Cerebral visual impairment in the classroom

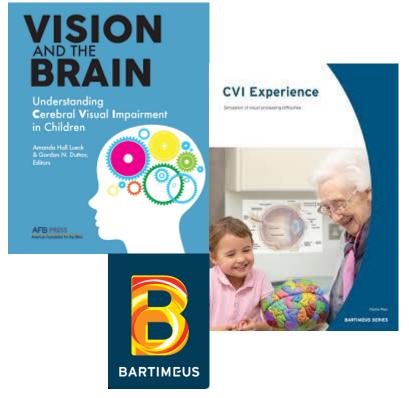
Cathy Williams Reader in Paediatric Ophthalmology University of Bristol

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Cerebral Visual Impairment (CVI)

- Children use vision to learn
- Abnormalities in brain-related visual functions can affect many aspects of learning
- Specific examples:
 - Reading
 - Mathematics
 - Social interactions (Autistic Spectrum Disorders)





Reading

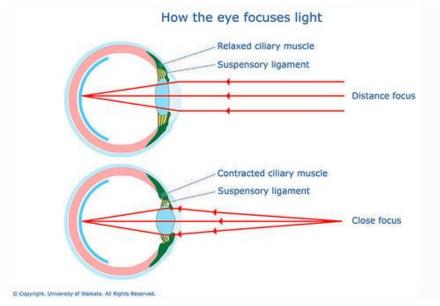
- Focussing (accommodation)
- Field loss
- Eye movements
- Visuocognitive
 - Simultanagnosia (clutter)
 - Recognition problems (agnosia)
 - Visual attention disorders

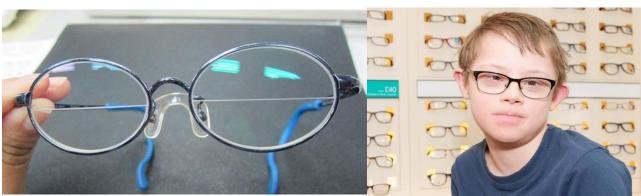




Reading and focussing problems

- Near vision depends on adjusting the power of own lens
- Some children unexpectedly poor
 - Premature
 - Cerebral Palsy
 - Down syndrome
- Some drugs inhibit focussing
 - Hyoscine or scopolamine patch
- Lenses may improve other aspects eg oculomotor (AMR research)



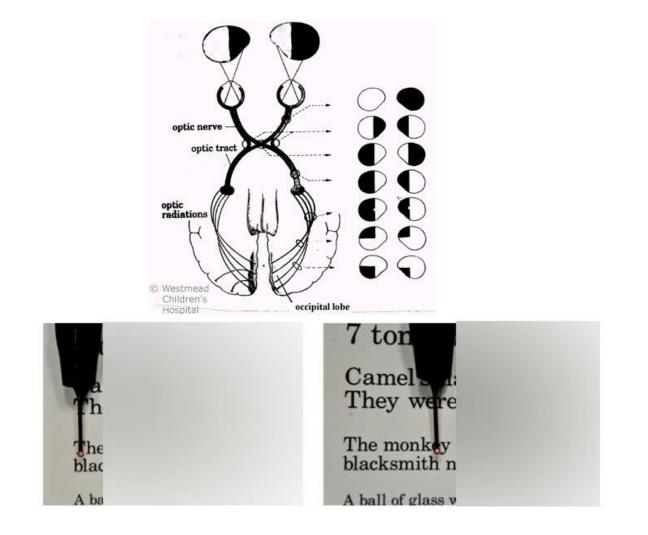


Action Medical Research- Dr Maggie Woodhouse



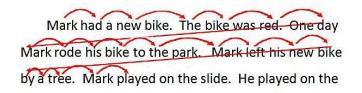
Reading and Field loss or inattention

- Field testing difficult in children
- Inattention vs Absolute loss
- Types of loss
 - Hemianopia
 - miss end of word (Right HH)
 - miss start of line (left HH)
 - Inferior
 - Patchy
 - General constriction
- Head, body posture, position in class may help

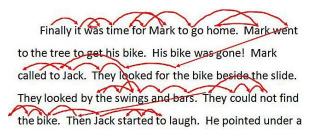


Reading and Eye movements

- Saccades to reposition eyes
- Microsaccades to move between words
- Affected by text
- May co-exist with reading problems, rather than cause
- Cardiff research:
 - Prof J Erichsen, Dr M Woodhouse and Dr Flors Navarro
 - eye tracking in non-reading tasks
 - children with vs without reading problems



Eyecanlearn.com



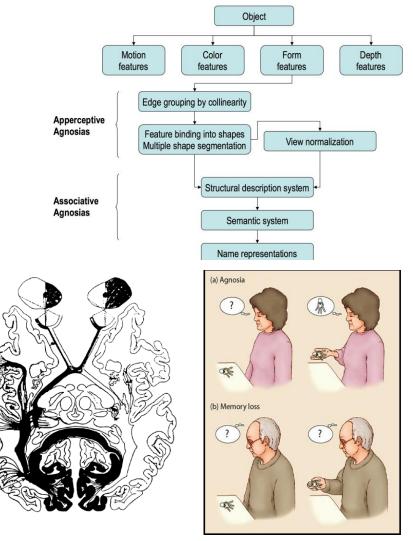




Reading and Visual Agnosias (i)

- Impairments of visual recognition – can be very specific
- NOT due to memory loss or lack of understanding
- Many subtypes
 - Lexical agnosia "word blindness"
 - Difficulties in recognition of letters (but not words or numbers)
 - Prosopagnosia (face)

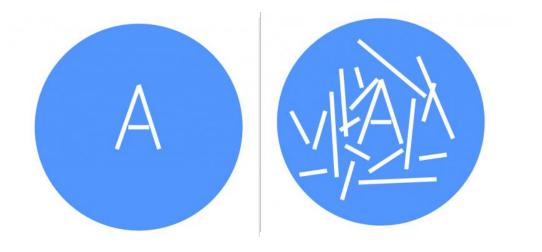
Dejerine J: Sur un cas de cecite verbale avec agraphie, suive d'autopsie. CR Societè du Biologie 43:197, 1891





Reading and Visual agnosias (ii)

- Simultanagnosia
 - Impaired ability to discriminate target surrounded by distractors
- "Crowding Ratio"
 - Single optotype acuity/crowded
 - > 2 (3 lines) abnormal after age 6
 - Dekker et al 2012. Strabismus, 20(2), 49–54, 2012



Harrison et al. *Journal of Vision 14(1):21*, 1-16.2014



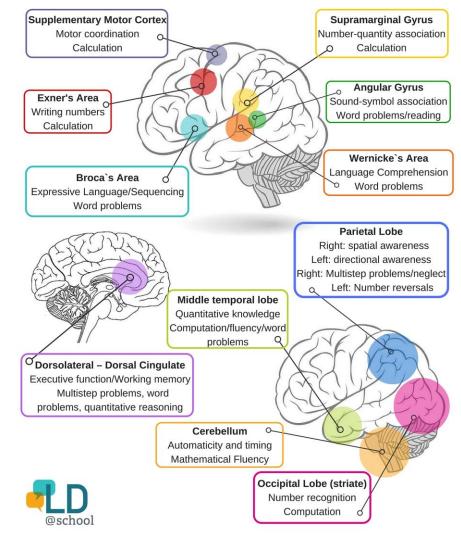


Mathematics

- Multiple brain areas
 - Frontoparietal
 - Temporal network
 - Motor, basal ganglia and CBM
- Dorsal visual stream
 - Visuospatial "Where"stream
 - Correlates with numerical judgement
 - Number line
- Ventral visual stream
 - Recognition
 - Computational skills

• MATH AND LDS •

BRAIN AREAS AND MATH SKILLS



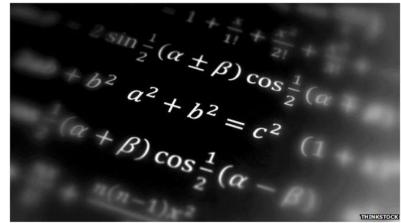
SHINING THE LIGHT ON VISION EDUCATION 2017 CONFERENCE BRISBANE 8TH - 12TH JANUARY

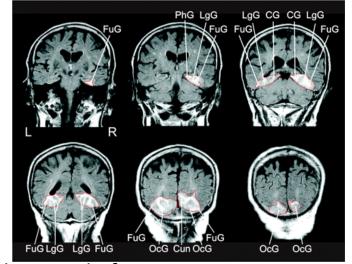
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https://www.ldatschool.ca/about-us/

Mathematics and Visual agnosia

- Recognition "what"
- Occipital and temporal lobes involved in mathematics
- Occipital lesions can cause impaired number, shape or symbol recognition
- Other visual functions eg acuity, visuomotor may be unaffected as in PCA territory bilateral stroke



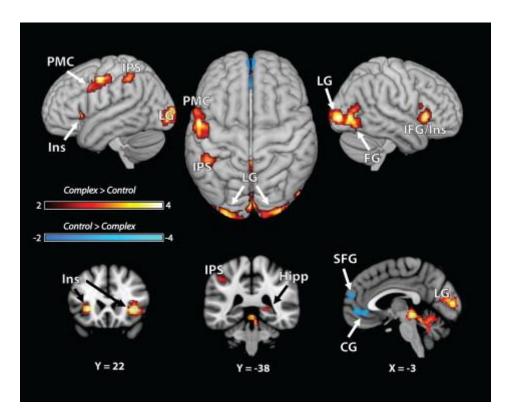


Karnath et al. Journal of Neuroscience 6 May 2009, 29



Mathematics skills

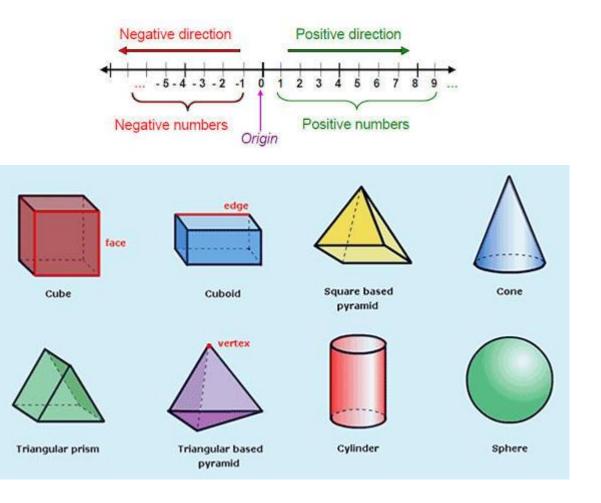
- Many maths related locations in brain parietal and frontal lobes
- Overlap with dorsal visual stream and ventral
- Developmental changes as children use more specific areas



Metcalfe et al. Developmental Cognitive Neuroscience Volume 6, October 2013, Pages 162–175

Mathematics and Dorsal Stream

- Number line
- Bigger vs Smaller
- Visuospatial configurations





Social Communication and Autistic spectrum disorders

- Many aspects of altered cerebral visual function reported
 - Face recognition
 - Facial emotion recognition
 - Colour
 - Motion
 - Superior abilities in visual search, perceptual grouping "Weak central Coherence"





ASD and Facial identity recognition

- Often reported in ASD
- Specific neurones for prosopagnosis
- Other visual agnosias occur in ASD eg music
- Prosopagnosia may occur alone (autosomal dominant)
- Central field, contrast, motion also all needed for face recognition

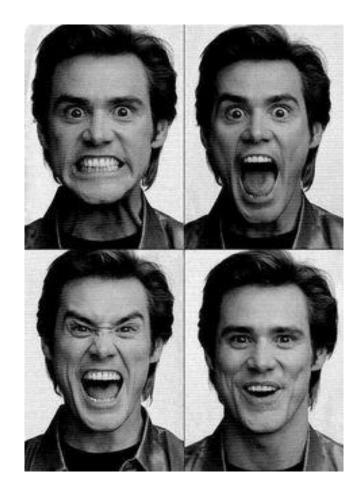


Jiang et al.NeuroImage: Clinical 2 (2013) 320–331



ASD and Facial expressions

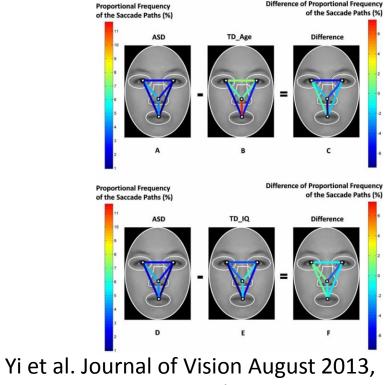
- Key feature of many individuals with ASD
- Impaired ability to recognize emotion in facial expression
- May be more severe if associated with language impairment
- ASD ability very reduced if poor contrast so low spatial frequency
- Biological motion, contrast and stereoacuity also associated with ability





Ocular motility in ASD

- Abnormal gaze behaviour
 - Different features of faces
 - Reduced fixation time
- Strabismus
- Pursuit eye movements
- Seen in relatives
- Shared feature with other neurodevelopmental disorders eg schizophrenia



Vol.13, 5. doi:10.1167/13.10.5





ASD and Colour

- Reduced sensitivity to colour, eg in visual search
- Sometimes strong colour preferences

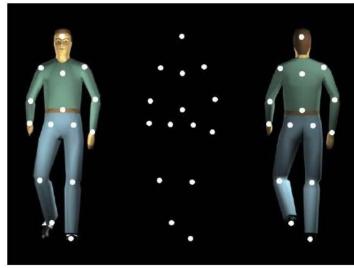




ASD and seeing movement

- Impaired motion coherence ("rain") thresholds
- Impaired biological motion
- ASD individuals not better at people motion vs object motion
- Difficulties in playground, road, watching films







Weak central coherence: details focussed

- "Can't see the wood for the trees"
 - Deficit in "global" processing?
 - Bias towards local processing?
 - Co-existing with, not cause of social/communication disorder?
- Superior performance on some visual perceptual tests
 - Visual search
 - Embedded figures

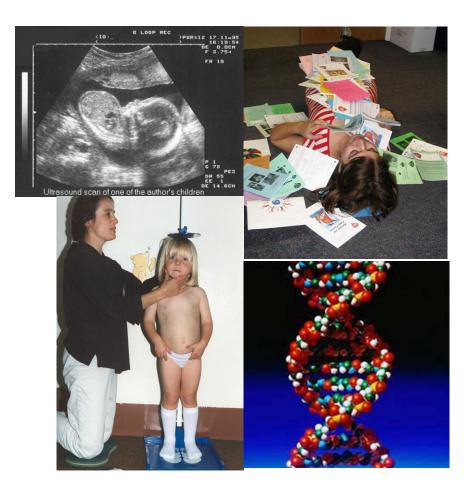






Examples from Avon Longitudinal Study of Parents and Children

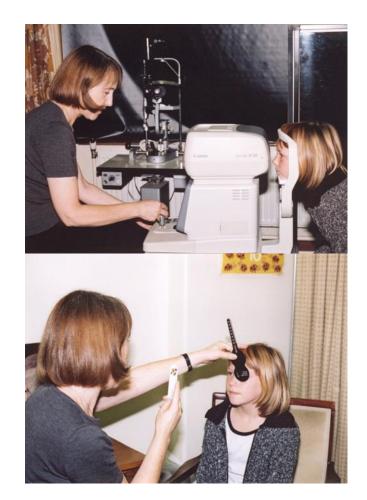
- All children born in Avon 1991-1992
- Approx 14,000 children
- Most detailed cohort study in the world
- Data collection by questionnaire, interview, direct tests, genetic samples, linkage to health and education
- Diagnoses, traits and outcomes available





Vision data in ALSPAC

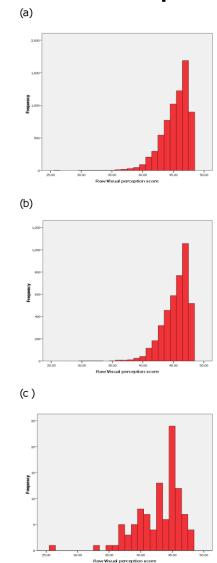
- Orthoptic assessments
 - 6 monthly to 3.5yr (n=1000)
 - At age 7 (n=7500)
- Autorefraction
 - 7, 10, 11, 12, 15y
- Central visual functions
 - Stereoacuity 7-15y
 - Contour integration 11 -12
- Prof Dutton Qs at age 13-parent report of behaviour suggesting CVI





Questions on CVI in population sample 13 yr olds in ALSPAC study

- Williams etc al PLoS ONE 6(3): e14772. doi:10.1371
- 12 questions to elicit responses indication CVI
- Parent reported
- All scored 1-5
- Unimodal distribution
- N=7000
- Range of responses in children with ICD10 diagnoses





Distilling responses into factors

Question	Factor 1 (20.8%)	Factor 2 (11.5%)	Factor 3 (10.4%)	Factor 4 (8.5%)
Recognises close family Recognises friends Recognises people from photo Loses objects around house Difficulty grasping objects Difficulty with step vs. line Find objects on patterned carpet Find objects in complex pictures Misjudges doorways/corridors Finds way around house Difficulty seeing things in distance Find way in new surroundings	$\begin{array}{c} \checkmark\\ \checkmark\\ \checkmark\\ \checkmark\\ \checkmark\\ \checkmark\\ \checkmark\\ \\ \checkmark\\ \\ \\ \\ \\ \\ \\ $	$\frac{1}{\sqrt{2}}$	√ √ √√ √	$\sqrt{\sqrt{2}}$

Associations with educational attainment

- Factor Analysis: 3 factors
 - Seeing-things-in-clutter
 - Visual-guidance-of-movement
 - Facial recognition
- Compared with standardised school results (SATS) age 14
- Adjusted for social class, IQ, parental education, sex





Mean Factor scores vs School results at 14

- Whole score and Factors 1 (clutter and Factor 2 (visuospatial) related to reading achievement
- Whole score and Factor 2 (visuospatial) related to mathematics achievement
- Similar to earlier SATS results
- Same in imputed dataset

OUTCOME	VP ABILITIES	CASES WITH COMPLETE DATA							
		Unadjusted (n=4512)		Model 1 (n=2968)		Model 2 (n = 2724)			
		β (95% Cl)	р	β (95% CI)	р	β (95% CI)	р		
Reading	All Questions	0.04 (0.03, 0.06)	<0.0001	0.03 (0.01, 0.04)	<0.0001	0.01 (0.00, 0.02)	0.025		
	Factor 1	0.10 (0.07, 0.13)	<0.0001	0.05 (0.02, 0.08)	0.001	0.02 (-0.01, 0.05)	0074		
	Factor 2	0.03 (-0.01, 0.06)	0.063	0.03 (0.00, 0.05)	0.061	0.02 (-0.01, 0.04)	0.178		
	Factor 3	0.01 (0.01,0.05)	0.204	0.01 (-0.03, 0.04)	0.725	-0.01 (-0.04, 0.01)	0.286		
Mathematics	All Questions	0.07 (0.05, 0.09)	<0.0001	0.02 (0.00, 0.03)	0.016	0.00 (-0.02, 0.01)	0.395		
	Factor 1	0.14 (0.11, 0.18)	<0.0001	0.02 (-0.01, 0.06)	0.150	-0.01 (-0.03, 0.01)	0.435		
	Factor 2	0.06 (0.03, 0.10)	<0.0001	0.03 (0.00, 0.06)	0.026	0.00 (-0.02, 0.02)	0.974		
	Factor 3	0.01 (-0.03, 0.04)	0.759	-0.001 (-0.04, 0.03)	0.644	-0.01 (-0.03, 0.01)	0.491		
				ALL CASES – IMPUTED DATA (n = 4512)					
				β (95% Cl)	р	β (95% CI)	р		
	All Questions			0.02 (0.01, 0.03)	<0.0001	0.01 (-0.01, 0.02)	0.218		
	Factor 1			0.04 (0.02, 0.07)	0.002	0.01 (-0.01, 0.03)	0.523		
	Factor 2			0.03 (0.01, 0.05)	0.042	0.01 (-0.01, 0.04)	0.197		
	Factor 3			-0.05 (0.03, 0.02)	0.918	0.00 (-0.02, 0.02)	0.812		
Mathematics	All Questions			0.02 (0.01, 0.03)	0.001	0.00 (-0.01, 0.01)	0.348		
	Factor 1			0.03 (0.01, 0.06)	0.012	-0.01 (-0.03, 0.01)	0.356		
	Factor 2			0.03 (0.01, 0.06)	0.015	0.00 (-0.02, 0.02)	0.985		
	Factor 3			0.01 (-0.04, 0.01)	0.354	-0.01 (-0.03, 0.01)	0.125		

Legend for Table 3.

"All questions" refers to the score obtained by summing for each child all responses to questions about visual perceptual (VP) abilities.

*Model 1 is adjusted for Age at KS3 testing; Gender; Maternal education; Highest maternal/paternal social class; ICD10 diagnosis; visual problems, born at less than 37 weeks gestation; admitted to a Special Care Baby Unit in first month; low birthweight; total IQ.

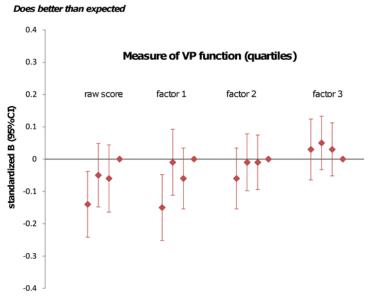
**Model 2 is model 1 and additional adjustment for KS2 results.

doi:10.1371/journal.pone.0014772.t003

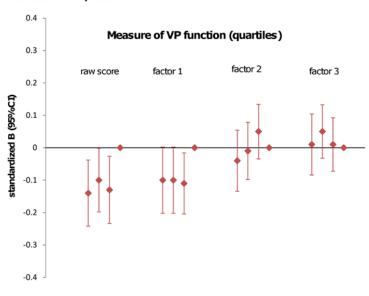


Results at 14 by quartile of CVI skill

Reading



Maths



Does better than expected

Does worse than expected

Does worse than expected



Summary

- In general population, responses suggesting brain-related vision skills predict school attainment
- Brain related vision problems may co-exist with and/or contribute to academic difficulties including in reading, mathematics and social interaction
- Children with ASD may have impaired or superior vision processing





Thank you!

- Bristol Special Needs Vision Team (Sue Fraser, Helen McCarthy, Julie Parker, Penny Warnes)
- Child Health Community Partnership
- Bristol Sensory Support Service (Sue Rogers)
- The ALSPAC Study Team
 - Families
 - Staff
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- Prof Jean Golding
- Prof Gordon Dutton
- Dr M Woodhouse





