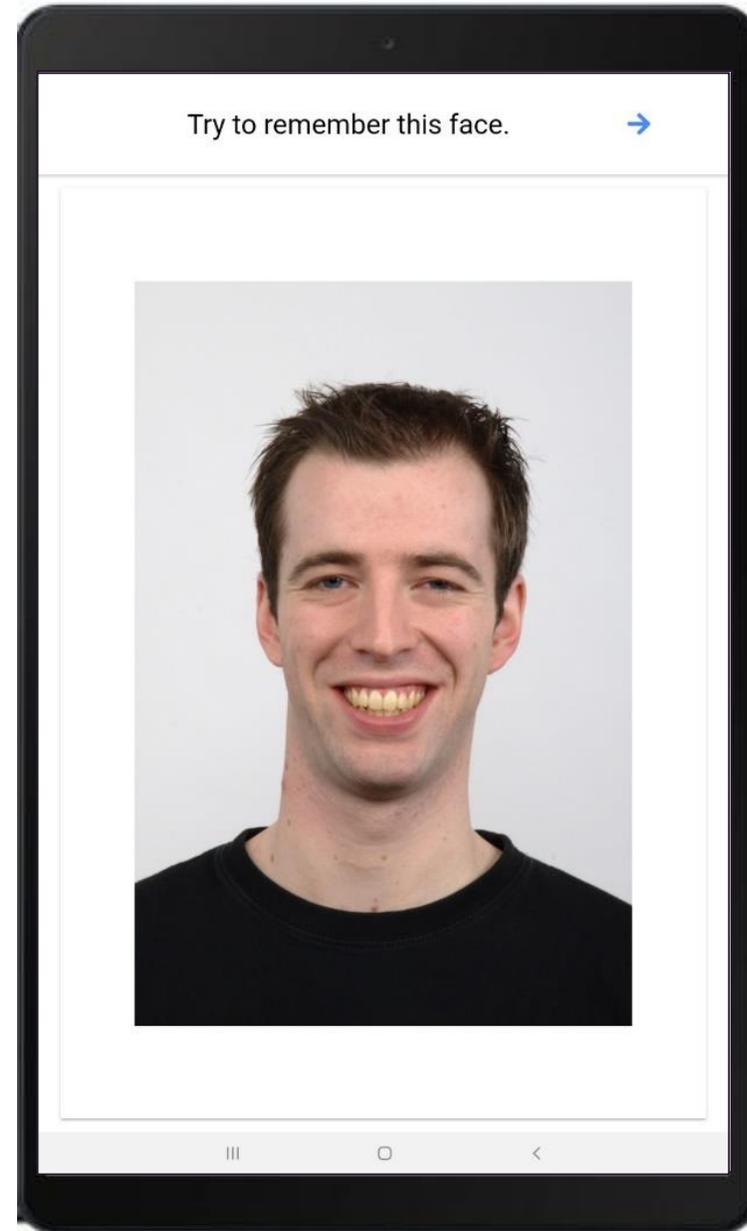
Solution: Fast and easy to use screening test

UNPUBLISHED WORK
DO NOT COPY OR
DISTRIBUTE



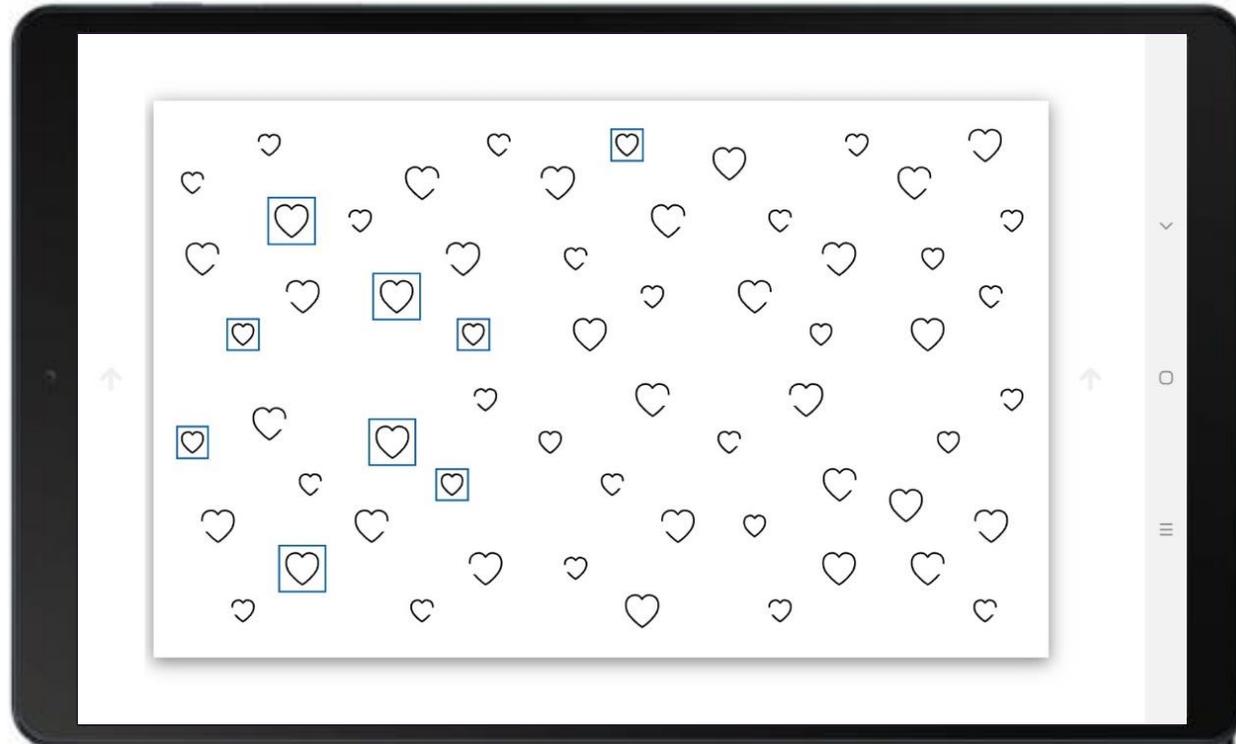
Solution: Fast and easy to use screening test

UNPUBLISHED WORK
DO NOT COPY OR
DISTRIBUTE



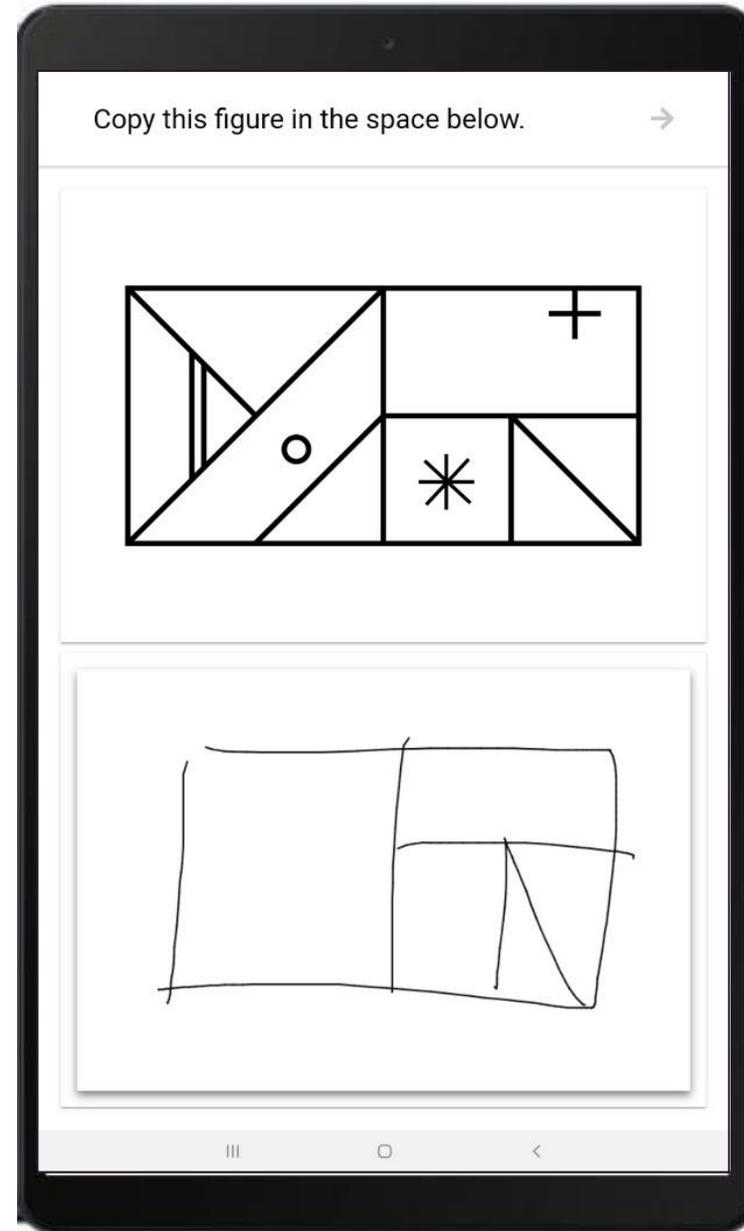
Solution: Fast and easy to use screening test

UNPUBLISHED WORK
DO NOT COPY OR
DISTRIBUTE

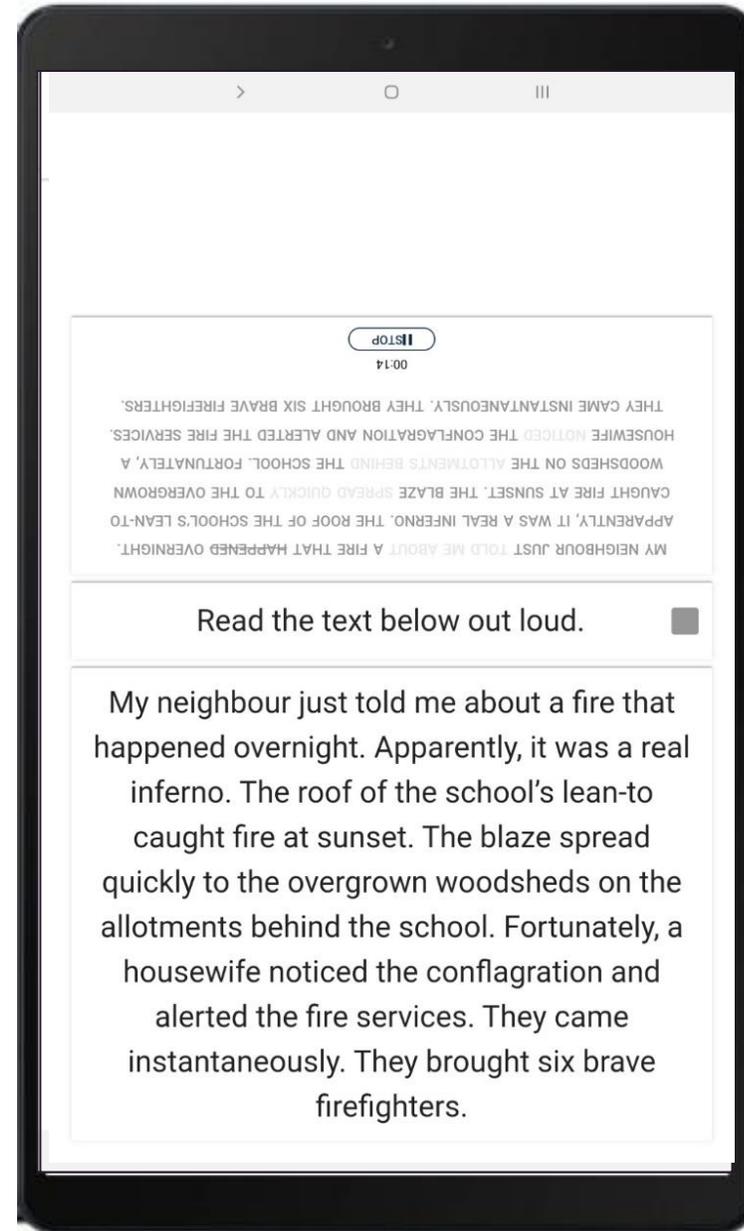


Solution: Fast and easy to use screening test

UNPUBLISHED WORK
DO NOT COPY OR
DISTRIBUTE

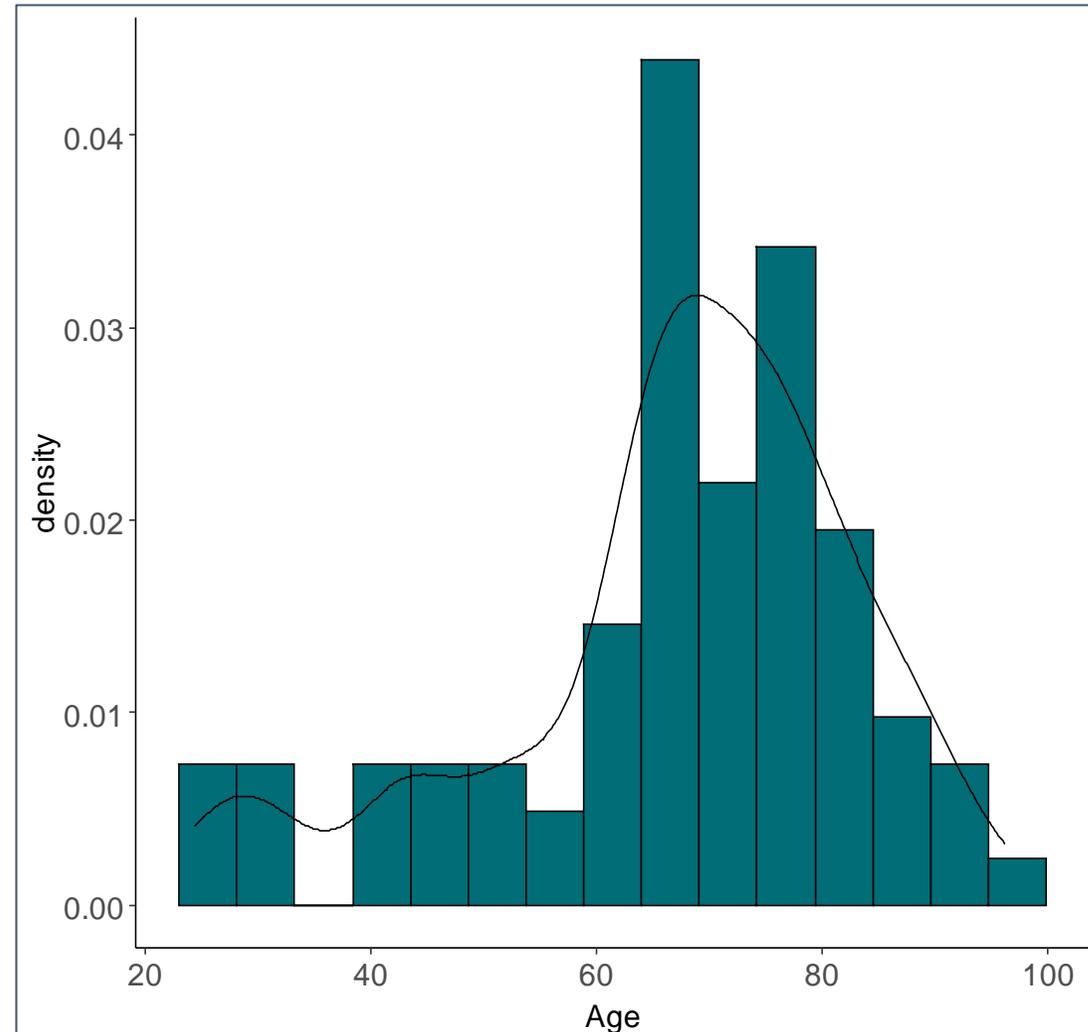


Solution: Fast and easy to use screening test



What is a normal score?

80 healthy volunteers
Mostly online data collection
53 women, 27 men
Average age = 67 yrs



Does it really measure visual perception?

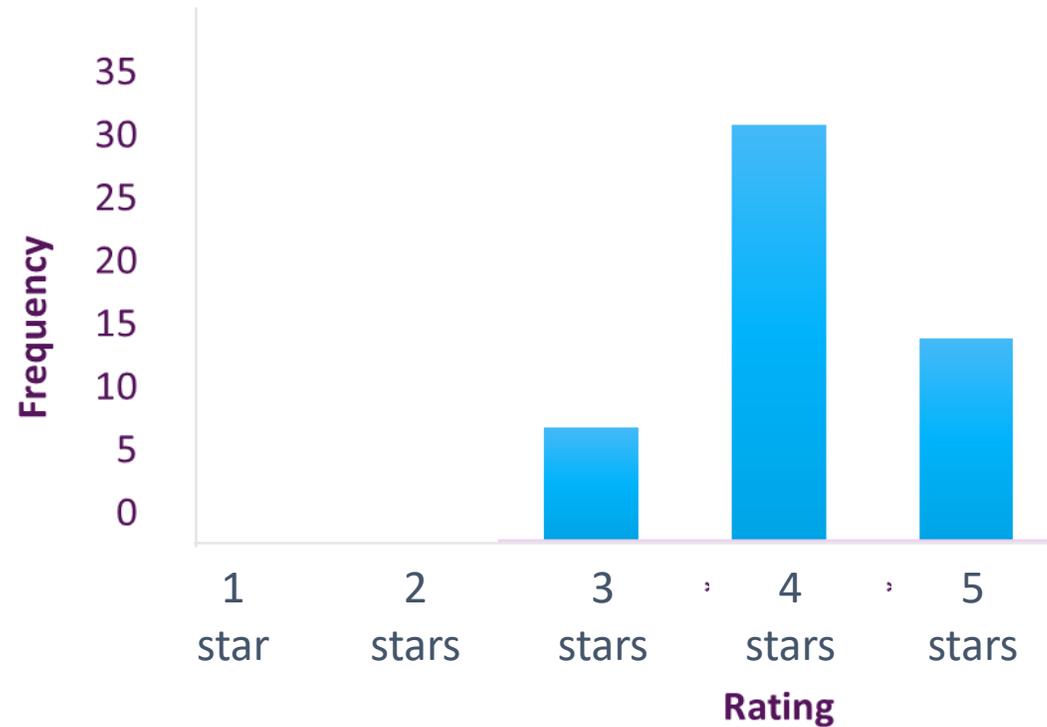
Compares to a gold standard test,
OxVPS

- Picks up 85% of patients with visual perception problems
- Correctly categorises 95% of patients without such problems

Picks up subtle problems

Self-report: 20%
My test: 75%

What do clinicians think of it?



Would you use it?

Yes: 100%
No: 0%

Thanks to



Michael Colwell

Federica Guazzo

Xiatong Ding

Sam Webb



Philip Clatworthy

Olivia Hewitt

Mihaela Dutta

Thibaut Lestang

Fergus Cooper



Nele Demeyere

Future plans

Version 2.0

Diagnostic accuracy

Rehabilitation advice

Available in ~ 3 years time



SUPPORTED BY

NIHR | National Institute
for Health Research



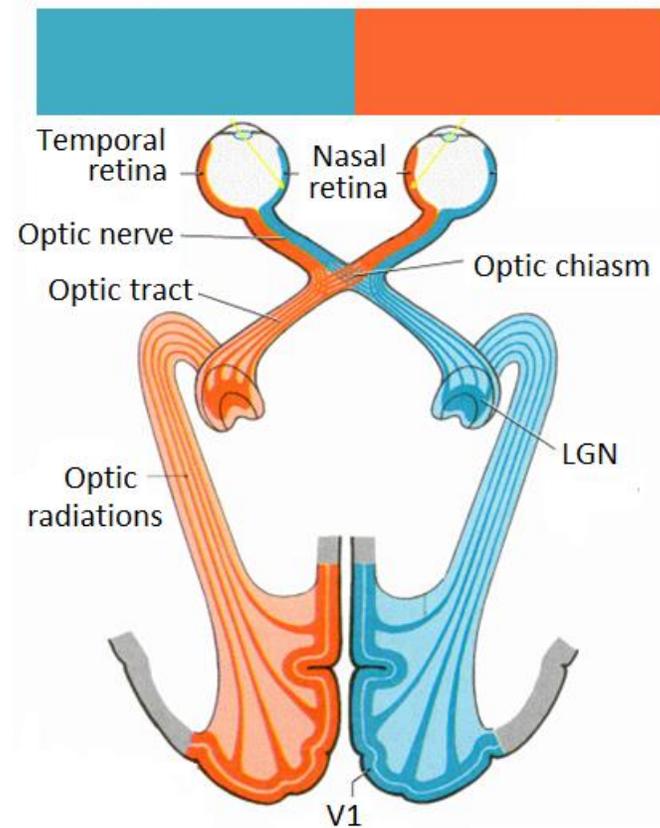
Durham
University

Electronic Tools for the Assessment and Rehabilitation of Post- Stroke Visual Impairments

Dr Kathleen Vancleef

Dr Alison Lane

Visual Field Defects



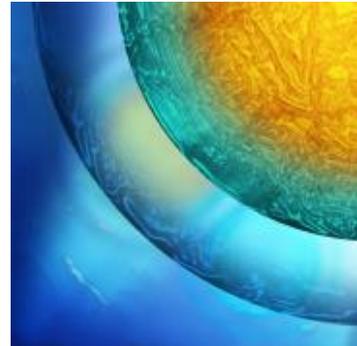
Up to 25% of stroke survivors can develop visual field loss (*Rowe et al., 2013*)

Problems:

reading, navigation, shopping,
crossing the street, etc.



social and emotional functioning

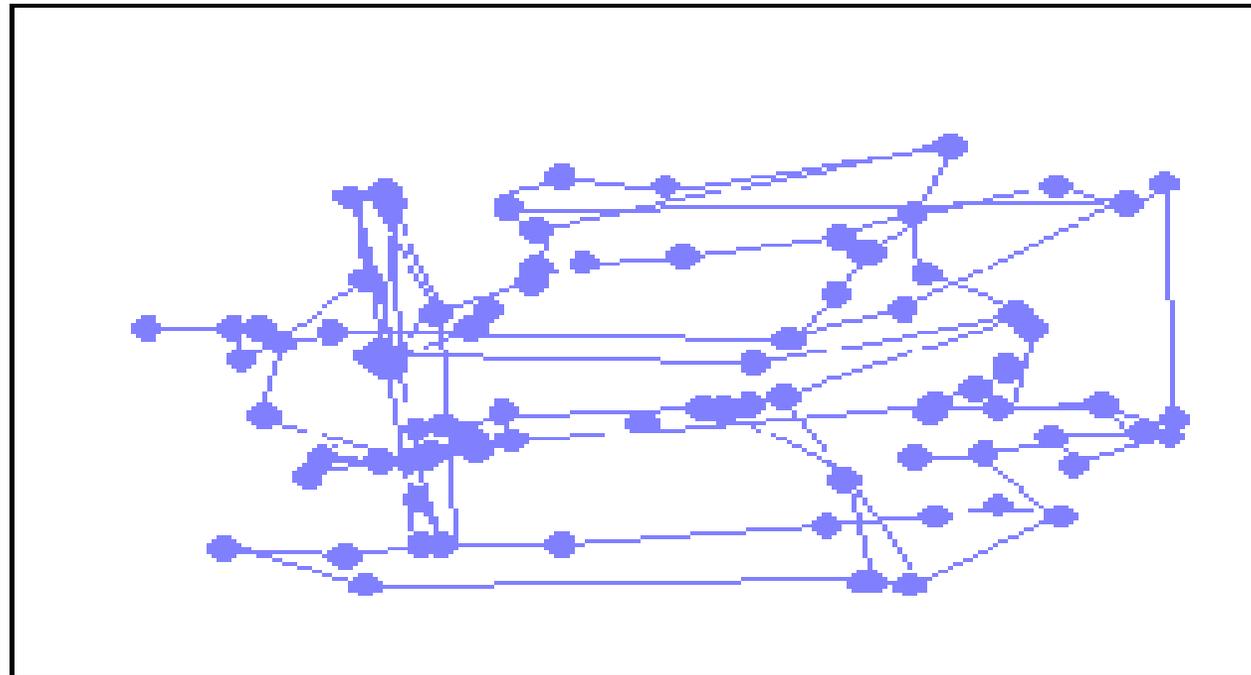


Limited spontaneous restitution (*Kasten et al., 1999*)

The maximal period of spontaneous recovery is typically three months (*Zhang et al., 2006*)

Patients may try to adapt to their visual loss.

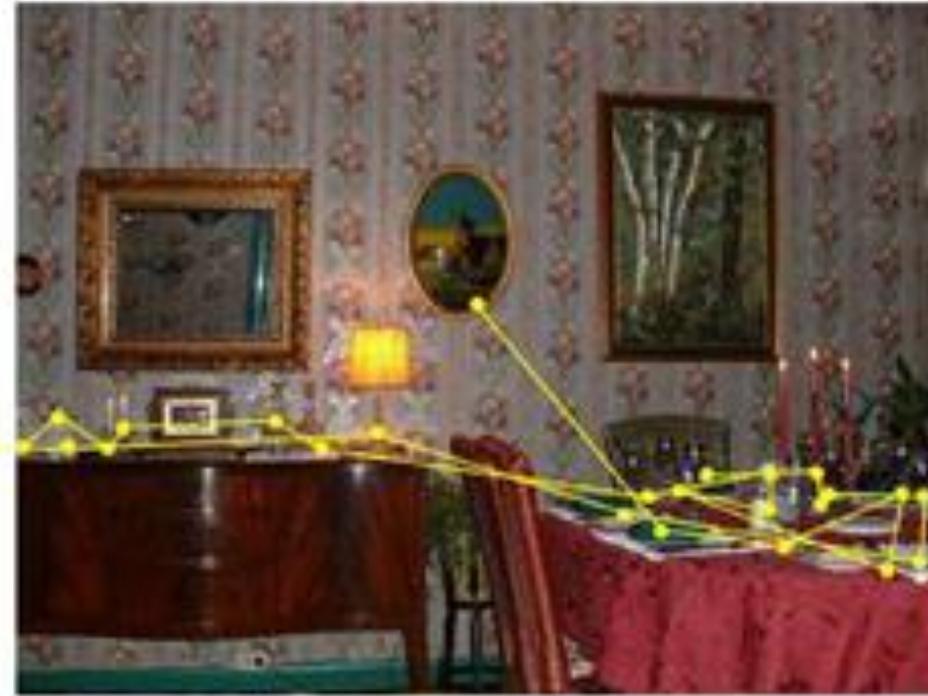
BUT many patients' eye-movements are still disorganised 14 months after onset (*Kerkhoff, 1999*)



Treatment

A good systematic treatment for hemianopia is not widely available within the NHS

Aim of compensatory training is to improve the efficiency of eye-movements for exploration of the visual scene



Previous studies have demonstrated significant search improvements following saccadic training (*Kerkhoff et al., 1994; Pambakian et al., 2004*)

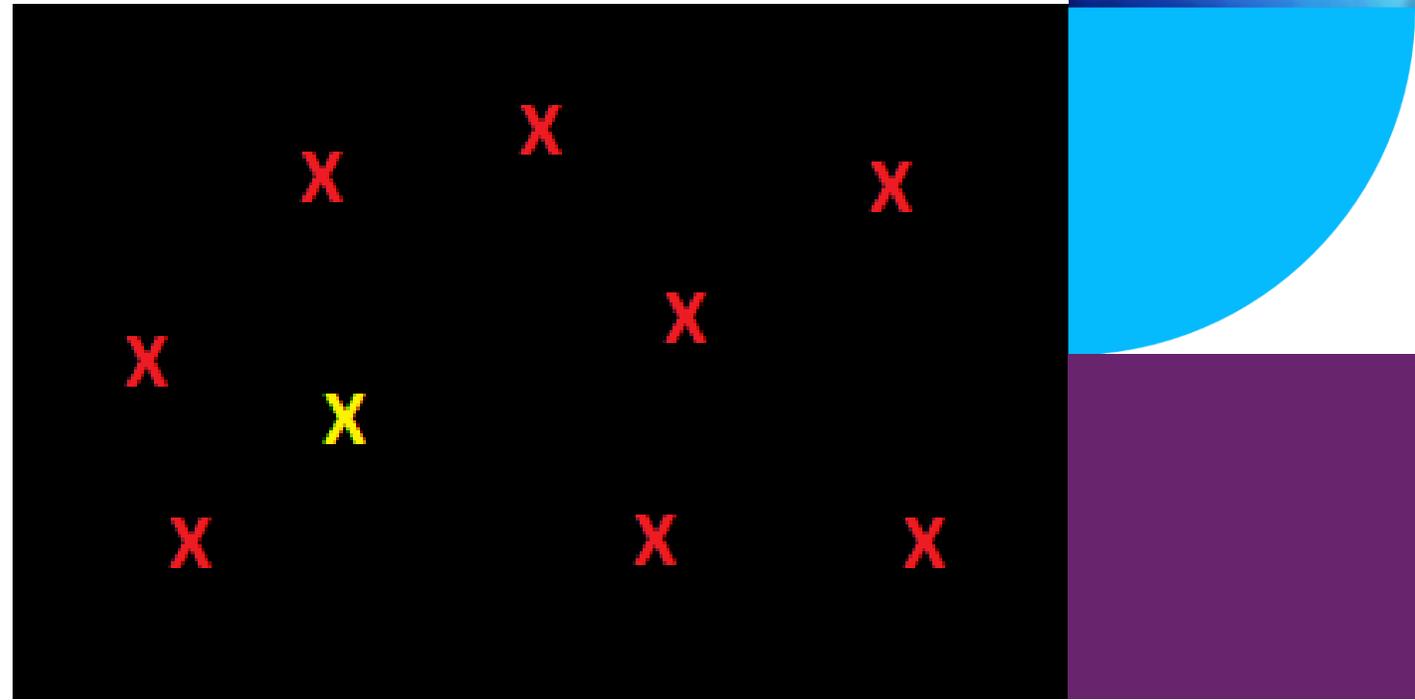
Post-training increase in mean saccadic amplitude and reduced length of the scan-path (*Zihl, 1995*)

Improvements can be maintained for at least 22 months (*Kerkhoff et al., 1992*)

The Evolution of DREX

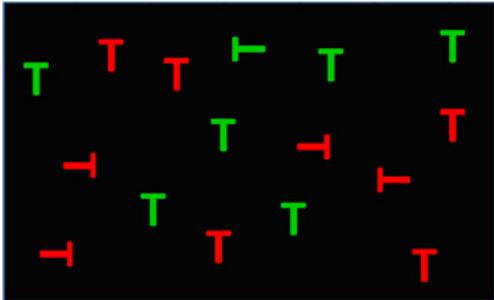
Lane et al. (2010) *Brain*, 133, 1717-1728

- Exploration training

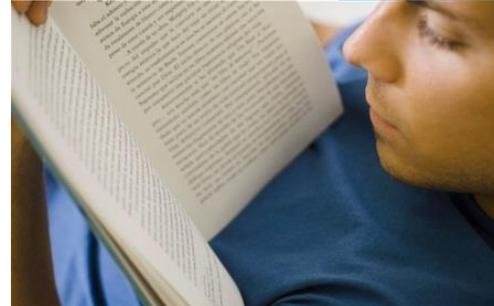


BUT:

- Specificity of training benefits



Exploration
Reading



- Costs associated with training



Aimola, Lane et al. (2015) *Neurorehabilitation and Neural Repair*, 28, 207-218

Self-adjusting computer-based visual training allowing users to train independently

Incorporates tasks to improve both visual exploration and reading



carrot

carrod

larrot

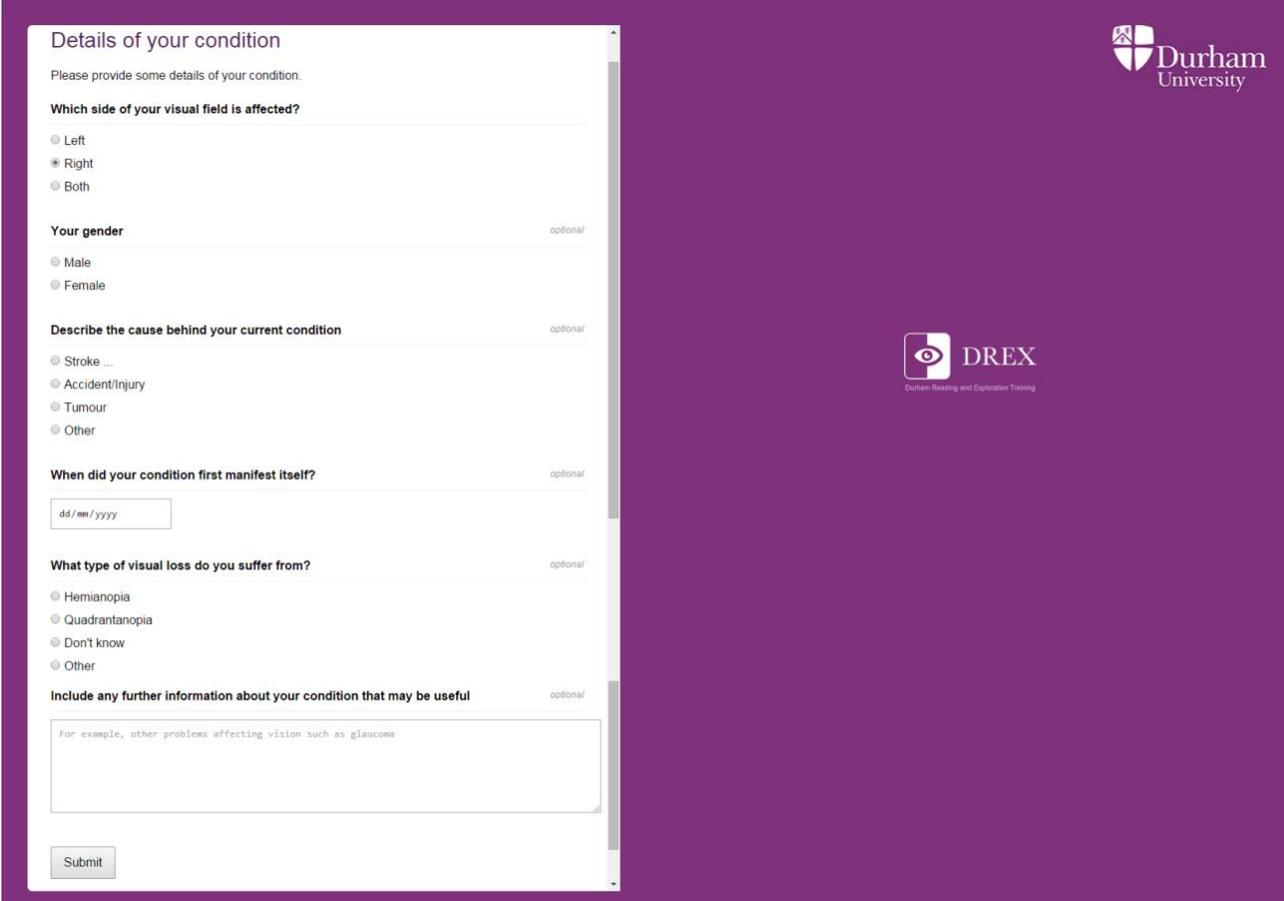


BUT:

Issues surrounding ease of access
and implementation

Durham Reading and Exploration (DREX) Training App

www.durham.ac.uk/drex



The screenshot shows a registration form titled "Details of your condition" on a purple background. The form includes several sections with radio button options and a text input field. The "DREX" logo is visible in the bottom right of the form area.

Details of your condition
Please provide some details of your condition.

Which side of your visual field is affected?

- Left
- Right
- Both

Your gender optional

- Male
- Female

Describe the cause behind your current condition optional

- Stroke ...
- Accident/Injury
- Tumour
- Other

When did your condition first manifest itself? optional

What type of visual loss do you suffer from? optional

- Hemianopia
- Quadrantanopia
- Don't know
- Other

Include any further information about your condition that may be useful optional




Key features:

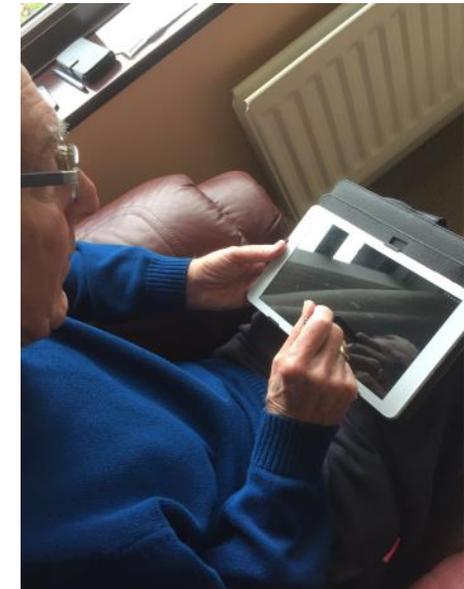
Multiplatform



Free

No permanent internet access required

Touch screen



Application Settings

How many training exercises do you want to complete in each sitting?

30 (3 mins)

60 (6 mins)

90 (9 mins)

Adjust the touch duration to improve sensitivity when touching the screen

Normal

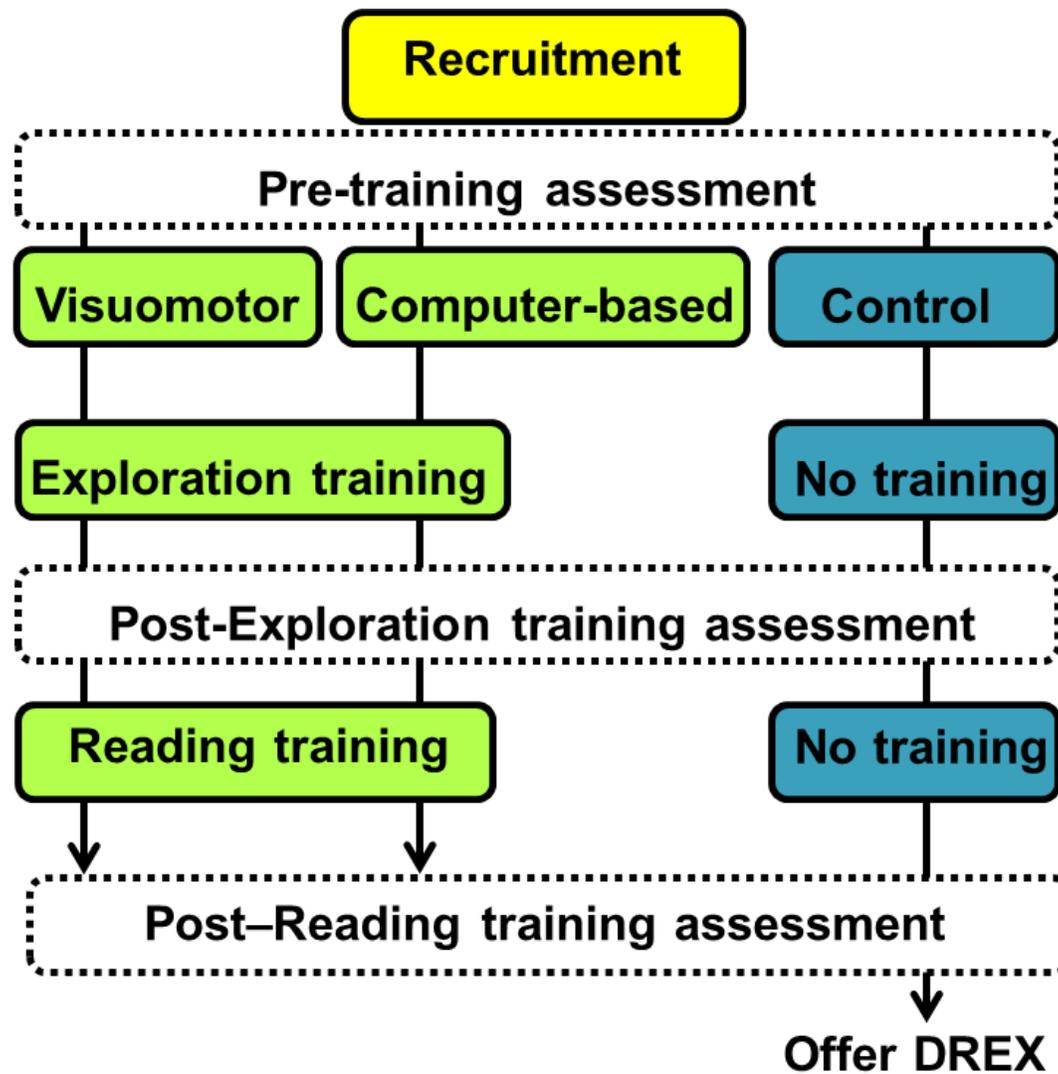
Long

Very long

If you wish to share data with your clinician, enter their reference number here

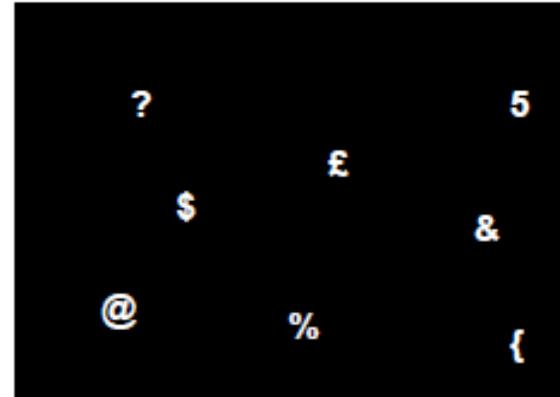
Clinician reference number

Check

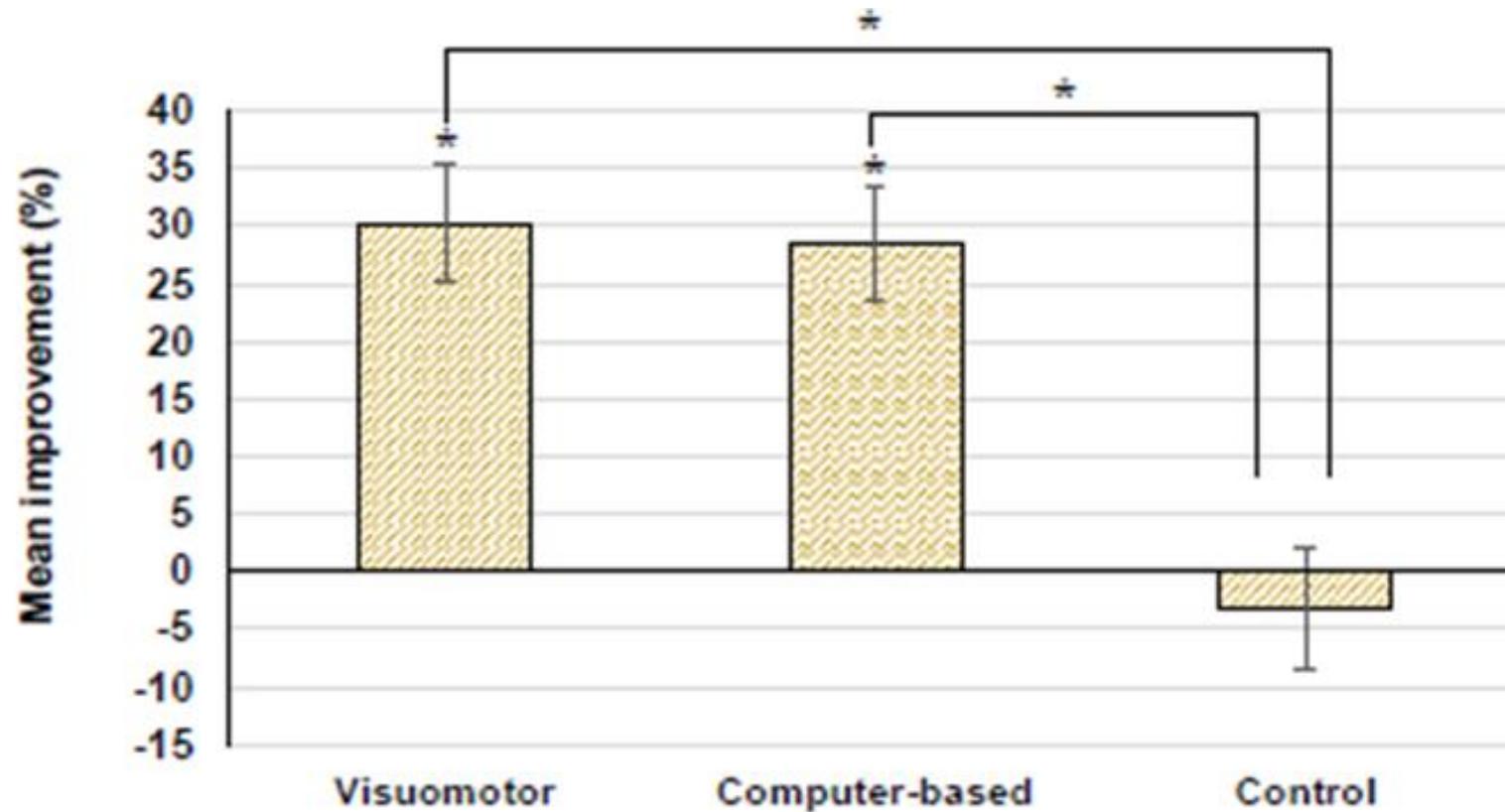


Primary outcome measures:

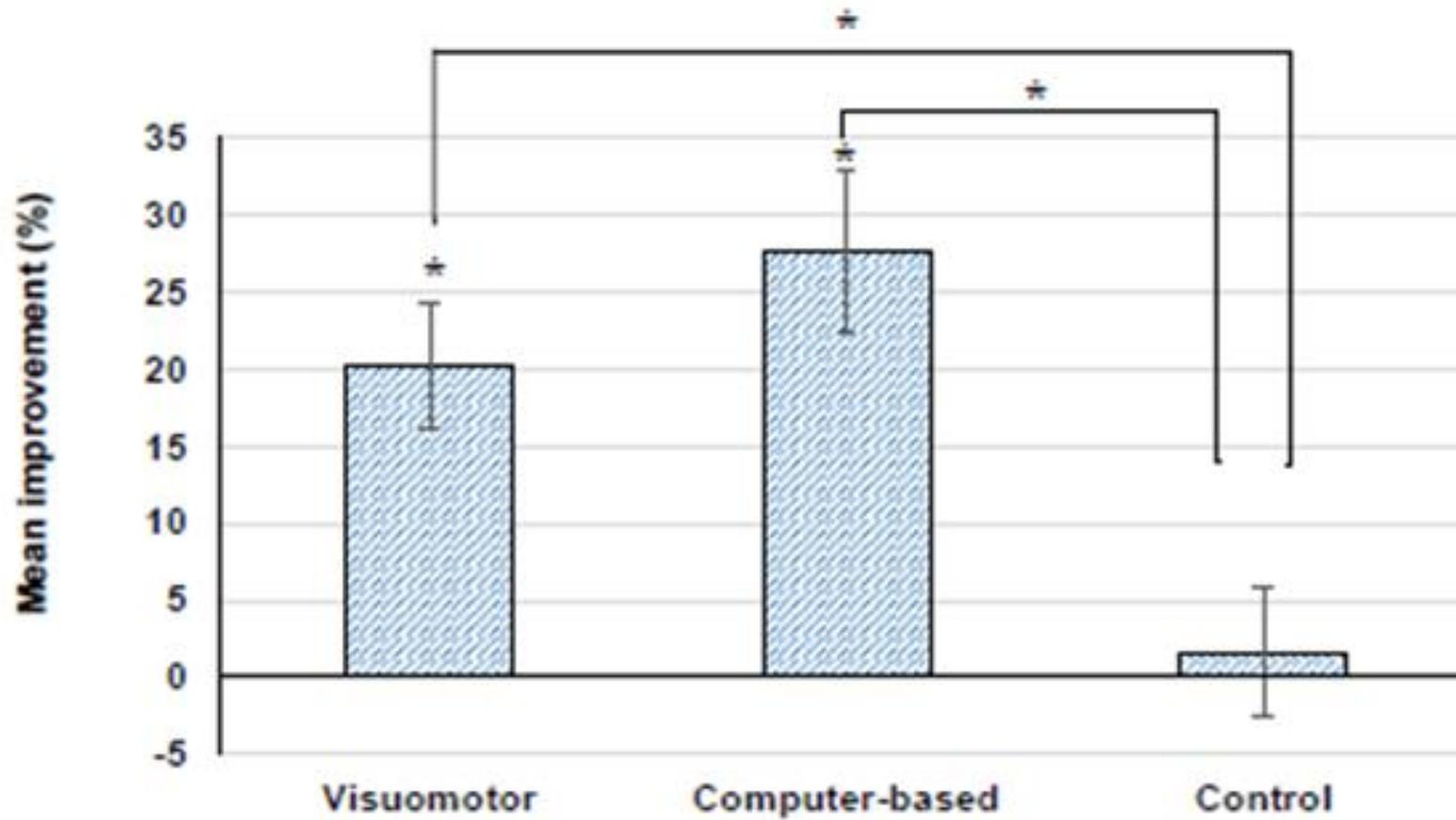
- Visual search (response time and accuracy)



- Corrected reading speed



Bar chart illustrating the mean improvement (%) in **visual search** performance for the visuomotor, computer, and control groups. Error bars represent the standard error of the mean. Significant difference (*).



Bar chart illustrating the mean improvement (%) in **reading** performance for the visuomotor, computer, and control groups. Error bars represent the standard error of the mean. Significant difference (*).

The Future?



Comorbidities

Conclusion

Many visual perception problems are missed in current clinical practice.

OxVPS can help the underdiagnosis. It is as good as a gold standard test, and 4 times faster. It also picks up the more subtle problems.

The DREX app is an accessible and effective rehabilitation tool for individuals with visual field defects.

“This app is so incredibly helpful”

“An amazing bit of kit”

Thank You

Prof Thomas Schenk, Prof Amanda Ellison, Prof Dan Smith, Prof David Mendelow, Prof Georg Kerkhoff, Prof Gary Ford, Dr Lina Aimola, Dr Neil Archibald, Dr Stephen Dunne, Nicola Richards, Dr Azuwan Musa

