Going the Extra Mile: Certifying Visual Impairment in Glaucoma

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Study Aims/Objectives

Provide an indicator of the number of patients seen in the primary care setting who were referred to the Hospital Eye Service (HES) between 01 July 2023 and 31 July 2024 and required referral for CVI registration at their first appointment with an Ophthalmologist.

Materials & Methods

A retrospective study analysed 680 new patients, assessed between 01 July 2023 and 31 July 2024 out of which 20 patients were referred for CVI registration.

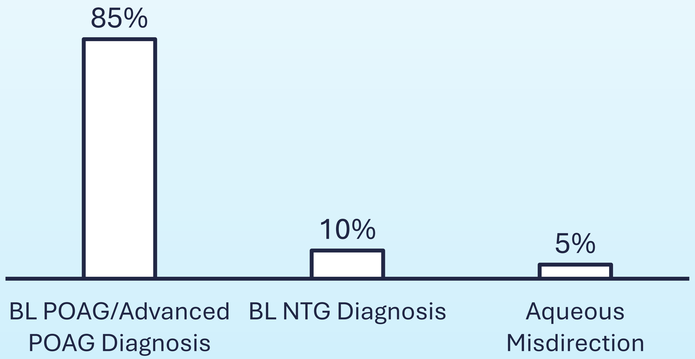
Data retrieved via the Trust's electronic clinical noting software, Medisight© identified the number of patients referred to Eye Clinic Liaison Officer (ECLO) for CVI registration at their first appointment with an Ophthalmologist.

Patients referred via community ophthalmic services or community optometrists with advanced glaucomatous visual field (VF) loss were included within this study and their demographics, family history, referral pathway, visual acuity, intraocular pressures (IOP), cup-disc ratios (CDR), mean deviation values for visual field defects with corresponding severity grading, glaucoma diagnosis and CVI severity (SI or SSI) were analysed.

Visual field defect severity grading was determined by utilising the Hodapp-Parrish- Anderson (HPA) Visual Field Criteria of Glaucoma Severity.

4 patients were excluded from this study due to pre-existing comorbidities rendering them unsuitable for inclusion, such as AMD and retinal vascular diseases and advanced dementia.

Percentage Diagnoses



Results

Among the 680 new patients assessed within HES, between 01 July 2023 and 31 July 2024, 3% (n=20) were referred to ECLO services for CVI.

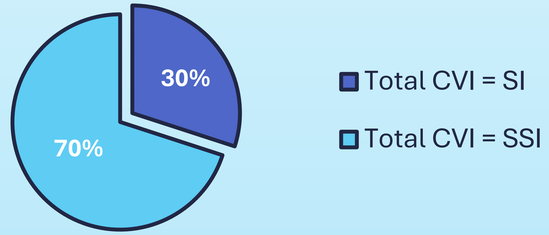
Among the 20 patients analysed within this study, 35% (n=7) were referred without receiving CVI by Community Health Eye Care (CHEC), 55% (n=10) were referred by their Community Optometrist and 10% (n=3) were referred internally by an ophthalmologist.

All patients included within this study presented with a CDR of 0.8 or worse in at least one eye.

6 patients (30%) were certified as SI and remaining 14 (70%) were SSI.

POAG was diagnosed in 85% percent of patients (n=17), 10% were diagnosed with NTG (n=2) and one patient (5%) was diagnosed with aqueous misdirection.

Percentage SI vs SSI Registrations



Conclusions

Improved patient education, robust screening programmes within the community setting and strengthening the workforce and health infrastructure at different tiers of healthcare is the need of the hour.

The incidence of SI or SSI is an indicator of the effectiveness of policies and the need for reforms.

The role of timely referral to the HES, awareness amongst health professionals on the benefits of CVI registration and a continuous dialogue between the community and HES cannot be over-emphasised.

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