

## Identifying your deafblind patients

Deafblind patients may:

- not respond when they are sent written information
- have to be told several times that it is their turn to see the doctor
- give answers that don't relate to the question they were asked
- nod and smile but their body language tells you they haven't understood
- walk slowly or with less confidence or bump into things
- read in an unusual way, for instance holding the paper close to their face
- ask you to repeat what you have said, or complain that you are mumbling
- not recognise staff they have met often
- prefer to talk to staff they have met before because familiar voices are easier to understand
- find it difficult to find their way to the right room
- not come to the surgery at all because it is too difficult.

## Further investigation

There may be other reasons for the indicators listed above, but don't immediately assume that confusion is dementia related, or that a cautious walk is a sign of arthritis. Think about other possible indicators that sensory loss is the problem. Don't assume that the person will recognise their sensory loss immediately. Sensory loss may come on gradually and people will adapt their behaviour to take account of sensory changes, sometimes without realising. Make an effort to identify deafblind patients and, with their permission, refer them to social services for an assessment. It will make their lives easier and improve their physical and mental health. You can also use your own records to search for people with both a hearing and sight loss.

Many of your patients in the 50–70 age group will have older deafblind relatives. They may not have recognised this fact, or know what to do about it. You can make them aware of the support available if the issue comes up, or display a copy of ['The Good Life'](#) poster in the waiting room or reception area.

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