

**Sir,
Vision, eye disease, and art**

The recent Keeler Lecture, 'Vision, eye disease, and art', delivered by MF Marmor¹ highlights the complexities of vision and art. It is not an uncommon belief that sight-impaired individuals are unable to appreciate art. Although a 2004 review for the Arts Council England cited almost 400 papers demonstrating the positive impact of art in healthcare,² there is no published literature on the role of visual art in the ophthalmology setting.

To address this, we held an art and photography exhibition at Moorfields Eye Hospital, London, UK and invited patients, staff, and visitors, both sighted and sight-impaired, to respond to a prevalidated questionnaire asking agreement on a 5-point Likert scale to statements about art appreciation and display in the healthcare setting.

There were 102 respondents: 39% males, 61% females; mean age 50.7 years (range 17–90); 47% were patients, 24% visitors, 28% staff; 54% had an ophthalmic condition, 51% of these bilateral.

An overwhelming majority of respondents agreed/strongly agreed that display of visual art in the hospital improves patient experience (92%), relaxes patients (91%), makes clinic waiting times more bearable (85%), and improves staff morale (70%). For the first two statements, agreement was stronger among staff and visitors than patients (Kruskal–Wallis ANOVA, $P=0.007$ and $P=0.016$), and among those without an eye condition *vs* those with an eye condition (Mann–Whitney *U*; $P=0.006$ and $P=0.02$). The display of tactile art was thought to be beneficial for the visually impaired patient experience by 86% of respondents.

Of those with an ophthalmic condition, 77% agreed/strongly agreed that they enjoyed visual art and 75% could express themselves through art creation similarly to before visual problems developed, with no difference between those with unilateral *vs* bilateral disease (Mann–Whitney *U*; $P=0.107$ and $P=0.129$).

Our results demonstrate strong opinion that visual art positively enhances patient and staff experience in ophthalmology, and proves that those with visual impairment are able to enjoy and create art. This should be considered when designing ophthalmology clinical areas. There is a suggestion that displaying tactile art may make a more significant improvement to the visually impaired patient experience. Future exhibitions showcasing tactile art could investigate this further.

Conflict of interest

The authors declare no conflict of interest.

References

- 1 Marmor MF. Vision, eye disease, and art: 2015 Keeler Lecture. *Eye* 2016; **30**: 287–303.
- 2 Staricoff RL. *Arts in health: a review of the medical literature*. Arts Council England: London, 2004. Research report 35: 16–17. Available at <http://www.artscouncil.org.uk>.

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Eye (2016) **30**, 1648; doi:10.1038/eye.2016.175;
published online 29 July 2016

**Sir,
Response to: 'Cotton wool spots and migraine: a case series of three patients'**

We read with great interest the letter by Jamison and Gilmour,¹ and wish to emphasise that patients with headache and cotton wool spots require appropriate investigation before using the diagnosis of exclusion 'retinal vasospasm', as the differential diagnosis is wide and has potential threat to sight or life. This includes ischaemic retinopathy (diabetes, hypertension, hypercoagulable states, embolic disease), inflammatory conditions (systemic lupus erythematosus, polyarteritis nodosa, giant cell arteritis), and more rarely infection (HIV, Bartonella, leptospirosis) and neoplasia (lymphoma, leukaemia, metastases).

The authors' speculation regarding a link between migraine and retinal vasospasm is reminiscent of the occasionally encountered diagnosis 'retinal migraine'. This condition, defined by the International Headache Society (IHS) as recurrent, transient monocular visual disturbance occurring in close temporal association with typical migraine headache,² is controversial. A literature review by Hill *et al*³ showed that only a minority of reported cases meet the IHS diagnostic

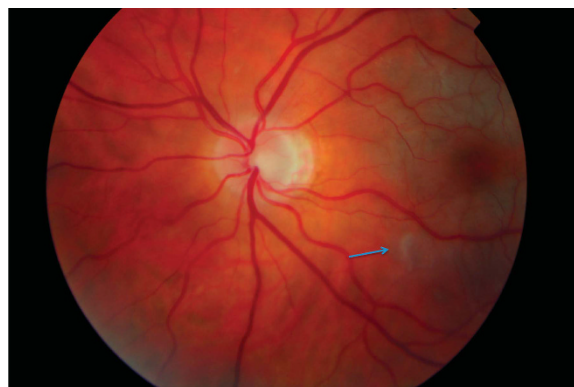


Figure 1 Left fundus colour photograph from a 63-year-old patient presenting with headaches and scintillating scotomata, showing an isolated cotton wool spot (arrow). Giant cell arteritis was later confirmed by temporal artery biopsy.