

Update

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Optometric Quarterly 56

The Low Vision Leaflet

The Low Vision Leaflet (LVL), referred to by Anita and Carl during the interview, will be customised by local social service departments from the generic format shown below:

Does poor eyesight sometimes make your life difficult?
You may benefit from advice and support that your local council social services department (or its designated agency) can provide for you.

Your council has a duty to:

- Advise you of the range of services available to people with sight problems
- Carry out an assessment of your needs

These services can include:

- Supply of special equipment
- Training to manage daily tasks
- Arranging for you to be registered (if your eye specialist determines you are eligible and you consent).

Attention Driving Licence holders
In accordance with the advice shown on the driving licence, any driver with impaired vision should inform the DVLA, who will consider each case on an individual basis.

Contact the DVLA at:
Drivers Medical Branch
DVLA
Swansea
SA99 1TU
0870 600 0301

Provided by

Do you have a visual impairment?

Local information and Services

Postcode: _____
Telephone number and / or email address: _____

Do you need an interpreter / translation? (tick) YES NO
I would prefer information in: _____ (language)

Do you live alone? (tick) YES NO
Do you have responsibilities as a carer? (tick) YES NO
Please tick any relevant statements about the practical effects of your sight difficulties.

Crossing roads safely
 Becoming isolated
 Feelings of distress
 Coping at work
 Coping at school / college
 Reading
 Other - please specify _____

In the first instance, please contact (tick):
 Me A representative
 A friend A relative

Contact name & details: _____

Make contact first by (tick):
 Phone Visit
 Letter Email

Send me information in (tick):
 Large Print Email
 Disk Tape

Keep this part for your information
Send the form part to:

(Social services or agent to insert details here in 16 pt size print)

If you have any difficulties in relation to these matters, you can contact:

- Citizen's Advice Bureau
- The RNIB Helpline (local call rate): 0845 766 9999
- Your local voluntary organisation for visually impaired people.

LVL-leaflet 2005

IN THIS ISSUE

The Low Vision Leaflet

The BD8 is being replaced in England with a completely new system of referring and registering patients with impaired vision. Carl Freeman and Anita Lightstone of the RNIB talk to Hugh Breakspear.

Smoking and AMD

Smoking can make you blind. Ian Wallwork discusses the evidence and the implications for optometrists with ophthalmologist Simon Kelly.

Tamoxifen ocular adverse effects

The most widely prescribed medication for breast cancer has some important ocular adverse effects which have been characterised for the first time. Polly Dulley takes Philip Morgan through her research project.

Quarterly review

Geoff Roberson's regular review of the journals.

Research Update - Smoking and AMD

Since recording the interview with Simon Kelly further research evidence, this time linking passive smoking with an increased risk of developing AMD, has come to light. The findings are part of a study which aimed to associate the risk with the number of cigarettes smoked. It is published in the latest issue of the British Journal of Ophthalmology by a research team from the Department of Medical Genetics at the University of Cambridge

together with support from the Institute of Ophthalmology.

- Someone who regularly smokes triples their risk of developing AMD.
- Someone who lives with a smoker for five years has double the risk of developing AMD.

Reference:

Khan JC, Thurlby DA, Shabid H, Clayton DG, Yates JR, Bradley M, Moore AT, Bird AC.

Smoking and age related macular degeneration: the number of pack years of cigarette smoking is a major determinant of risk for both geographic atrophy and choroidal neovascularisation.

Br J Ophthalmol 2006; 90(1): 75-80.

<http://bjournal.bmjournals.com/cgi/content/full/90/1/75>

References

The Low Vision Leaflet

Department of Health

Identification and notification of sight loss

<http://www.db.gov.uk/PolicyAndGuidance/HealthAndSocialCare/Topics/Optical/fs/en>

SightLossMatters.com

<http://www.sightlossmatters.com/Registration/Registration.html>

Smoking and AMD

North West Action on Smoking and Health patient leaflet

<http://www.nwash.co.uk/ResourcesPage.htm>

AMD Alliance report

http://www.rnib.org.uk/xpedio/groups/public/documents/publicwebsite/public_smokingalliance.bcsp

Thornton J, Edwards R, Mitchell P, Harrison RA, Buchan I and Kelly SP

Smoking and age-related macular degeneration: a review of association

Eye 2005; 19: 935-944.

<http://www.nature.com/eye/journal/v19/n9/index.html>

Bidwell G, Sahu A, Edwards R, Harrison RA, Thornton J and Kelly SP

Perceptions of blindness related to smoking: a hospital-based cross-sectional study

Eye 2005; 19: 945-94.

<http://www.nature.com/eye/journal/v19/n9/index.html>

Quarterly review

Fleming DM, Cross KW, Barley MA

Recent changes in the prevalence of diseases presenting for health care

Br J Gen Pract 2005; 55(517): 589-95.

Morrow G, Robson A, Harrington B, Haining S

A qualitative study to investigate why patients accept or decline a copy of their referral letter from their GP

Br J Gen Pract 2005; 55(517): 626-9.

Karadayi K, Akin T, Ciftci F, Top C, Keskin O, Kardesoglu E, Bilge AH

The association between hypermetropia and essential hypertension

Am J Ophthalmol 2005; 140(3): 446-53.

Rafnsson V, Olafsdottir E, Hrafnkelsson J, Sasaki H, Arnarsson A, Jonasson F

Cosmic radiation increases the risk of nuclear cataract in airline pilots: a population-based case-control study

Arch Ophthalmol 2005; 123(8): 1102-5.

Cohen VM, Moosavi R, Hungerford JL

Tamoxifen-induced regression of a choroidal metastasis in a man

Arch Ophthalmol 2005; 123(8): 1153-4.

Kuang TM, Tsai SY, Hsu WM, Cheng CY, Liu JH, Chou P

Body mass index and age-related cataract: the Shihpai Eye Study

Arch Ophthalmol 2005; 123(8): 1109-14.

MCQs for OQ56

- 1 Which of the following statements about the RVI document is true?
 - a The RVI has replaced the old Letter of Visual Impairment.
 - b The RVI is normally issued by a hospital eye department.
 - c The RVI can only be issued once the patient is registered as visually impaired.
 - d The RVI can only be issued by an ophthalmologist.
- 2 Which of the following statements about smoking is NOT true?
 - a Smoking inhibits the metabolism of lutein in the retina
 - b Smoking prevents the absorption of zeaxanthin in the diet
 - c Smoking and poor diet combine to make the risk of developing AMD high
 - d Smoking is a greater risk factor than poor diet in the development of AMD.
- 3 What percentage of the patients in Polly Duley's study suffered a keratopathy as a result of taking Tamoxifen?
 - a 3%
 - b 5%
 - c 9%
 - d 15%
- 4 Which of the following was NOT a finding in the disease prevalence study?
 - a The prevalence of conjunctival disorders was reduced.
 - b The prevalence of degenerative disorders was reduced
 - c The prevalence of hypothyroidism was increased
 - d The prevalence of benign skin neoplasms was increased

Submit your answers online via www.docet.info.

Please note that the deadline for submitting your answers to DOCET is 31 March 2006. Your CETOptics account will be credited within 10 working days of this deadline. The Vantage CET Reference is C-2676.

Answers to 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

Correct answer a) - Flashes and/or floaters might be symptoms associated with a retinal tear.

It is a common misconception amongst optometrists that flashes combined with floaters present a higher risk to patients. Research has shown that this is not the case and that either symptom, or both in combination, present the same risk of retinal detachment developing.

Whereas the presence of Tobacco Dust has been shown to be always associated with the presence of a retinal tear the opposite is not always true and should not be relied upon clinically.

- 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?

Correct answer d) - Refer to an ophthalmologist within 24 hours.

Routine or urgent referral are not appropriate in these circumstances as a retinal tear, if present, might develop rapidly into a full blown retinal detachment.

- 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

Correct answer b) - Gentamicin and cefuroxime.

- 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

Correct answer c) - In cold provocation POAG patients showed unchanged ocular blood flow.

The research showed that cold provocation elicits a different blood pressure and ocular blood flow response in patients with primary open angle glaucoma, compared to normal control subjects. During cold provocation primary open angle glaucoma patients demonstrate a significant drop in both finger and ocular blood flow whereas normal subjects exhibit increases in systolic blood pressure and pulse pressure as well as a decrease in finger blood flow although ocular blood flow is unchanged.

News Items

Paediatric Optometry



We are delighted to include a copy of the Paediatric Optometry Project in this quarterly mailout.

DOCET considers that training for optometrists in dealing with child patients and their visual problems is a high priority.

The objectives of this programme are:

- To equip optometrists with the skills to examine a child patient
- To increase awareness of the specific requirements of patients
- To increase significantly the number of optometrists prepared to provide appropriate care to its child patient population

The content of the programme illustrates two key learning areas: identifying barriers to effective patient care, and demonstrating effective communication and examination skills.

We hope that you enjoy this programme; if you have any questions please contact DOCET on docet@college-optometrists.org.

Ocular Tumours CD-ROM

In 2003 DOCET commissioned Professor Bertil Damato to record a lecture on examining patients at risk of ocular tumours, which was distributed to all optometrists in CD-ROM format. This project was well received and the feedback was very positive.

If you do not have a copy of this project the CD-ROMs are available for purchase from the DOCET office - please email docet@college-optometrists.org.

CET for Optometric Quarterly

Have your CET credits for OQ been recorded accurately on your CETOptics record? If you have any questions please contact DOCET on docet@college-optometrists.org.