



# Emotional recovery after ocular trauma: is there more than meets the eye?

Ethan G. Lester<sup>1</sup> · Grayson W. Armstrong<sup>2</sup> · Ana-Maria Vranceanu<sup>1</sup>

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## To the Editor:

Ocular traumas (OT) can produce functional impairment, reduced quality of life (QoL), and lasting emotional distress [1] for patients and families. Psychosocial issues after OT are rarely reported on in the literature and limited resources exist. Based on previous clinical research in acute neurological injuries [2], as well as our embedded psychology clinical service at Massachusetts Eye and Ear Ocular Trauma Service, we have identified five practical considerations to help foster an emotional recovery after OT.

1. *OT almost always involves some form of psychosocial adjustment.* Not all traumas result in an acute stress disorder (<1month; ASD) or a subsequent post-traumatic stress disorder (PTSD) [3]. Still, an OT is a major life event accompanied by mood changes, role adjustments, and potentially permanent functional limitations. Counting on this psychosocial adjustment, clinicians can equip patients and families with timely knowledge, assessments, resources, referrals, and skills to help manage these adjustments proactively. This can also help prevent future emotional distress and/or PTSD, enhance practical outcomes (e.g., adherence to medication/medical advice), and reduce psychosocial issues during time-limited medical follow up visits.
2. *A patient's support system plays a crucial role in recovery after OT.* OT can lead to major interpersonal disruptions as patients and families grapple with the

physical (e.g., pain, appearance concerns), emotional (e.g., depression, anxiety, PTSD) and social (i.e., role changes, balancing responsibilities) stressors. As such, friends and family support become central to the patient making a full emotional recovery. Checking in with family members, including them in treatment conversation and discussing ways to support them with the patient will benefit overall care after OT.

3. *Psychosocial treatment for patients and families can be similar despite OTs being different.* Despite a diversity of OT, comprehensive OT care will often require addressing prototypical physical (e.g., pain, functional impairment), emotional (e.g., anticipatory worry, frustration, hypervigilance, boredom), behavioural (e.g., medication and follow-up adherence), and interpersonal (e.g., role changes/transitions, communication) adjustments.
4. *Psychosocial assessments and treatments are useful and accepted by patients and families.* Patients and families are highly receptive to psychosocial care including screening for emotional distress (<5% reject initial contact in our clinic) [4] and often voice great appreciation for this care. This kind of service can help patients and families feel supported while also reducing pressure for ophthalmologists to be the sole providers of this support.
5. *Multidisciplinary care can enhance emotional recovery after OT.* OT care seems to benefit from a symbiotic, team-based approach between disciplines to enhance the overall clinical care. Treatment teams can make time-sensitive patient/family referrals, pursue consultations as needs arise, and share educational opportunities across departments to improve clinical service.

✉ Ethan G. Lester  
elester@mgh.harvard.edu

<sup>1</sup> Integrated Brain Health Clinical and Research Program,  
Department of Psychiatry, Massachusetts General Hospital,  
Harvard Medical School, Boston, MA, USA

<sup>2</sup> Department of Ophthalmology, Massachusetts Eye and Ear,  
Harvard Medical School, Boston, MA, USA

## Conclusion

Starting with these considerations, ophthalmologists can do *more than meets the eye*. Ophthalmologists can remain

mindful of psychosocial factors which affect emotional recovery after OT. They can screen for adjustment difficulties, make appropriate referrals, and connect patients and families to mental health resources. And most importantly, they can facilitate an emotional recovery in tandem with the physical recovery after OT.

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### Compliance with ethical standards

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### References

1. Sharma G, Kaur A. Quality of life after orbito-facial trauma. *Orbit*. 2017;36:407–10. <https://doi.org/10.1080/01676830.2017.1337204>.
2. Vranceanu A-M, Bannon S, Mace R, et al. Feasibility and efficacy of a resiliency intervention for the prevention of chronic emotional distress among survivor-caregiver dyads admitted to the neuroscience intensive care unit: a randomized clinical trial. *JAMA Netw Open*. 2020;3:e2020807. <https://doi.org/10.1001/jamanetworkopen.2020.20807>.
3. Santiago PN, Ursano RJ, Gray CL, et al. A systematic review of PTSD prevalence and trajectories in DSM-5 defined trauma exposed populations: intentional and non-intentional traumatic events. *PLoS ONE*. 2013;8:e59236.
4. Lester EG, Jacobo M, Vranceanu A-M. The psychological impact of ocular trauma: observations and considerations for care. Invited Oral Presentation at: 781st New England Ophthalmological Society Conference (Virtual), October 2020; Boston, MA.