Issue 5 Winter

PRIMARY eye care

THE PRIMARY CARE STRATEGY, DIABETES, AND THE AGING POPULATION

THE GENERAL MEDICAL PRACTITIONER IS THE CORNERSTONE OF PRIMARY HEALTH CARE.

The Government's health strategy places increasing importance on primary health care. It acknowledges that insufficient funding has been directed at primary health over many years and it is time to redress the balance. The aims are fundamentally sound: to provide services to improve and maintain health; a focus on timely and equitable access; and a collaborative approach to health promotion and injury prevention. The problem with the Primary Health Strategy and the introduction of Primary Health Organisations is the lack of detail. Some say this is an opportunity, others say it is a weakness.

One thing is clear though, the GP service has to be a fundamental part of primary health care regardless of the structure through which it is delivered or the funding arrangements that are made. One of the key advantages of general practice is its community involvement and ability to take a wholistic approach to personal and family healthcare. Often the family doctor will be providing care to parents, children, and grandchildren of the same family. Care extends over time and across many conditions.

Optometrists have similar long-standing clinical relationships with both individuals and families in respect of primary eye care. Many times they see the same patients as the GP does and are able to provide eye services, assessments, and referrals to enhance the overall level of service available in the community. In many areas the GP optometrist partnership has been developed to enable patients with eye disease to remain under the care of their GP while the progression of the condition is monitored.

SCREENING FOR DIABETIC RETINOPATHY

The WIPA eye screening program is a good example of general practitioners and optometrists working together to maintain patient care in the community and to reduce the fragmentation of care between primary and secondary care providers. In this program, the GP is responsible for the overall care of the patient with diabetes. As part of the annual check, a patient with diabetes is referred to a local optometrist for a photographic fundus review.

The optometrist provides information on visual acuity, media clarity, takes and reads a photograph of the fundus and provides a report to the GP. Where there is evidence of more than minimal retinopathy the patient is referred to an ophthalmologist for further assessment. Where there is risk of other conditions such as glaucoma, or there are signs that there are other eye problems, the optometrist is able to schedule a further examination and provide an additional report to the GP.

The Wellington regional program is funded jointly by the three DHBs, Capital and Coast Health, Hutt Valley Health, and Wairarapa DHB. This means that people in the program do not have to pay for the eye screening and are maintained under the care of the GP until retinopathy advances to the point of referral to secondary care.

Figures available from the first 1400 people screened indicate that 70% remain under the care of the GP with annual monitoring through the program, 30% have some evidence of retinopathy requiring referral and for 7% of those referred the retinopathy is sight-threatening.

RETINAL CHANGES AND HEART DISEASE IN WOMEN

Optometrists have long known that they are often the first to see the problem in people with untreated hypertension. Retinal artery thinning is one of the earliest signs of hypertension and optometrists observing this when taking a retinal photo or otherwise examining the fundus will refer the patient to their GP for a medical review.

Now there is new research published in the 6 March 2002 Journal of the American Medical Association showing that women with the narrowest arteries in the retina had almost double the risk of developing serious heart problems. The researchers studied the association between retinal arteriolar narrowing, a marker of microvascular damage from hypertension and inflammation, and incident CHD in healthy middle-aged women and men.

In the study, initiated in 1987-1989, retinal photographs were taken in 9,648 women and men aged 51 to 72 years without coronary heart disease at the third examination (1993-1995). Individual arteriolar and venular diameters were measured on each digitised photograph and a summary arteriole-to-venule ration (AVR) was calculated.

During an average 3.5 years of follow-up 84 women and 187 men experienced incident CHD events. After controlling for mean arterial blood pressure, diabetes, smoking, plasma lipid levels and other risk factors, each standard deviation decrease in the AVR for women was associated with a 1.37 increased risk of any incident coronary heart disease event and a 1.50 increased risk of acute myocardial infarction.

In contrast, for men AVR was unrelated to any incident CHD or to acute myocardial infarction.

"People in the program do not need to pay for the eye screening."

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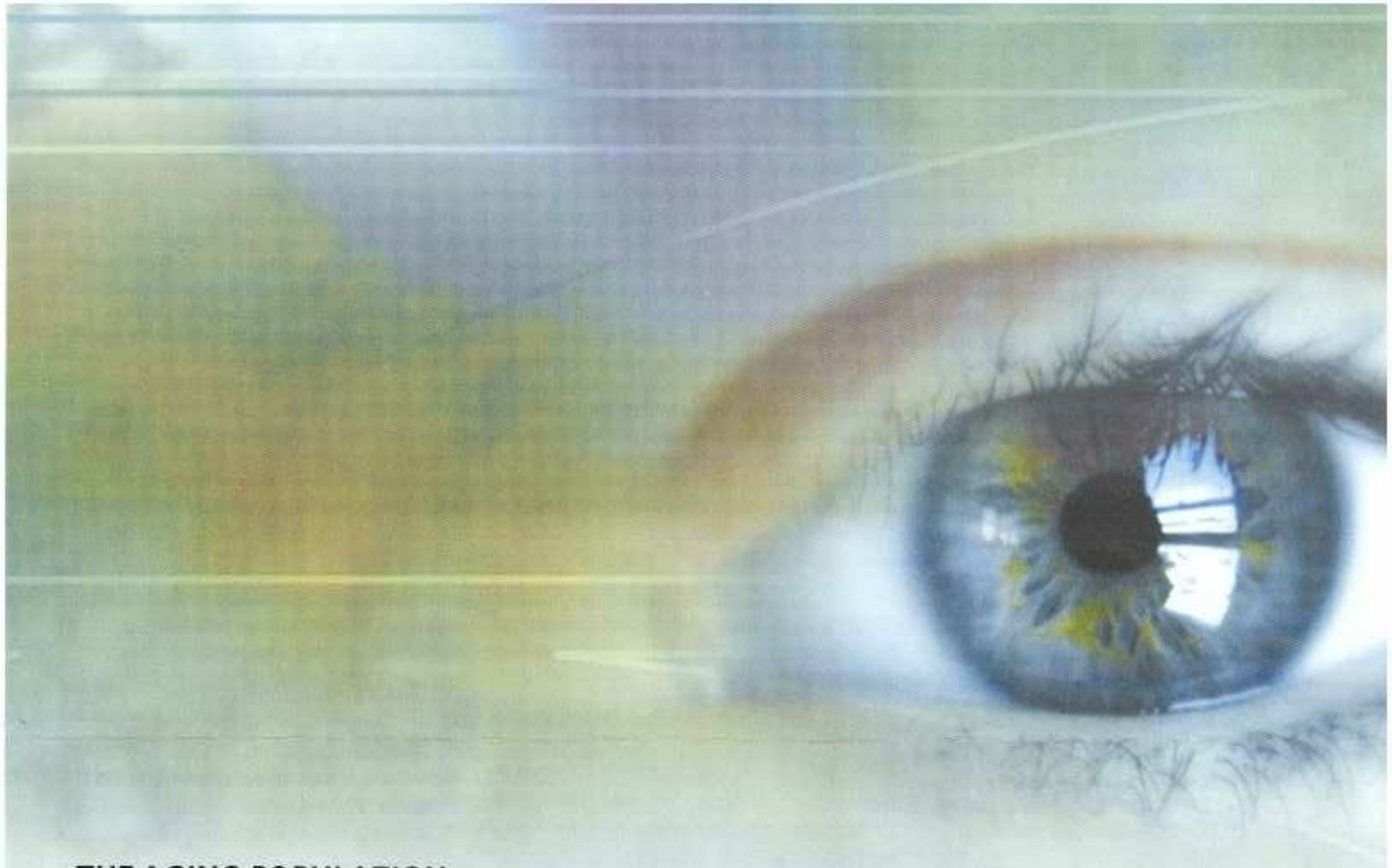

THE AGING POPULATION

More New Zealanders than ever are facing the threat of blindness from age-related eye disease. We know this informally and logically from the prevalence of conditions being seen by optometrists within the NZAO. We also know it is a world-wide phenomena at least for the developed economies where people are living longer and staying active longer.

A recent report from the National Institute of Health in the USA states that over one million Americans 40 and over are blind and an additional 2.4 million are visually impaired. These numbers are expected to double over the next 30 years as the Baby-Boomer generation ages.

The New Zealand Ministry of Health does not collect information on eye disease or visual disorders but results from the 2001 Statistics New Zealand Disability Survey Snapshot 6, indicate that 81,500 New Zealand adults are blind or had a sight limitation that could not be corrected by glasses or contact lenses.

Because most of the conditions that threaten sight or lead to loss of vision are progressive and interventions to preserve sight are best effected early in the process the importance of regular eye examinations cannot be overstated.

The US Government is taking this issue seriously. "Blindness and visual impairment from most eye diseases and disorders can be reduced with early detection and treatment," said US Secretary of Health and Human Services Tommy G. Thompson. "Regular dilated eye exams are essential in preventing vision loss. Healthy vision is a shared responsibility among the government, health care providers, community leaders and the public."

If USA figures are anything to go by the New Zealand government should be similarly concerned. Diabetic retinopathy affects more than 5.3 million Americans age 18 and over and more than 1.6 million Americans age 50 and over have late stage macular degeneration (AMD).

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