

update

You will notice that this issue of the DOCET Update contains information on Optometric Quarterly only.

DOCET has been publishing the Update for over seven years now, and we have decided it is time for a review. We will be looking at the type of content that should be included, the frequency of publication, and – in particular – the most appropriate medium in which to make this information available. You will be aware that many programmes (such as the new compulsory CET scheme) are only available online, and we are considering making the content of the newsletter accessible on the DOCET website only.

We are, as always, keen to hear your thoughts on the future of the DOCET Update – please email DOCET on docet@college-optometrists.org

Optometric Quarterly 54

In this edition

Flashes and floaters

Dealing with patients who may be at risk of retinal detachment is a difficult area where standards are changing. Lyndon Taylor talks to Sue Blakeney and Trevor Warburton.

Corneal infections in community practice

Ophthalmologist (and optometrist) Chris Heaven discusses the roles of community practice and the hospital eye department with Ian Wallwork.

Helping patients with AMD

Dennis Lewis of the Macular Disease Society explains to Hugh Breakspear how his organisation can help optometrists take a positive approach at the time of diagnosis.

Quarterly review

The guest reviewer is Polly Dulley, a practising community optometrist.

References

Flashes and floaters

College of Optometrists
Clinical advice: flashes and floaters
www.college-optometrists.org
(Members area)

Association of Optometrists
Patient information leaflet on flashes and floaters
www.aop.org.uk (Use search function)

Helping patients with AMD

The Macular Disease Society
www.maculardisease.org
Tel: 01264 350551

Quarterly review

Gherghel D, Hoskins S and Cunliffe I
Abnormal systemic and ocular vascular response to temperature provocations in primary open angle glaucoma patients: a case for autonomic failure?

Invest Ophthalmol Vis Sci 2004; 45: 3546-3555.

Riva C, Salgarello T, Logean E, Colotto A, Galan E and Falsini B
Flicker evoked response measured at the optic disc rim is reduced in ocular hypertension and early glaucoma

Invest Ophthalmol Vis Sci 2004; 45: 3662-3668.

Richer S, Stiles W, Statkute L et al
Double masked, placebo controlled, randomised trial of lutein and antioxidant supplementation in the intervention of atrophic age related macular degeneration: the Veterans LAST study

Optometry 2004; 75: 16-30.

Mason P
Critical flicker frequency as a potential vision technique in the presence of cataracts)

Invest Ophthalmol Vis Sci 2005; 46: 1107-12.

Ng W & Chehade M
Supplements and the eye
Optometry in Practice 2005; 6: 77-87.

MCQs for OQ55

- 1 Which of the following statements is true?
 - a Flashes and/or floaters might be symptoms associated with a retinal tear
 - b Floaters with flashes indicates a higher risk of retinal breaks
 - c Absence of Tobacco Dust indicates there is no risk of a retinal tear
 - d As long as you dilate a fundus examination with a direct ophthalmoscope is acceptable
- 2 If you do not feel that you have the skills to examine a patient with sudden onset flashes and floaters yourself, should you:
 - a Do your normal examination and refer the patient routinely?
 - b Do your normal examination, give them written advice about RD symptoms and suggest they come back if their symptoms deteriorate?
 - c Refer to an ophthalmologist within 1 week?
 - d Refer to an ophthalmologist within 24 hours?

- 3 Which of the following is an antibiotic combination commonly used in the Royal Albert Edward Infirmary, Wigan?
 - a Cefuroxime and ciprofloxacin
 - b Gentamicin and cefuroxime
 - c Gentamicin and ofloxacin
 - d Ofloxacin and ciprofloxacin
- 4 Which of the following statements about the cold pressor test is NOT true?
 - a In cold provocation POAG patients had a drop in peripheral circulation
 - b In cold provocation normal patients had had increased systolic BP
 - c In cold provocation POAG patients showed unchanged ocular blood flow
 - d In cold provocation normal patients showed unchanged ocular blood flow

Submit your answers online via www.docet.info

Answers to MCQs for OQ54

- 1 Which of the following do 50% of diabetics complain of?
 - a Blepharitis
 - b Corneal erosions
 - c **Dry-eye symptoms**
 - d Spoilation
- 2 Which of the following has been shown to be present in non-contact lens wearing diabetic patients?
 - a Conjunctival redness
 - b Corneal staining
 - c **Endothelial folds**
 - d Limbal hyperaemia
- 3 What proportion of all central scotomas in study participants did the Threshold Amsler Grid detect?
 - a 5%
 - b 28 %
 - c 45%
 - d **97%**
- 4 How many of the following "Learning in Practice" sessions will be necessary for optometrists wishing to have Level 2 exemptions?
 - a **10 half-day sessions**
 - b 12 half-day sessions
 - c 20 half-day sessions
 - d 24 half-day sessions

Answers to MCQs for OQ53

- 1 Which of the following statements about the GDx is true?
 - a It assesses retinal nerve fibre thickness using birefringence
 - b Significant lens opacities can affect the scan
 - c **Significant macula problems won't affect the scan**
 - d Red colouration of the colour coded thickness map indicates thinner nerve fibre layers
- 2 Which of the following statements about the St Thomas's PRK follow-up study is NOT true?
 - a 12% of patients continued to report halos around lights at night between 6 and 12 years
 - b All subjects showed refractive stability between 6 and 12 years
 - c **The proportion of eyes that gained or lost lines of best corrected visual acuity changed over the follow-up period**
 - d Stromal haze was negligible at 6 years with no eyes developing late haze
- 3 How much forward movement would be necessary for the Humanoptics 1CU accommodating intraocular lens to provide 2 dioptres of "accommodation"?
 - a 63 micrometres
 - b 314 micrometres
 - c 1.5 millimetres
 - d **2 millimetres**
- 4 Which of the following is the only predictive factor of recovery time for RGP wearers who wish to have refractive surgery?
 - a Changes in corneal topography
 - b Changes in refraction
 - c **The total number of years of RGP lens wear**
 - d The type of lenses worn