

15,403 subjects taken at random, 14,603 interviews (94.9%) were completed. 2) A random, stratified sample of 356,208 citizens living in the community was selected. From this sample, 21,760 subjects were further selected at random and 16,945 persons were interviewed. Three groups were defined, based upon subject interviews: blind, low vision (LV), and a control group (CG). Blindness and LV prevalence rates by age and gender were estimated. Extrapolation weights for France came from the 1999 national census survey. Geographical inequities were estimated with a logistic regression adjusted by age and occupational category. **RESULTS:** The prevalence rates of blindness and LV were 0.12% and 2.08%, respectively. They increased exponentially with age. No major difference was found by gender. 51.4% of blind subjects and 22.8% of the LV subjects declared they are included in a long-term disease registry. Aging was the most often declared (34.1%) reason for LV; post-natal diseases were most often cited (50.3%) for blindness. Injuries represented about 12% of the reasons for both blindness and LV. Large region differences in LV prevalence persisted after adjustment (OR: 0.35 to 2.10). This was not the case for blindness prevalence. Regions whose rates of ophthalmologists per capita were lower than the national average more often had statistically significant higher LV prevalence (43.8% versus 6.3%). **CONCLUSION:** LV is much more frequent than blindness. Aging was the most cited reason for LV. The inverse correlation between the number of ophthalmologists and the prevalence of LV suggests that further public health investments might help control the effect of aging on vision.

PAE6**PREVALENCE AND BURDEN OF BLINDNESS AND LOW VISION IN SUBJECTS LIVING IN INSTITUTIONS: A NATION-WIDE SURVEY**Brézin A¹, Lafuma A², Fagnani F³, Mesbah M⁴, Berdeaux G⁵¹Hopital COCHIN, Paris, France; ²Cemka, Bourg-La-Reine, France; ³CEMKA, Bourg la Reine, France; ⁴Université de Bretagne-Sud, Vannes, France; ⁵Alcon, Rueil-Malmaison, France

OBJECTIVES: To estimate the prevalence of low vision (LV) and blindness, and their associated disabilities, handicaps and socio-economic consequences in subjects living in institutions. **METHODS:** Two thousand seventy-five institutions (children or adults with handicaps, old people and psychiatric centers) were selected at random from the French Health Ministry files in 18 predefined strata. Day care centers were excluded. In each selected institution, eight subjects were picked at random by the interviewers from the resident list. Face-to-face interviews collected social and demographic data, institution description, income, handicaps, disabilities, social allowances and activities of daily living. Three groups were defined based upon subject interviews: blind, low vision (LV), and a control group (CG). These were compared after adjustment for age and co-morbidities. Of the 15,403 subjects selected at random, 14,603 interviews (94.9%) were completed. **RESULTS:** The prevalence of

blindness was 1.6% and the low vision figure was 13.4%. The CG was younger than blind and LV subjects (67.3, 71.4 and 80). Entry to institutions was related to health in more than 75% of the cases. Blind subjects needed assistance with daily activities more often (RR: 1.31 to 3.33) than CG members while LV subjects' assistance was similar to that of the CG. Blind subjects often required more institution adaptation than the CG (RR: 1.13 to 2.83). Blind (57.9%) and LV subjects (35.4%) were more often registered for social allowances. Monthly social allowances were €86 higher for blind than LV individuals. Monthly family incomes were found similar between the 3 groups (from €782 to 797). **CONCLUSION:** The results demonstrate the impact of blindness and LV on daily living in patients living in institutions.

PAE19**RESEARCH 5134: PREVALENCE AND BURDEN OF BLINDNESS, LOW VISION AND VISUAL IMPAIRMENT IN THE COMMUNITY: A NATION-WIDE SURVEY**Brézin A¹, Lafuma A², Fagnani F³, Mesbah M⁴, Berdeaux G⁵¹Hopital COCHIN, Paris, France; ²Cemka, Bourg-La-Reine, France; ³CEMKA, Bourg la Reine, France; ⁴Université de Bretagne-Sud, Vannes, France; ⁵Alcon, Rueil-Malmaison, France

OBJECTIVES: The targets of this study was to estimate the prevalence of low vision and blindness, their associated disabilities, handicaps and socio-economic consequences. **METHODS:** A national survey was conducted on a random, stratified sample of 356,208 French citizens living in the community. From this sample, 21,760 subjects were further selected at random and 16,945 persons were interviewed. Also, 4,091 randomly selected domestic carers were interviewed. Handicap data were gathered by means of an 18-item questionnaire. Collected data included social demography, home description, household income, handicaps, disabilities, social allowances and activities of daily living. Four groups were created, based upon subject interviews (blind, low vision (LV), other visual defects (OVD) and no visual problems (NVP)). These were compared after adjustment on age, co-morbidity and household size. **RESULTS:** The prevalence of blindness was 0.10% and of low vision 1.94%. Persons with no visual problems had less co-morbidity (0.81) than those with LV (1.39), or blindness (1.33). Blind subjects needed assistance with daily activities more often (Odds-Ratio: 2.6 to 56.6) than NVP subjects and needed house modifications. Many blind (46.8%) and LV subjects (29.0%) were registered for social allowances. Blind subjects had fewer paid activities (4.5%) than subjects did with no visual problems (20.7%). Social allowances increased considerably, by €277, between LV and blind persons. Monthly household incomes were lower for LV (€1255) and blind subjects (€1587) than for NVP subjects (€1851). **CONCLUSION:** The results demonstrate the impact of blindness and low vision on daily living.