



Colour Vision Assessment Course - Leipzig University 26th October 2012

Review of Human Colour Vision

- Variability in Normal and Congenital Colour Vision
- How to measure colour, the CAD test, definition of the standard normal CAD unit
- Normal age-corrected colour thresholds
- Clinical and occupational applications of colour assessment

CAD Pass/Fail Limits in Aviation

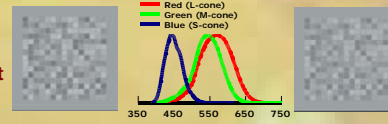
- The use of colour signals in occupational environments
- Work that led to the CAD Pass / Fail limits for pilots
- EASA requirements for ATCOs



JOHN BARBUR

Applied Vision Research Centre,
The Henry Wellcome
Laboratories for Vision Science,
School of Health Sciences,
City University London

THE CAD TEST



CONVENTIONAL COLOUR SCREENING TESTS



Ishihara/
Dvorine



Nagel anomaloscope



HW lantern



Beyne



Spectrolux

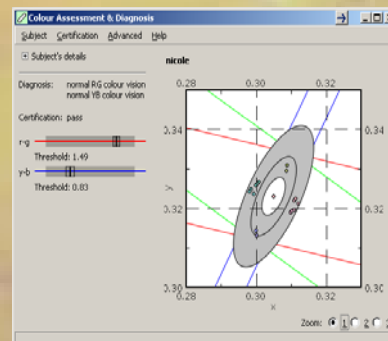
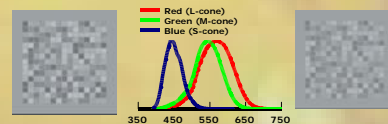
Colour Vision Assessment Course - Leipzig University 26th October 2012

Working with the CAD test

- Menu options
- Fast screening / Certification environments
- Advanced tests / Pass-Fail limits
- Interpretation of results (normal, congenital and acquired deficiency)
- Display calibration program



THE CAD TEST



NORTHAMPTON COLLEGE OF ADVANCED TECHNOLOGY (1896)



City University (2011)



Applied Vision Research Centre, City University (1997)

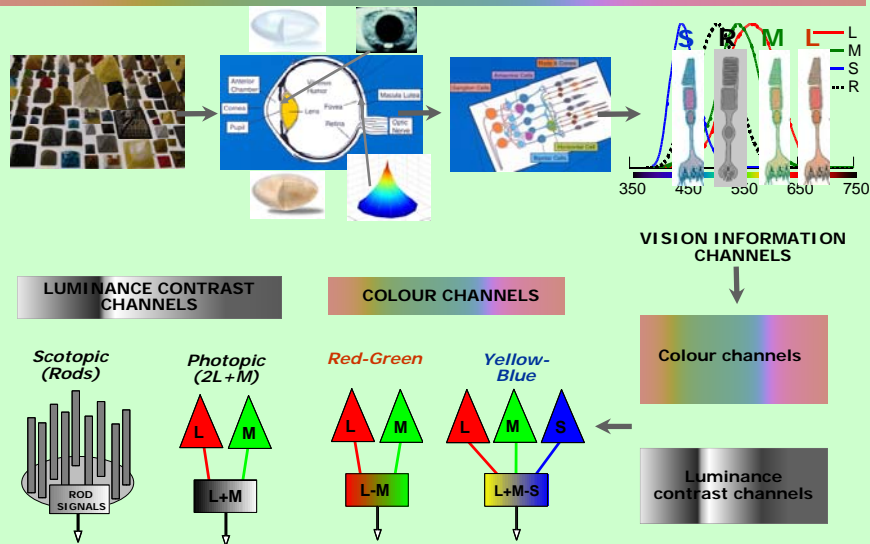
The Henry Wellcome Laboratories for Vision Sciences (2005)

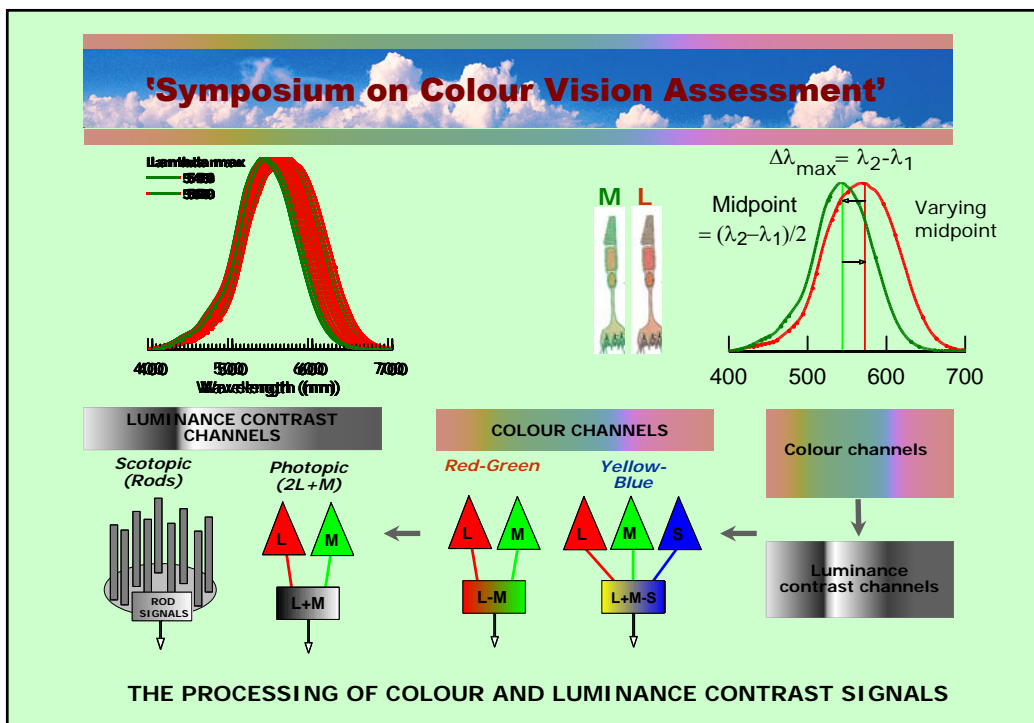
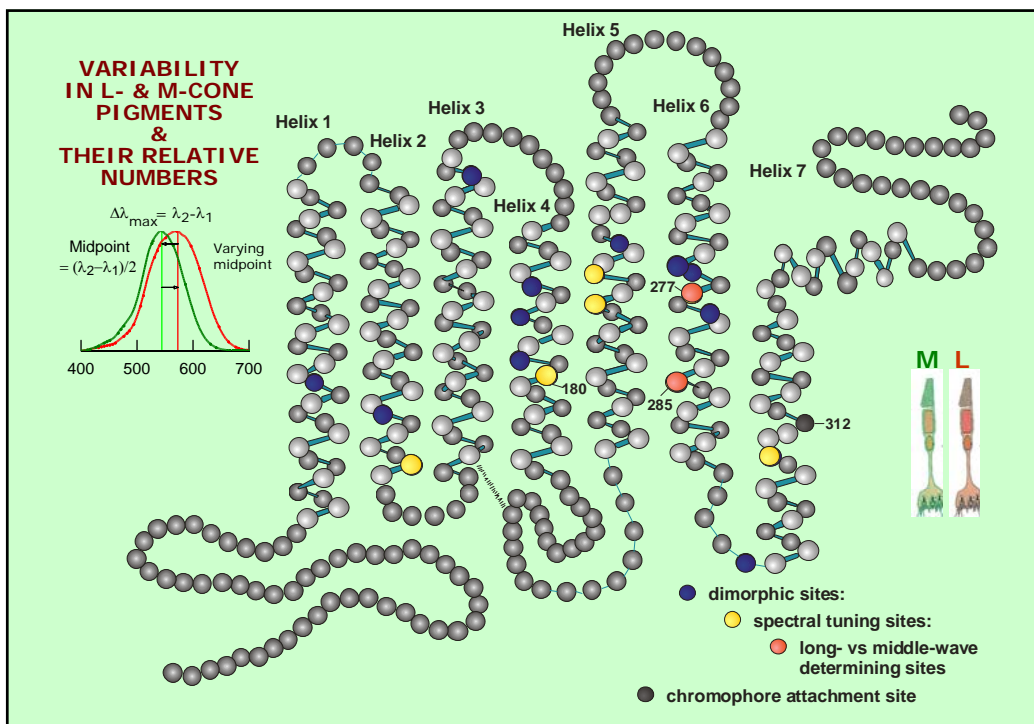


Applied Optics Department (1903)

BACKGROUND

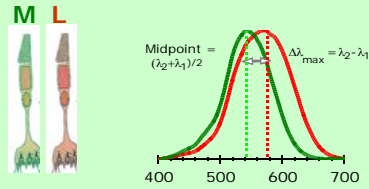
The processing of colour and luminance contrast signals



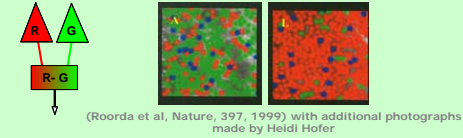


FACTORS THAT CAUSE VARIATION IN CHROMATIC SENSITIVITY

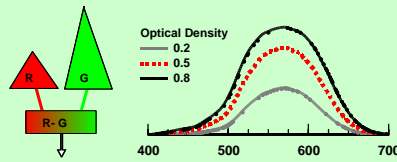
- Genetically determined shifts in the peak spectral responsivity of cone photoreceptors



- Variation in the L:M cone photoreceptor ratio

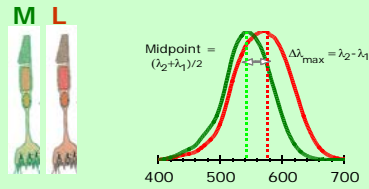


- Differences in the optical density of L- and M- cones (Typical values in the range: 0.2 to 0.8)

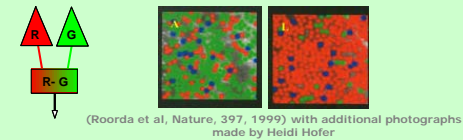


FACTORS THAT CAUSE VARIATION IN CHROMATIC SENSITIVITY

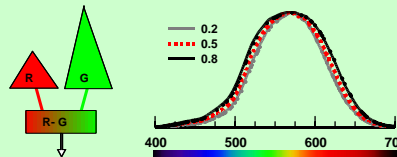
- Genetically determined shifts in the peak spectral responsivity of cone photoreceptors



- Variation in the L:M cone photoreceptor ratio

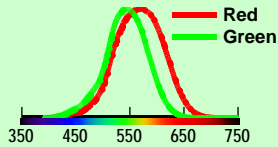
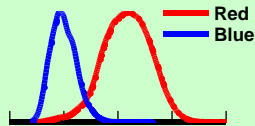
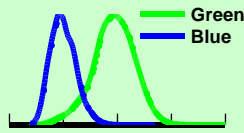
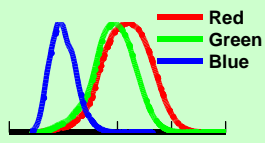


- Differences in the optical density of L- and M- cones (Typical values in the range: 0.2 to 0.8)



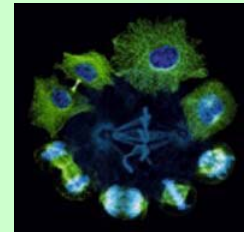
CLASSIFICATION OF COLOUR VISION

From: Sharpe, Stockman, Jaegle & Nathans, In "Colour Vision", 1999



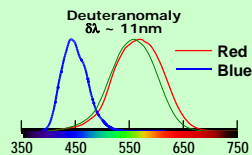
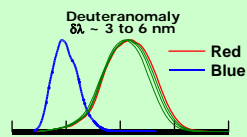
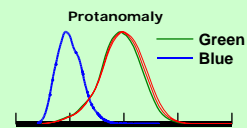
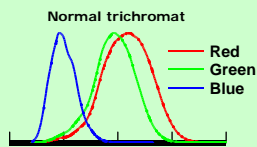
Colour Deficiency Dichromatism

	Absent Cones	"Different" cones
R	protan	
G	deutan	
B	tritan	



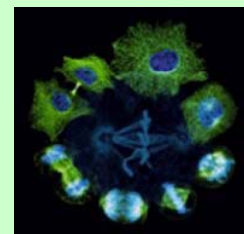
CLASSIFICATION OF COLOUR VISION

From: Sharpe, Stockman, Jaegle & Nathans, In "Colour Vision", 1999



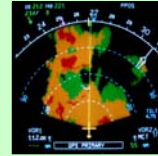
Anomalous Trichromatism

	Absent Cones	"Different" cones
R		protanomalous
G		deuteranomalous
B		



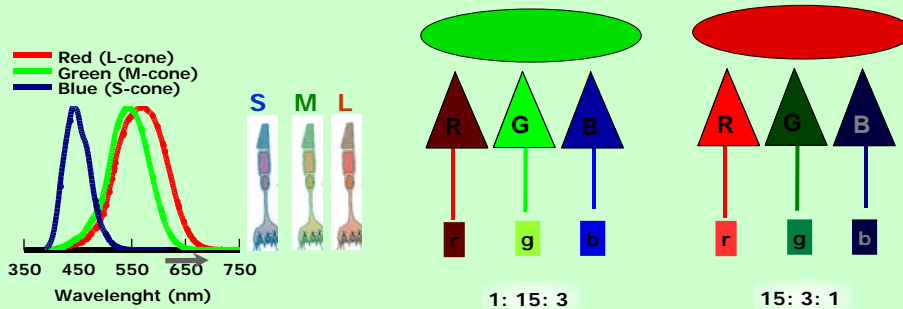
COLOUR VISION ASSESSMENT

How do we quantify hue sensation and the strength of colour signals?



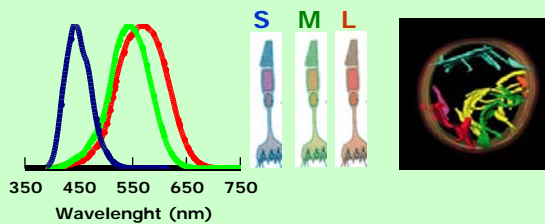
Colour charts, atlases, tristimulus values, chromaticity coordinates

Chromaticity relates directly to the ratio of cone photoreceptor signals



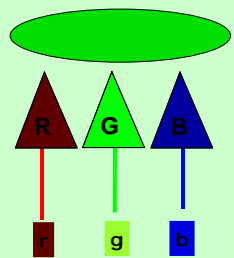
CIE (X,Y,Z) - tristimulus space

• 3D space that plots three quantities directly related to cone photoreceptor signals



CIE (x,y) – chromaticity chart

• 2D chart that plots normalised X,Y,Z tristimulus values



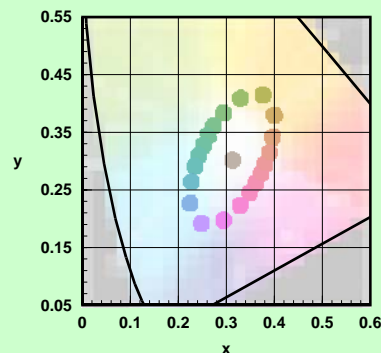
$$x = \frac{X}{X+Y+Z}$$

$$y = \frac{Y}{X+Y+Z}$$

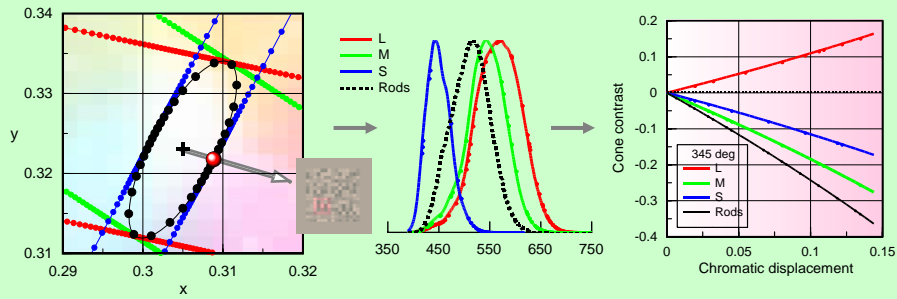
$$z = \frac{Z}{X+Y+Z}$$

$$x + y + z = 1$$

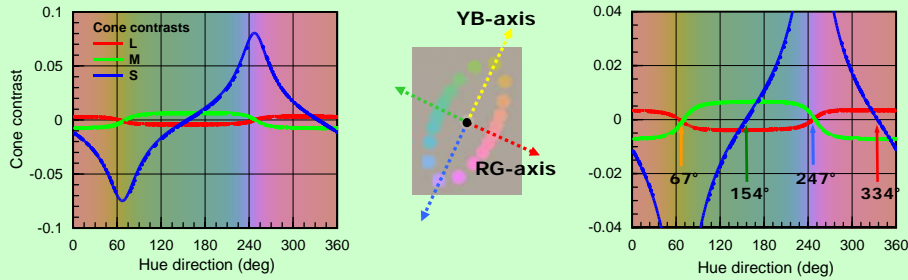
$$z = 1 - (x + y)$$



CONE SIGNALS AND THE CIE (x,y) CHROMATICITY CHART

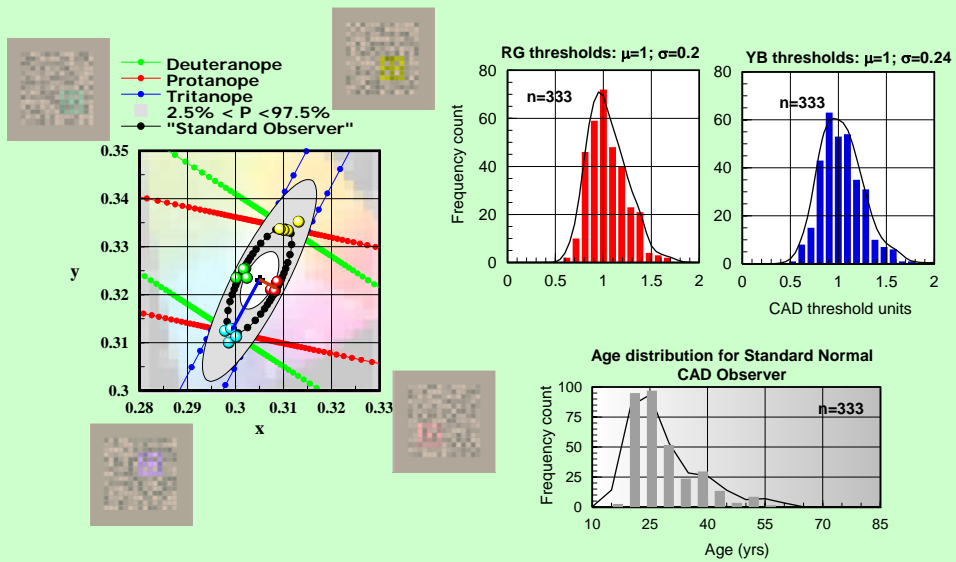


THRESHOLD CONE CONTRAST SIGNALS FOR NORMAL TRICHROMATS

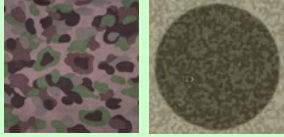


"Standard Normal" CAD Observer

BASED ON: 330 NORMAL TRICHROMATS



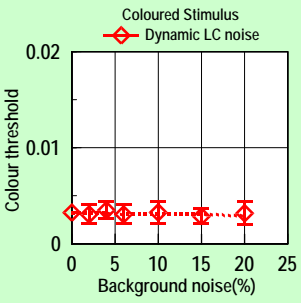
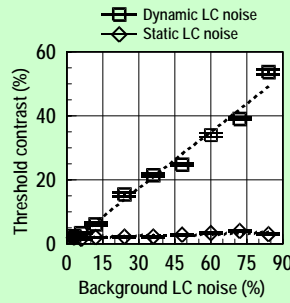
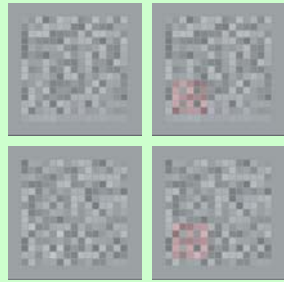
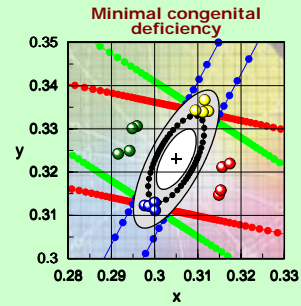
WHY DO WE BURY THE COLOURED SIGNALS IN DYNAMIC LUMINANCE CONTRAST NOISE?



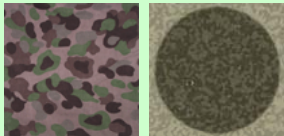
The CAD test is based on perturbation techniques for studying camouflage

Normal Trichomat
 $RG=0.68$
 $YB=0.71$

Mild Deutan Deficiency
 $RG=2.79$
 $YB=1.15$



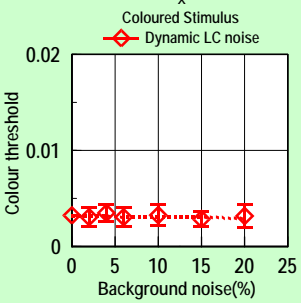
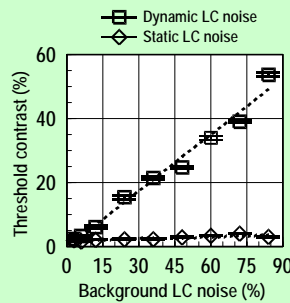
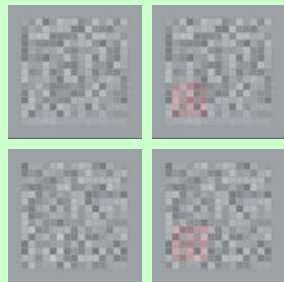
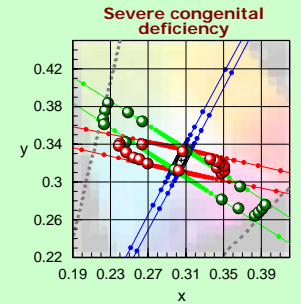
WHY DO WE BURY THE COLOURED SIGNALS IN DYNAMIC LUMINANCE CONTRAST NOISE?



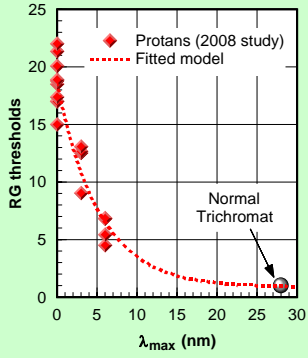
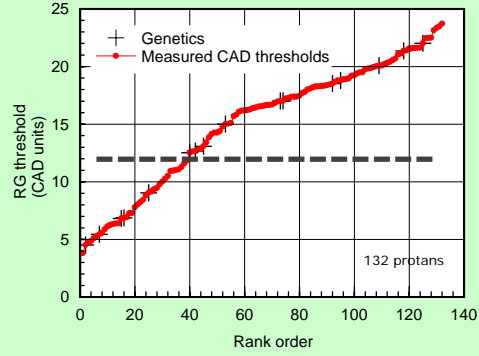
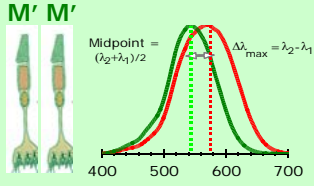
The CAD test is based on perturbation techniques for studying camouflage

Severe Protan Deficiency
 $RG=12.67$
 $YB=0.93$

Deutanope (dichromat)
 $RG=22.44$
 $YB=1.03$



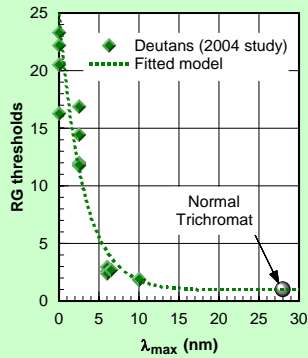
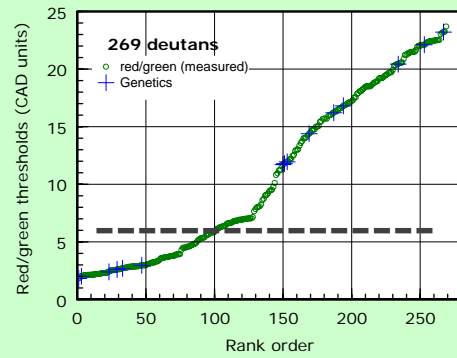
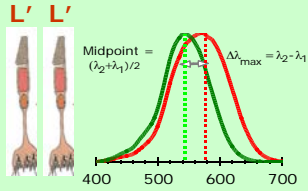
VARIATION IN CHROMATIC SENSITIVITY IN "PROTAN DEFICIENCY"



		Protan deficiency					
M' \ M'	Mean lambda max	529.7	529.5	529	533.3	531.6	536
529.7	0	0.2	0.7	3.6	1.9	6.3	
529.5	0.2	0	0.5	3.8	2.1	6.5	
529	0.7	0.5	0	4.3	2.6	7	
533.3	3.6	3.8	4.3	0	1.7	2.7	
531.6	1.9	2.1	2.6	1.7	0	4.4	
536	6.3	6.5	7	2.7	4.4	0	

$\delta\lambda_{\max}$ changes in protans

VARIATION IN CHROMATIC SENSITIVITY IN "DEUTAN DEFICIENCY"



		Deutan deficiency					
L' \ L'	Mean lambda max	552.4	556.7	549.6	553	548.8	544.8
552.4	0	4.3	2.8	0.6	3.6	7.6	
556.7	4.3	0	7.1	3.7	7.9	11.9	
549.6	2.8	7.1	0	3.4	0.8	4.8	
553	0.6	3.7	3.4	0	4.2	8.2	
548.8	3.6	7.9	0.8	4.2	0	4	
544.8	7.6	11.9	4.8	8.2	4	0	

$\delta\lambda_{\max}$ changes in deutan subjects

ESTABLISHING "NORMAL", AGE-CORRECTED COLOUR LIMITS (Summary of exclusion criteria)

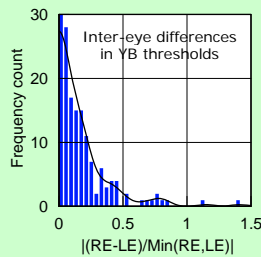
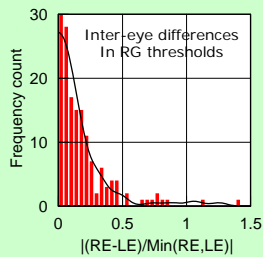
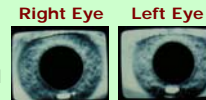
Over 400 subjects (age range 4-90yrs) were recruited from:

City University
London

Damme Optometrie
Practice, Netherlands



1. Congenital colour deficient subjects were excluded (elevated RG thresholds and normal YB)
2. Subjects with medical conditions such as diabetes, hypertension and ocular abnormalities were also excluded
3. Subjects with abnormal fundus appearance or drusen were excluded
4. Subjects with a statistically significant difference in RG and/or YB thresholds between the two eyes were excluded



RE > LE asymmetry value

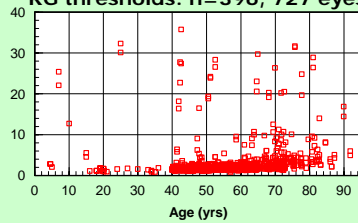
$$\frac{|RE - LE|}{\text{Smallest of RE or LE}}$$

Limits (0.95)	RG	YB
Upper Limit	0.437	0.413

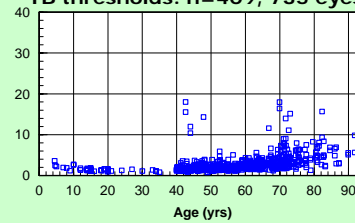
RG AND YB COLOUR THRESHOLDS VERSUS AGE

All subjects - no filtering

RG thresholds: n=396, 727 eyes

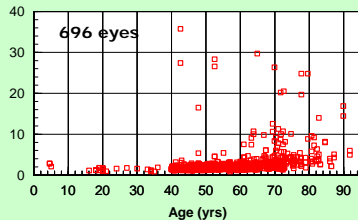


YB thresholds: n=409, 735 eyes

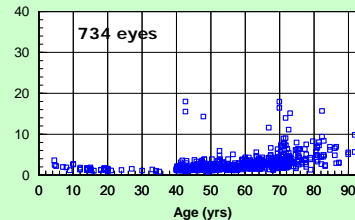


After filtering for congenital deficiency

496 eyes

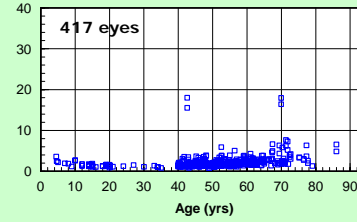
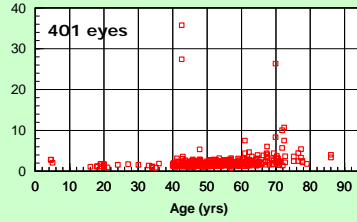


734 eyes

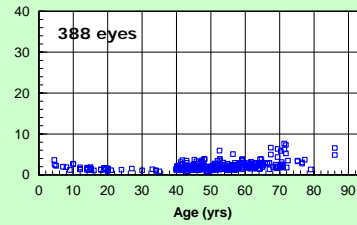
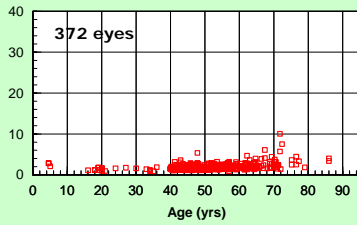


RG AND YB COLOUR THRESHOLDS VERSUS AGE

After filtering for recognized medical conditions
 Hypertension (88), diabetes & hypertension (14), diabetes (7), ocular diseases (44)



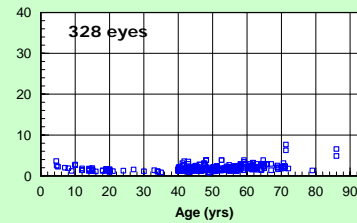
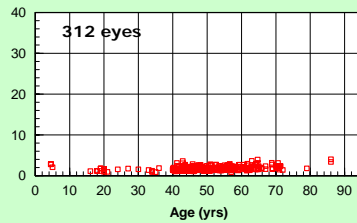
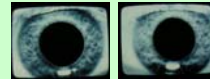
After filtering for abnormal fundus and drusen (18)



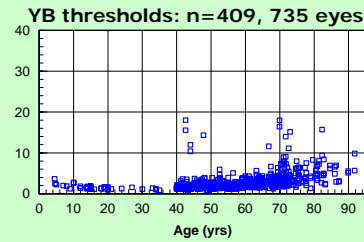
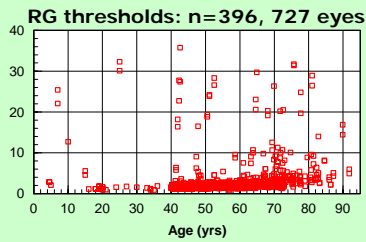
RG AND YB COLOUR THRESHOLDS VERSUS AGE

**After filtering for right/
left eye asymmetry (27)**

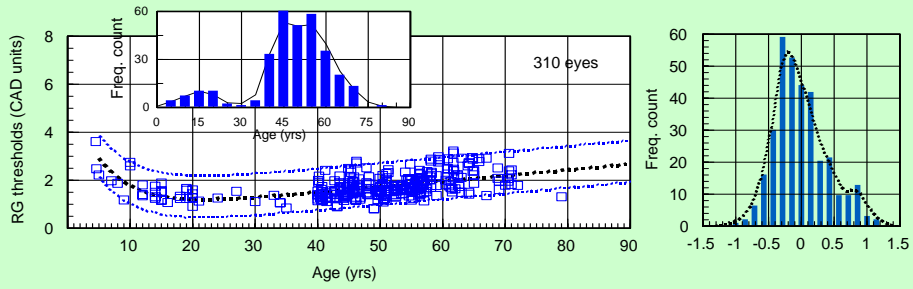
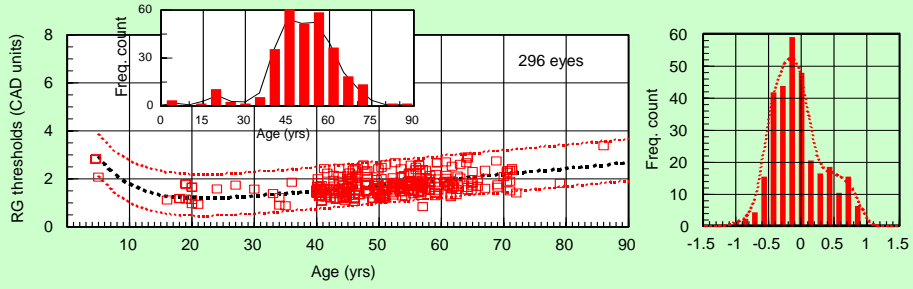
$\frac{RE - LE}{\text{smallest of } RE \text{ \& } LE}$



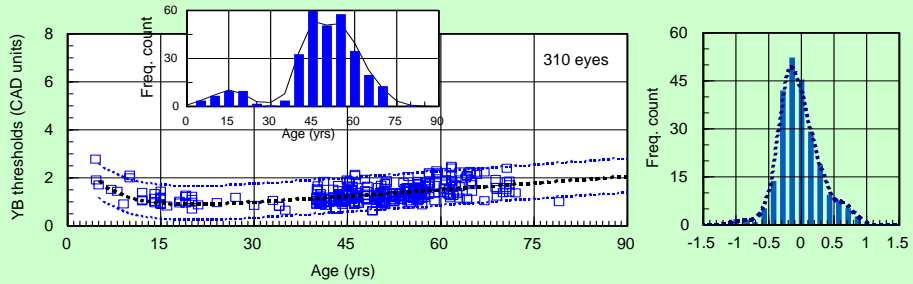
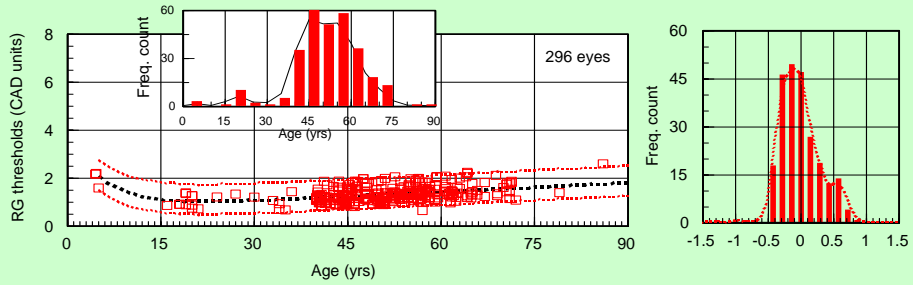
All subjects - no filtering



MONOCULAR THRESHOLDS - NORMAL AGING LIMITS ($\pm 2\sigma$)



BINOCULAR THRESHOLDS - NORMAL AGING LIMITS ($\pm 2\sigma$)



CONGENITAL & ACQUIRED LOSS OF CHROMATIC SENSITIVITY

Prevalence of congenital colour vision deficiencies

Accepted Prevalence of Color Vision Deficiencies#						
Protanope	Deutanope	Tritanope	P-nomalous	D-nomalous	T-nomalous	Total
1	1.1	0.002	1	4.9	0	8.002

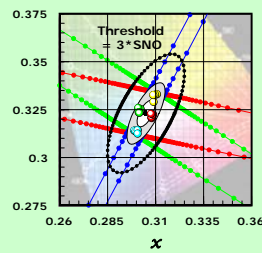
#Gegenfurtner, K.R. & Sharpe, L.T. "Color Vision, from Genes to Perception", Cambridge University Press.

Prevalence of acquired loss of chromatic sensitivity ?

Systemic and / or eye diseases / neuro-toxicity effects: prevalence is age related and loss is progressive (i.e., ~ 1% at 45 to 15 to 25 % above 65 yrs)

- Autoimmune related retinopathy & neuropathy
- Melanoma associated retinopathy
- Rod-cone dystrophies
- Retinitis pigmentosa
- Optic Neuritis
- Vitamin A deficiency
- Glaucoma
- Age Related Macula Degeneration
- Diabetic retinopathy

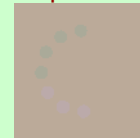
Predicted appearance of various colours in a subject with 3 times the normal colour thresholds



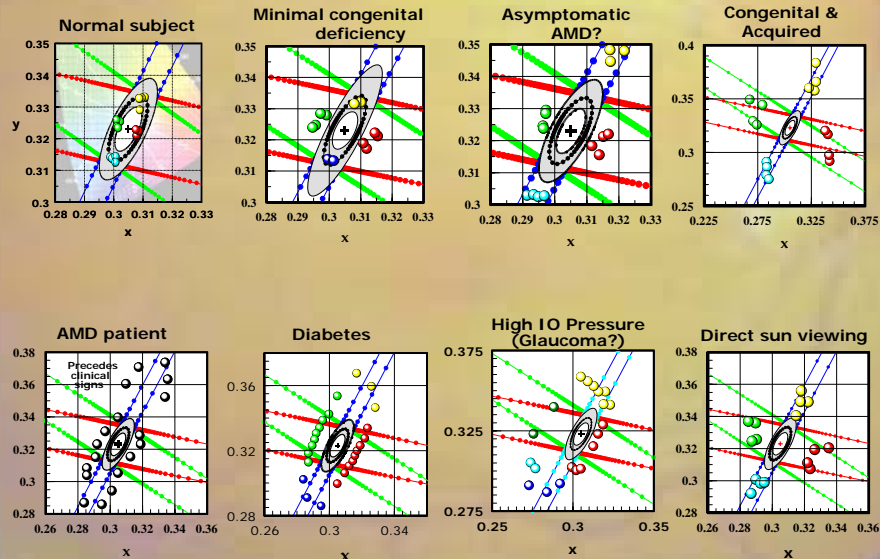
As seen by "normal" subject



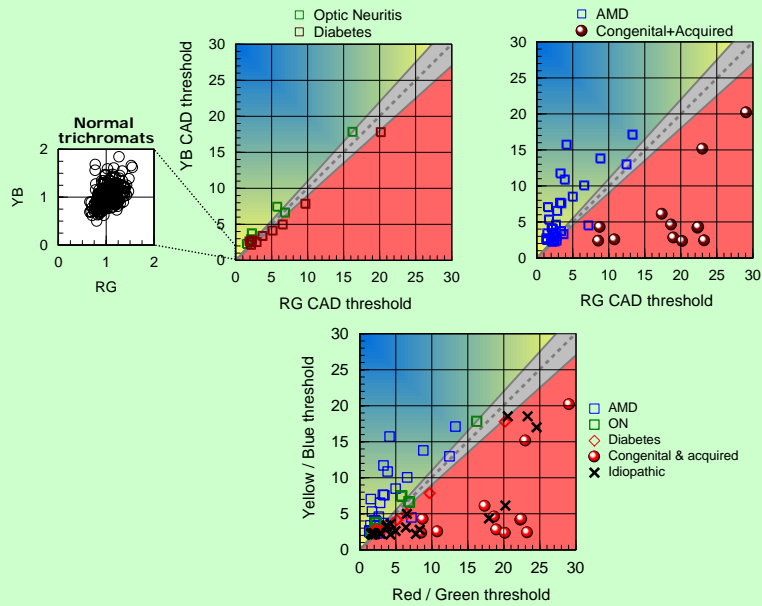
As seen by patient



CLINICAL APPLICATIONS OF COLOUR VISION ASSESSMENT: EXAMPLES OF ACQUIRED LOSS OF COLOUR VISION



CLINICAL APPLICATIONS OF COLOUR VISION ASSESSMENT RED/GREEN v YELLOW/BLUE LOSS



CLINICAL APPLICATIONS OF COLOUR VISION ASSESSMENT: LOSS OF COLOUR VISION IN DIABETES

219 diabetic patients (141 males, 78 females - 8 with congenital RG colour deficiency).

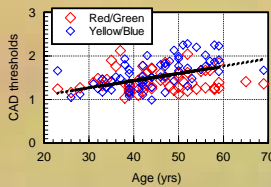
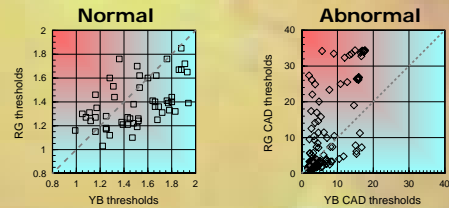
Only ~ 28% of the patients have RG and YB thresholds that fall within the normal range.

Imperial College Abu Dhabi Diabetes Centre

Inclusion criteria:

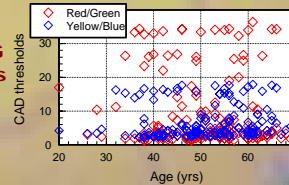
- a) Best corrected visual acuity of 6/18 or better, No more than moderate non-proliferative retinopathy (R2) or
- b) Moderate maculopathy (M2), and no co-existing glaucoma.
- c) Cataract was not a reason for exclusion provided the acuity was adequate.

Patients had a full eye examination (including colour photography and macular OCT), a full assessment of their diabetes, and the CAD colour vision test.



Normal Diabetics with RG and YB thresholds within the normal range

Abnormal Diabetics with RG and YB thresholds outside normal, age-corrected limits

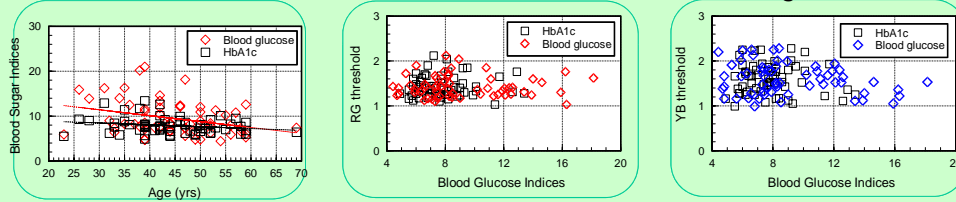


LOSS OF COLOUR VISION IN DIABETES: Correlation with Blood Glucose Indices

(Acknowledgments to Imran Ansari & Chris Canning: Moorfields Eye Hospital Dubai)

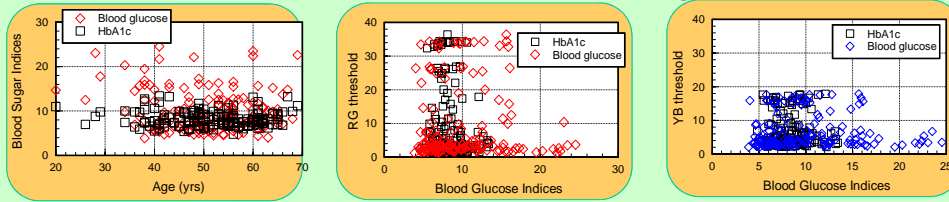
Normal

Diabetics with RG and YB thresholds within the normal range



Abnormal

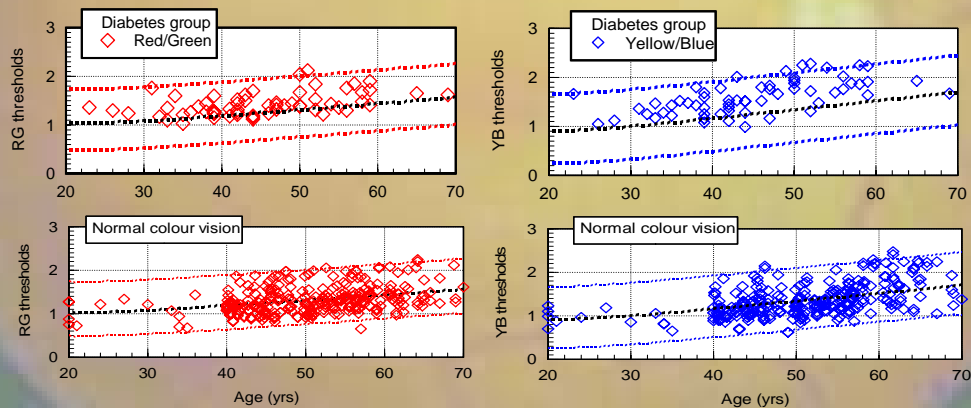
Diabetics with RG and YB thresholds outside normal, age-corrected limits



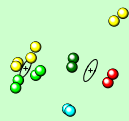
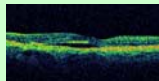
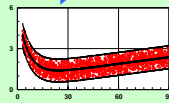
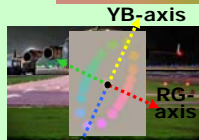
CLINICAL APPLICATIONS OF COLOUR VISION ASSESSMENT: LOSS OF COLOUR VISION IN DIABETES

RG and YB thresholds in diabetics with colour thresholds within normal, age-corrected limits

RG and YB thresholds in normal, non-diabetic trichromats



CAD TEST APPLICATIONS WITHIN OCCUPATIONAL AND CLINICAL ENVIRONMENTS

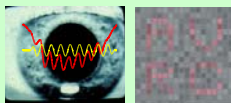


- I. The test quantifies the severity of RG and YB colour vision loss with applications within occupational environments
- II. The test provides age-corrected, normal limits for RG and YB thresholds from 4 to 90 years of age
- III. The test provides reliable indication of acquired loss of chromatic sensitivity with relevance to the detection of preclinical diseases of the retina and / or systemic diseases that affect vision
- IV. The test cannot be leant and all other cues that can affect the outcome of conventional tests are eliminated
- V. The test can be used to detect automatically any significant changes on repeated testing when monitoring progress of disease or effects of treatment
- VI. The CAD test is supplied with display calibration facilities and pass / fail certification limits are also provided for some occupations

ACKNOWLEDGEMENTS



<http://www.city.ac.uk/avrc>



For more information contact
Applied Vision Research Centre
webmaster
at
avrc@city.ac.uk

The Medical College of Wisconsin
M. Neitz, J. Neitz, K. Mancuso

City University
Marisa Rodriguez-Carmona
Alister Harlow
Evgenia Konstantakopoulou
Franziska Rauscher



Civil Aviation Authority
Tony Evans
Adrian Chorley
Sally Evans
Stuart Mitchell



Safety Regulation Group

Federal Aviation Administration
Nelda Milburn



Federal Aviation Administration

Qinetiq
Desmond Connolly
Ian Moorhead

