PRIMARY eyecare

Why order an eye test for your patient?...

... because the General Practitioner will always be the foundation on which primary health care is built and because patients with eye and vision problems need you, the GP, to provide the very best of care.

One of the key advantages of general practice is its community involvement and ability to take a holistic approach to personal and family healthcare. Using your community optometrist allows you to enhance the care you provide for a large range of patients for whom possible eye pathology is a health concern.

In the same way that a blood test can provide more information for diagnosis and management of the patient, an optometric eye examination can provide information about the eye and visual system. Your local optometrist has a wide range of specialist equipment enabling a variety of assessments of fields, fundus, and the anterior eye.

Here are just some of the reasons why it makes very good sense for GPs and optometrists to work together.

Higher Risk of Multiple Falls Associated With Loss of Visual Acuity

A prospective study by Coleman et al (2004) evaluated the association between frequency of falls and decreased visual acuity.

Visual acuity of 2000 participants was assessed at initial examination and again 4 to 6 years later.

At testing, a loss of 2 lines or more was associated with a 43% increased risk of falling and poor baseline visual acuity was associated with multiple falls. The study demonstrates that women who have decreasing vision are at risk for falls, and those with poor baseline visual acuity are in a higher risk group. The findings are assumed to apply to men as well.

Intervention to improve vision should positively affect the risk for falls.

"Optometrists can assist your diagnosis by providing a comprehensive eye examination for your patient."

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 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.

During 2003 a further 8,000 New Zealanders were newly diagnosed with diabetes *(MOH, 2003)*

The program provides screening for around 4,000 people per year. Latest figures indicate that 90% of the people being screened remain under the care of the GP with annual monitoring through the program; around 10% are referred to the ophthalmologist.

More than 90% of people enrolled in the free annual check program for this region had their eyes checked.

The system has recently been taken up in the Lakes DHB area.

Retinal Changes and Heart Disease in Women

Retinal artery thinning is one of the earliest signs of hypertension and optometrists observing this when examining the fundus will refer the patient to their GP for a medical review.

Research published in the March 2002 Journal of the American Medical Association showed that women with the narrowest arteries (having a low ArterioVenous Ratio — AVR) in the retina had almost double the risk of developing serious heart problems.

The researchers followed 9,648 people aged 51 to 72 years without coronary heart disease at the outset for an average of 3.5 years. Records of retinal photographs were maintained for all subjects. During this time 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.

For men AVR was unrelated to any incident CHD or to acute myocardial infarction.

References:

Coleman AL, Stone K, Ewing SK, et al.
Ophthalmology. 2004;111(5):857-862

Wong TY, Klein R, MD, Sharrett AR, et al.
JAMA. 2002;287:1153-1159.

Cardiovascular disease remains the leading cause of death in New Zealand *(MOH, 2003)*