



Eye health

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Citation

AIHW

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Visual impairment is the partial or full loss of sight in one or both eyes. Visual impairment may be the result of disease or injury, may progress over time, and may be permanent or corrected with visual aids (such as glasses) or with surgery.

Cat. no: PHE 260

Findings from this report:

- Over 13 Million Australians (55%) had one or more long-term vision disorders in 2017-18
 - In 2017-18, long-term vision disorders affected 93% of people aged 55 and over
 - 410,800 Australians (1.7% of the population) had cataract and 243,600 (1.0%) had macular degeneration in 2017-18
 - Females experienced a higher prevalence of long-term vision disorders (59%) than males (51%) in 2017-18
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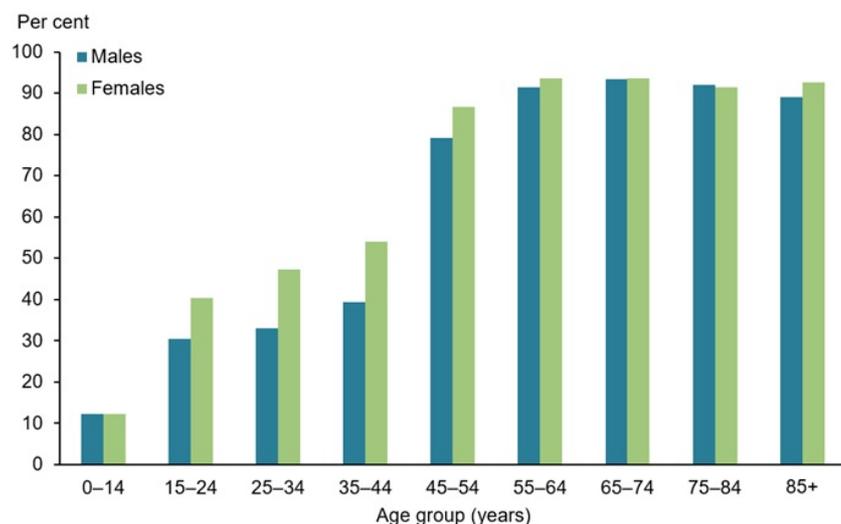
How common is visual impairment?

Over 13 million Australians (55% of the total population) have one or more long-term eye conditions, based on self-reported data from the Australian Bureau of Statistics (ABS) 2017-18 [National Health Survey \(NHS\)](#). This includes:

- 7.2 million with hyperopia (long-sightedness)
- 6.3 million with myopia (short-sightedness)
- 1.4 million with astigmatism (blurred vision)
- 687,200 with presbyopia (farsightedness)
- 548,600 with colour blindness
- 410,800 with cataract
- 236,600 with macular degeneration
- 131,500 with blindness (complete and partial).

Long-term eye conditions are closely associated with increasing age. In 2017-18, long-term eye conditions affected 93% of people aged 55 and over, compared with only 12% among people aged 0-14 (Figure 1). Females experience a higher [prevalence](#) of long-term eye conditions than males (59% and 51%, respectively) [1]. For eye health definitions see the [Eye health glossary](#).

Figure 1: Prevalence of self-reported long-term eye conditions by age and sex, 2017-18

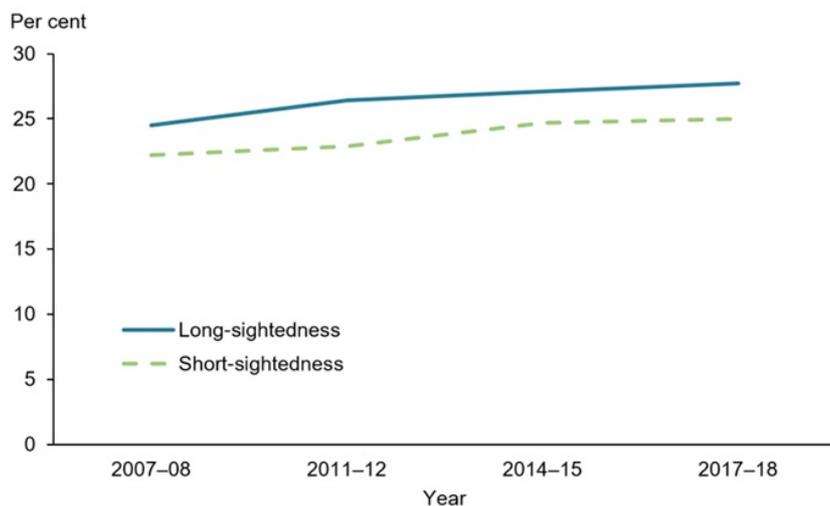


Source: ABS 2018 [1] ([Data table](#)).

Trends

According to the 2017-18 NHS [2], there has been a slight increase in the prevalence of both long-sightedness (from 25% to 28%) and short-sightedness (from 22% to 25%) since 2007-08 (Figure 2), after adjusting for age.

Figure 2: Trends in prevalence of long- and short-sightedness from 2007-08 to 2017-18



Note: Age-standardised to the 2001 Australian population.

Source: AIHW analysis of ABS 2010, ABS 2013, ABS 2016, ABS 2019 [2-5] ([Data table](#)).

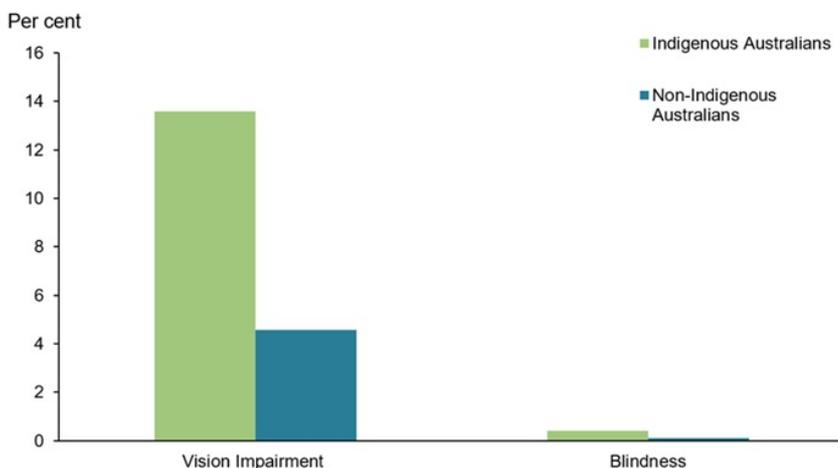
Aboriginal and Torres Strait Islander people

According to the National Eye Health Survey (NEHS), an estimated 18,300 Aboriginal and Torres Strait Islander people aged 40 and over experienced vision impairment and blindness in 2016. The leading causes of vision impairment were uncorrected refractive error (63%), cataract (20%) and diabetic retinopathy (5.4%). Cataract was also the leading cause of blindness, accounting for 40% of blindness among Indigenous Australians [6].

Aboriginal and Torres Strait Islander people experience higher rates of vision impairment and blindness than other Australians (Figure 3). In 2016, both vision impairment and blindness were three times higher in Indigenous Australians compared with non-Indigenous Australians. Of the vision impairment and blindness among both Indigenous and non-Indigenous Australians, around 90% is preventable and treatable [6].

There are also some differences in the risk factors contributing to vision impairment. Older age and not undergoing eye examination were common risks. In addition, risk factors for vision impairment among Indigenous Australians included remoteness, sex, and diabetes in combination with never having had an eye examination [7].

Figure 3: Prevalence of bilateral vision impairment and blindness by Indigenous status, 2016



Source: AIHW 2018 [8] (see source [Table 1.1.1b](#)).

References

1. ABS (Australian Bureau of Statistics) 2019. [Microdata: National Health Survey, 2017-18, detailed microdata](#), DataLab. ABS cat. no. 4324.0.55.001. Canberra: ABS. Findings based on AIHW analysis of ABS microdata.
 2. ABS 2018. [National Health Survey: First Results, 2017-18](#). ABS cat. no. 4364.0.55.001. Canberra: ABS
 3. ABS 2016. [Microdata: National Health Survey, 2014-15, expanded CURF](#), DataLab. ABS cat. no. 4324.0.55.001. Canberra: ABS. Findings based on AIHW analysis of ABS microdata.
 4. ABS 2013. [Microdata: National Health Survey, 2011-12, expanded CURF](#), DataLab. ABS cat. no. 4324.0.55.001. Canberra: ABS. Findings based on AIHW analysis of ABS microdata.
 5. ABS 2010. [Microdata: National Health Survey, 2007-08, expanded CURF](#), DataLab. ABS cat. no. 4324.0.55.001. Canberra: ABS. Findings based on AIHW analysis of ABS microdata.
 6. Centre for Eye Research Australia & Vision 2020 Australia 2016.  [The National Eye Health Survey 2016: Full report of the first national survey to determine the prevalence and major causes of vision impairment and blindness in Australia](#)
 7. Foreman J, Xie J, Keel S, Wijngaarden P, Sandhu SS, Ang GS et al. 2017. The prevalence and causes of vision loss in indigenous and non-indigenous Australians: The National Eye Health Survey. *American academy of ophthalmology* 124(12):1743-1752.
 8. AIHW 2018. [Indigenous eye health measures 2017](#). AIHW cat.no. IHW 192. Canberra: AIHW.
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Treatment and management

Treatment for vision disorders involves a wide range of health services including primary care and specialist care services.

Primary care services involve the initial diagnosis, treatment and referral of the condition, and the provision of continuing care through consultations, monitoring and follow-up. This includes general practice and optometry.

Secondary or specialty care services generally follows primary care services if needed, and involves treatment of specific diseases and organ systems. For eye health, these include ophthalmology and hospital services.

These services provide treatment for vision disorders in many ways, including eye checks, prescription of glasses or contact lenses, prescription of medications or injections, and surgery [1].

Primary care

Primary care for visual impairment often begins with a visit to a General Practitioner (GP) or optometrist. In 2015-16, eye disorders accounted for 1.9% of Australian GP consultations [2]. The GP plays a key role as part of the primary care system in preventing and treating visual impairment. GPs can provide information on eye health and vision care, perform immediate eye checks and prescribe treatment for some eye problems [1]. If necessary, the GP can provide referrals to optometrists, ophthalmologists or hospitals [3].

Optometrists also play an important role in the primary care of eye health. Optometrists have access to specialist equipment and education to assist with the testing of visual acuity and diagnosis of visual impairment. Optometrists also serve as a referrer to ophthalmologists for specialist care.

In 2017-18, there were 9.4 million Medicare claims for optometrist consultations for 7.2 million patients [4].

Specialist care

Specialist care usually occurs within hospitals or specialist care facilities. Primary care facilities will refer patients with vision impairment that cannot be corrected through simple medication or visual aids to ophthalmologists. Ophthalmologists receive and follow specialty training in the treatment and correction of vision impairment and follow procedural guidelines [5, 6].

Specialist care also involves hospitalisations to perform surgery and specialist treatment. Ophthalmologists are often required to perform surgery to correct visual impairment [7].

In 2017-18, there were 957,933 Medicare claims for surgical operations by an ophthalmologist [8].

References

1. Optometry Australia 2019. [GPs & health care professionals](#). Canberra: Optometry Australia.
2. Britt H, Miller GC, Bayram C, Henderson J, Valenti L, Harrison C et al. 2016. A decade of Australian general practice activity 2006-07 to 2015-16. General practice series no. 41. Sydney: Sydney University Press.
3. Optometry Board of Australia 2018. [2018 Revised guidelines for use of scheduled medicines](#). Canberra: Australian Health Practitioner Regulation Agency.
4. DoH (Department of Health) 2018. [Annual Medicare Statistics \(Tables 1.1, 1.10\)](#). Canberra: DoH. Viewed 22 January 2019.
5. RANZCO (Royal Australian and New Zealand College of Ophthalmologists) 2018. [Policies and Guidelines](#). Sydney: RANZCO. Viewed 04 October 2018.
6. RANZCO 2017. [RANZCO Clinical Practice Guidelines Development Framework](#). Sydney: RANZCO.
7. DoH 2014. [The delivery of eye health programs and services](#). Canberra: DoH.
8. DHS (Department of Human Services) 2018. [Medicare Group Reports](#). Canberra: DHS. Viewed 22 January 2019.



Data

[Data Tables: Eye Health 2019](#)

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[Eye health workforce in Australia 2016](#)

[National Centre for Monitoring Chronic Conditions](#)

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