

3 most common vision problems in MS and how to cope



Vision problems are often the first symptoms of multiple sclerosis for many people and one of the most common invisible symptoms. Fortunately, many vision problems associated with multiple sclerosis are temporary and the prognosis for recovery is good.

However temporary vision problems may be, they are still inconvenient, uncomfortable and downright annoying. Below are some common vision problems for people with multiple sclerosis and suggestions for how to cope with them.



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Optic neuritis

One of the most common visual problems associated with MS is optic neuritis — inflammation of the optic (vision) nerve. During a flare up, a blurred or dim spot (scotoma) may occur in the center of your visual field, leaving your peripheral vision unaffected. You may experience aching pain with eye movement, blurred vision, dim vision, loss of vision, or dimming or loss of color vision. Optic neuritis usually occurs in only one eye however it is possible for you to experience it in the other eye at some time in the future.

While the effects of optic neuritis are frightening and uncomfortable, in most cases your vision will return once inflammation subsides. Residual symptoms are possible and include dimming or blurring of vision when you are fatigued, stressed or overheated.

How to cope: In most cases, optic neuritis will resolve on its own, but in persistent cases, you may consider talking with your doctor about high doses of glucocorticoids, such as intravenous methylprednisolone or prednisone pills to help accelerate recovery. If you are prone to flare ups, consider taking regular breaks throughout the day to rest your eyes and avoid unnecessary strain.



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Diplopia

Diplopia, or double vision, occurs when the nerves that control eye movement are inflamed or damaged. Normally, the muscles work in a coordinated way sending one image of what you're seeing to your brain, but when diplopia occurs, muscles on one side may be weak from nerve damage making your eye movements no longer coordinated. When this happens you to see two side by side images or one image on top of another.

How to cope: Diplopia can be temporary or persistent and may resolve without treatment. When diplopia is a new symptom, it may be part of a relapse of MS and a brief course of corticosteroids may be helpful. You may also consider patching one eye while driving, reading or completing other short tasks. Special eyeglass lenses known as prism lenses may also be helpful for persistent diplopia as they help align the two images into one.



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Nystagmus

Nystagmus, or “dancing eyes,” is an involuntary and uncontrolled movement of the eyes that can impair vision. Movement is usually rapid and can be up and down, side to side or rotating. Nystagmus may occur when you look straight ahead or when you move your eyes up and down or side to side. It can make you feel like the world is moving and cause you to feel dizzy or nauseous.

How to cope: Nystagmus may come and go or may be persistent. At times when your eyes are “dancing”, try tilting your head at an angle as it may help to lessen eye movement. Using magnifying glasses, adequate lighting, large-print reading materials, tinted glasses or a hat can reduce glare and improve vision. Treatment for nystagmus is limited and may include off-label use of medications such as gabapentin.

To learn more about vision problems in MS, visit the Society’s resource page on [Vision Problems](#).

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