

Clinicians speak out

Over 1,000 delegates enjoyed a day of lectures, workshops and interaction last weekend at the annual Specsavers Professional Advancement Committee conference in Birmingham.

Elizabeth Lumb, Andrew Keirl and Phil Hall report



First to speak was **Gilli Vafidis**, a key figure in the national screening in diabetic retinopathy (DR) programme. Her lecture outlined the aims of the programme in early screening all diabetic patients to ensure DR is identified and treated before irreversible damage to vision occurs.

She spoke about the simplified grading system for DR and outlined the unambiguous referral protocols for optometrists in practice. Optometrists are ideally placed to reinforce the key messages of good diabetic control coupled with lifestyle in the prevention of DR, and therefore all should be aware that the major controllable risk factors for diabetes are high waist circumference, high BMI and smoking.

Evelyn Mensah, clinical lead for AMD services at Central Middlesex hospital, discussed the current treatment guidelines of AMD as outlined by the National Institute of Clinical Excellence. She identified the key risk factors of AMD (age, gender, smoking) and presented statistics on the prevalence and impact of the

disease. She said that while 'wet' AMD accounted for only 10-15 per cent of all AMD, it was responsible for 80 per cent of vision loss in the AMD population. Delegates were reminded that, though Amsler was useful, it was far from failsafe.

Dr Brendan Barrett (Bradford) answered the question of what an optometrist should do when managing a child with reading difficulties. Tips on making the tests valid included keeping the verbal instructions and room conditions consistent. He underlined the importance of eliminating a vision-related cause before pursuing other options, including coloured filters. Barrett also emphasised that the management of these children may warrant a multidisciplinary approach and that the optometrist would be wise to seek out the individuals (SENCO teachers and educational psychologists) that would need to be involved in the management process.

Dr William Jones (Tennessee) discussed retinal degenerations and their pathogenesis, detection and management. Retinal holes can be distinguished from chorioretinal atrophy

as their bases are universally red, whereas atrophy provides a 'window' to the choroid, giving the observer a view of the choroidal blood vessels.

Consultant eye surgeon **Christopher Stephenson** discussed how a greater proportion of the over-50s are now choosing 'premature cataract surgery' or clear lens extraction as a refractive surgery technique over laser eye surgery. This gains further credibility thanks to the introduction of the square-edge IOL, which significantly reduces the development of posterior capsular opacification. Optometrists are well positioned to discuss all refractive surgery options, including clear lens extraction.

Optometrists were brought up to date on the detection and management of glaucoma by an informative lecture delivered by **Chris Steele** (Sunderland Eye Infirmary). He focused on the NICE Glaucoma Guideline and clarified the referral criteria for optometrists on the basis of IOP alone. He stressed that the guidelines require optometrists to refer patients with suspected ocular hypertension (OHT) after repeated IOP readings if non-contact tonometry is used and the mean result is >21mmHg. He reminded the audience that patients with OHT are asymptomatic and the majority are only referred by chance, following an eye examination. He summarised by outlining the proposed LOCSU pathway, which will place a greater burden on the HES and suggested that, with further training, the community optometrist could play a greater part in the management of glaucoma.

Dispensing programme

Optometrist and dispensing optician **Andrew Keirl**, ABDO's principal examiner in professional conduct, started the day by reviewing the use of ocular drugs by dispensing opticians. Following changes to the Medicines Act that came into force on 21st December 2009, DOs can now order a selection of commonly used ophthalmic drugs for use in the

Dr Brendan Barrett gave tips on managing children with reading difficulties

practice by an optometrist or registered medical practitioner.

In addition, contact lens opticians can now use a limited range of topical anaesthetics. The Medicines Act also allows DOs and CLOs to use chloramphenicol under its P licence for the treatment of acute bacterial conjunctivitis. In his usual entertaining style, Keirl questioned the practical value of these changes.

Low vision practitioner **Gil Smith** set out to explain what is involved in providing a low-vision assessment. Smith's message was that low vision is not just about magnifiers but about advice, reassurance and information. The patient will then be delighted if their expectations are exceeded. Smith also reminded practitioners to use local agencies as required, and that good follow-up is important.

Paul McCarthy (Anglia Ruskin University) presented the audience with a back-to-basics talk on spectacle



dispensing. Examples were given to remind the audience of how to calculate the final edge and centre thickness of the lenses. Special surfacing methods which may benefit the final appearance of a lens were explained and demonstrated.

In an interactive presentation, **Andrew Cripps** (Anglia Ruskin University) looked at different pathological conditions that a DO can come across in practice and their responsibilities to the patient in those situations. Delegates were presented with a range of pathological conditions and asked to vote on the appropriate treatment and consider the factors which justify the decision of whether or not to refer. Cripps stressed the importance of full and accurate record keeping both for patients who are being referred and those who are not.

Contact lens programme

The contact lens track started with a lecture from **Rafael Guerrero** (AMO, Spain) on symptomatic dry eye. Within the first few slides Guerrero had shown evidence claiming that some 50 per cent of contact lens wearers suffer from dry eye and so '50 per cent of contact lens wearers should be using eye-drops on a regular basis'. During computer use, the blink rate can reduce by up to 10 times the normal rate. Rafael suggested using the 20/20/20 rule – after every 20 minutes of computer use you should relax your eyes for 20 seconds by looking away from the screen to focus in on something approximately 20 metres away. Practitioners were reminded to recommend preservative-free eye-drops or products with 'intelligent preservatives' for use with contact lenses.



BCLA faculty speaker **Shelly Bansal** spoke on 'Safety in numbers – managing risk in contact lens practice'. He memorably advised the audience to remember a phrase to share with any non-compliant contact lens patient: 'You can be lucky a million times but you only have to be unlucky once; we can't replace your vision'.

Dr **Philip Morgan** gave an excellent presentation that really questioned the basis for the ubiquitous clinical technique of fluorescein staining and provided some current thinking about its execution and interpretation.

Workshops

Contact lens opticians also benefited from a 'Slit lamp masterclass'. This was a hands-on workshop to help practitioners' decision-making skills in identifying and grading anterior segment problems, as well as improving their practical skills in soft toric contact lens fitting. ●

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