

Primary eye care, visual habits and hygiene

Acknowledgement

- Photographs courtesy : International Centre for Eye Health, London (United Kingdom).
- Community Eye Health Journal.

Question

- Which of the following is not a major global initiative for prevention of blindness
 - a. Vision 2020: The right to sight
 - b. WHO: Prevention of blindness programme
 - c. International Agency for prevention of blindness
 - d. Vision for the future (VFTF) (2001)

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Learning Objectives

- **At the end of this class the students shall be able to :**
- Define Primary eye care.
- Understand the essential components of primary eye care.
- Understand the World Health organization guidelines for primary eye care.
- Understand the importance of good visual habits and hygiene.

Introduction to Primary eye care

- Primary eye care (PEC) is a vital component in primary health care (PHC) and includes
- Promotion of eye health care
- Prevention and treatment of conditions that may lead to visual loss
- Rehabilitation of those who are already blind.
- PEC is most basic eye care available to individuals and families wherever they live and whatever their socio-economic condition.

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Definition

- Primary eye care is the provision of **appropriate, accessible, and affordable care** that meets patients' eye care needs in a comprehensive and competent manner.
- Primary eye care provides the patient with the **first contact** for eye care as well as a **lifetime of continuing care**.

Concept of primary eye care

- In 2008, the WHO called for the revitalization of PHC in the World Health Report, “[*Primary health care – now more than ever*](#)”.
- To enable access to quality eye health for all, the [Universal eye health: a global action plan 2014–2019](#)(GAP) was designed to support **“the integration of eye care into the health care system”** and specifically, **“the inclusion of “primary eye care” (PEC) into primary health care”**.

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Aim of primary eye care

- The aim of primary eye care is to **change pattern of eye care services**, currently often **limited to the central hospitals** and eye units in cities, **to countrywide blindness prevention programmes**.

- In most developing countries like India, avoidable blindness constitutes a major public health problem.
- There are distinct, closely related components in the primary health care approach to blindness prevention
- The essential components of primary eye care are:
 - 1. Promotive
 - 2. Preventive
 - 3. Curative
 - 4. Rehabilitative

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Promotive

- Creating awareness
- This is the **strengthening of community awareness and co-operation** to promote health within the family unit.
- Appropriate information is disseminated to as many people in the community as possible.



Prevention

- This includes **stimulation** of individuals and their community to participate in activities in blindness prevention.
- Social and community development that promotes health through changes in behaviour and environment.
- Leads to reduction or elimination of factors contributing to ocular disease.



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Curative activities

- This involves **delivery of eye care to all** individuals with potentially blinding disorders in the communities.
- **First aid** treatment and/or **timely referral** of patients with injuries.
- Identification and treatment/referral of **common eye diseases**.
- Identification and referral of patients with potentially blinding diseases for appropriate management.
- Identification and referral of curable blinding diseases like cataracts.

Rehabilitation activities

- What happens to those who are incurably blind?
- Do we merely sympathise with them and their families?
- Since primary eye care is mainly concerned with the community, the issue of rehabilitation becomes very important.



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PEC and PHC

- Primary eye care (PEC) is a broad concept, encompassing the prevention of potentially blinding eye diseases through primary health care (PHC)
- PEC includes
- The **identification, with treatment or referral** of individuals with treatable causes of blindness
- and the **diagnosis and treatment of common eye diseases**, particularly those causing an acute red eye.

PHC vs PEC

- **Primary health care in relation to Primary eye care**
- Better nutrition-Prevents vitamin A deficiency.
- Water and sanitation programmes- Relevant in trachoma control.
- Delivery of maternal and child health care- Reduce retinopathy of prematurity.
- Health education-Prevention of eye trauma.



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Principles of Primary Health Care

- Fair distribution
- Community involvement
- Focus on prevention
- Use of appropriate technology
- Multi-sectorial approach

should all apply in primary eye care.

Primary Eye Care

- Key components:
- Prevention
- Awareness
- Community involvement

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Primary Eye Care

- Training
- Supervision
- Support
- Referral
- This extends from the clinic nurse at the district and community health centre to the Eye nurse at the district hospital and the Eye doctor at the regional hospital.

Primary Level Services

- Services provided:
- Screening programs
- Case Finders
- Sifting out and correcting Presbyopes
- Reading glasses for presbyopia
- Referring for ocular disease



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Human Resources Required

- Primary Health Care nurses
- Community Health Care facilitators
- Community Health Care workers
- Teachers, Social workers
- Community representatives and structures

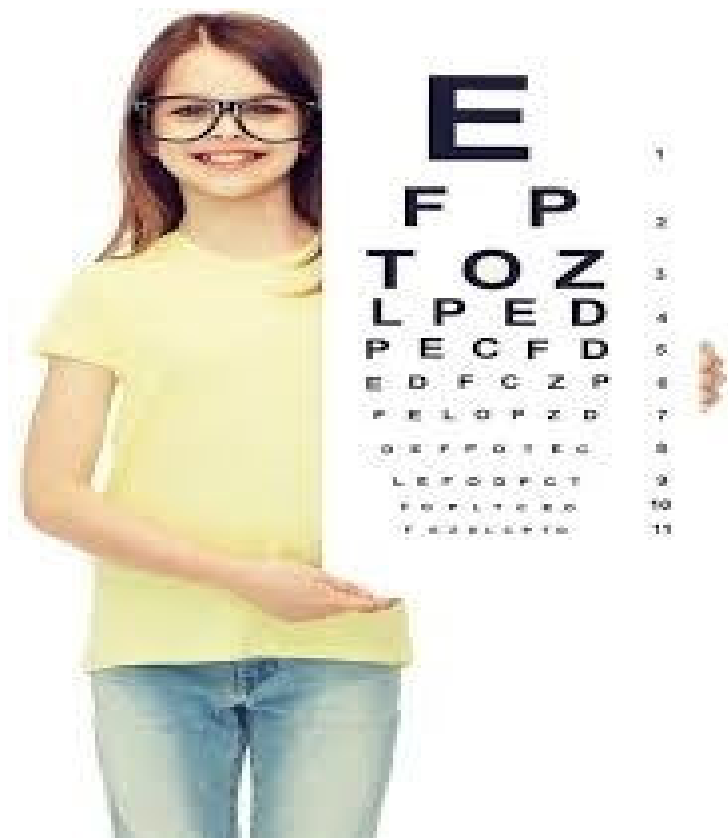
Skills needed

- Recognition and primary care management of the following:
- -Eye injuries
- -Refractive errors
- -Eyelid swelling
- -Red eye
- -Cataract
- -Educating patients about hypertensive and diabetic retinopathy, and diseases like trachoma.

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Training needs

- -Vision assessments
- -Vision screening/ School screening techniques
- -Presbyopic correction
- -Management of common eye conditions like conjunctivitis.



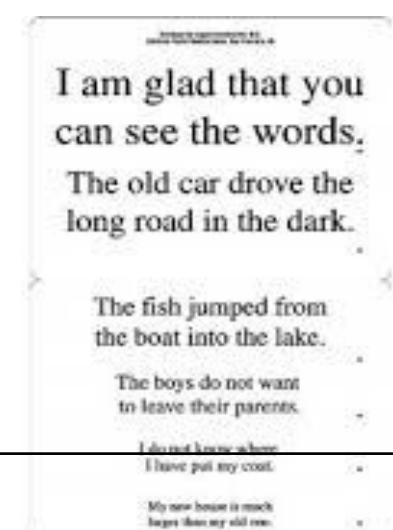
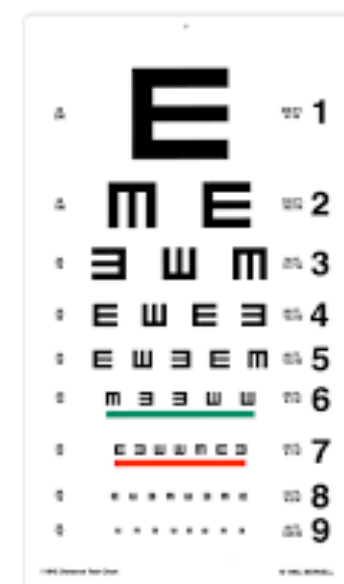
Role of health care personnel

- Case History
- Visual Acuity
- External eye examination with a torch light
- Instillation of eye drops and ointments (Anti- allergic and antibiotic ointments and eye drops)
- Awareness of cataract surgery and other common eye conditions

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Equipment required

- Screening Tools:
- Distance Visual Acuity charts
- Near Visual Acuity charts
- +2.00D spectacles (Children screening)
- Occluder
- Pinhole
- Torch



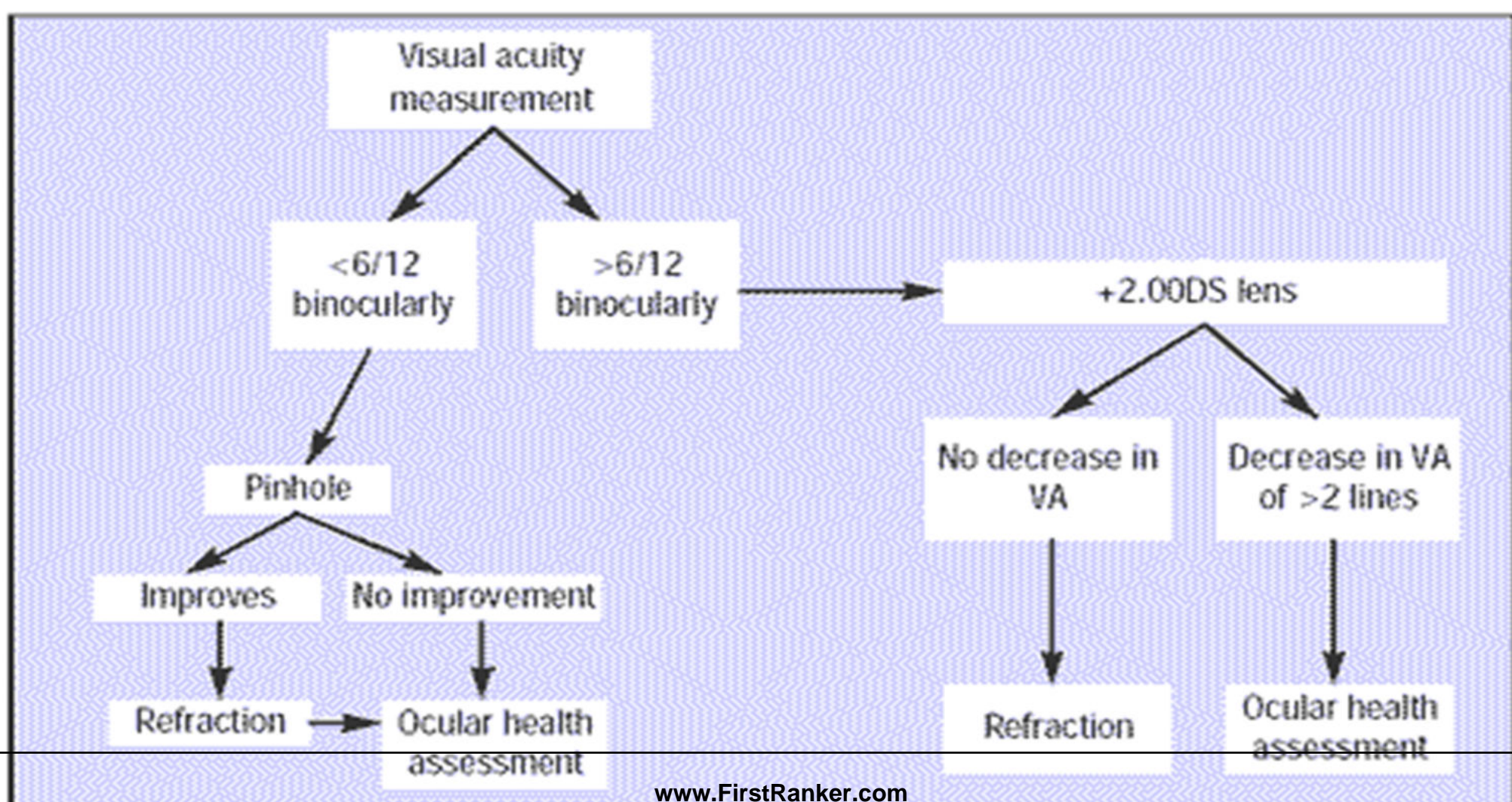
Refractive Correction: Priority

- -High Priority: $< 6/18$
- -Moderate Priority: $< 6/12$
- -Low Priority: $< 6/9$
- -Children: $< 6/12$
- -Adults: $< 6/18$
- Visual acuity screening of children can be performed at community level by teachers and health care workers.

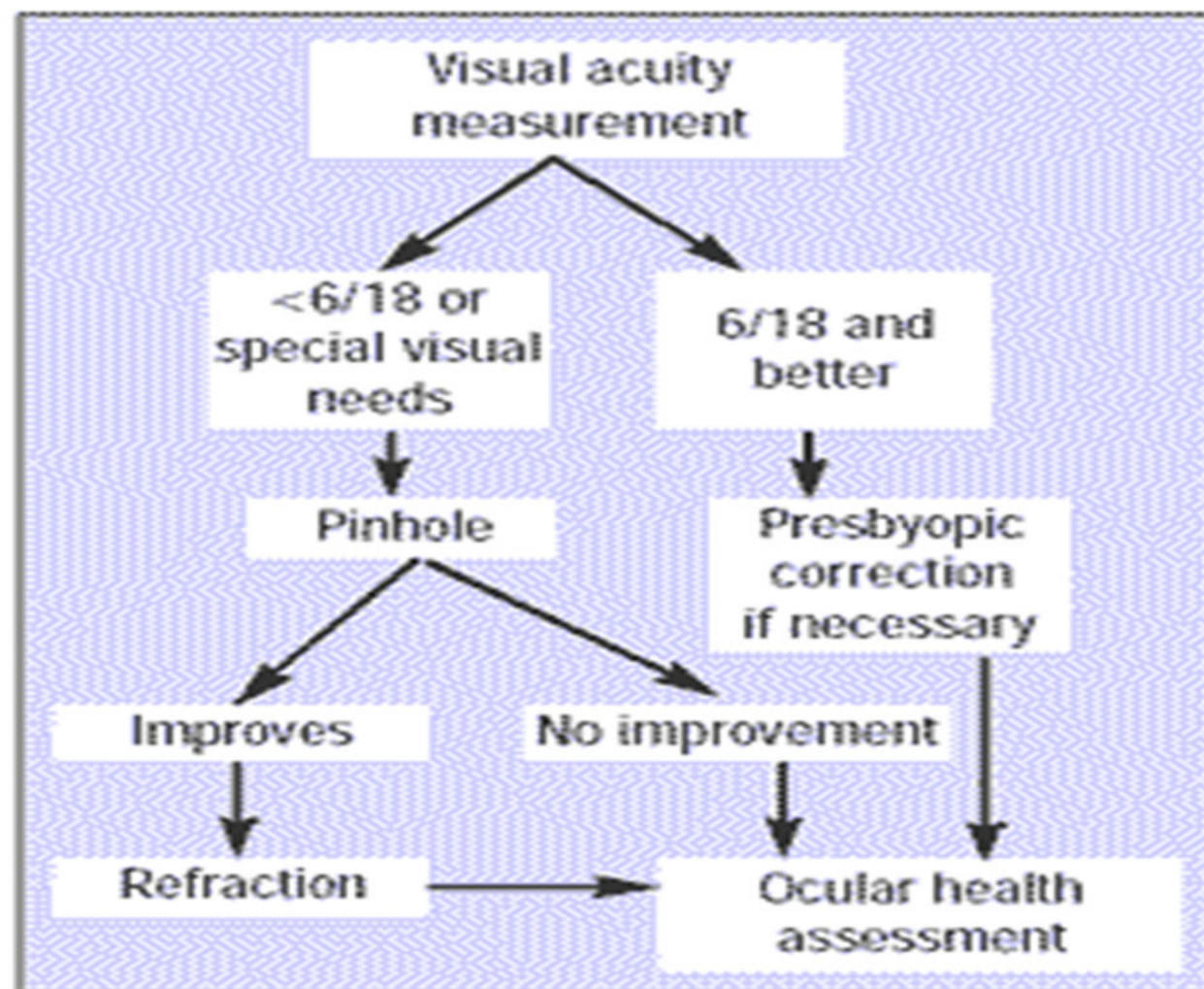


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Children



Adults over 40 years of age



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Provision of spectacles

- -Affordable and or subsidised
- -Ready made: Presbyopic correction
- Inventory of spectacles for same day dispensing

Community screening

- Primary health care centres
- Collaboration with community based organisations
- For children in the community the same school screening techniques should be followed.



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Community Participation

- Providing affordable (even free) and accessible services does not guarantee that they will be used.
- Cultural and other beliefs and/or fears.
- Sense of ownership is important in ensuring uptake of services.
- Important to ensure that there are no barriers or other constraints to the use of services

Community Participation

- Development of outreach services that operate effectively.
- Ensuring that community members seek out eye care services when needed.
- Ensuring that communities are actively involved in eye-screening.



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Potential approaches to increase awareness/health promotion

- Basic eye health workers and general health staff
- Village health workers
- Survey/questionnaire/focus groups
- Mass media
- Traditional healers
- School teachers and schoolchildren
- Community groups (women's groups, religious groups)

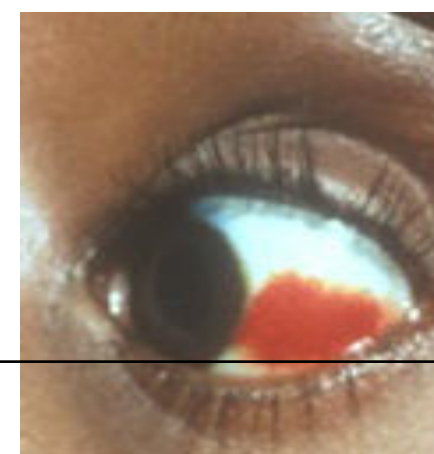
Monitoring of services

- School children identified with refractive errors and provided with spectacles.
- Number of adults given presbyopic corrections
- Number of referrals for refraction at secondary level
- Uptake of spectacles
- Number of people referred for other eye conditions

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WHO GUIDELINES FOR PRIMARY EYE CARE

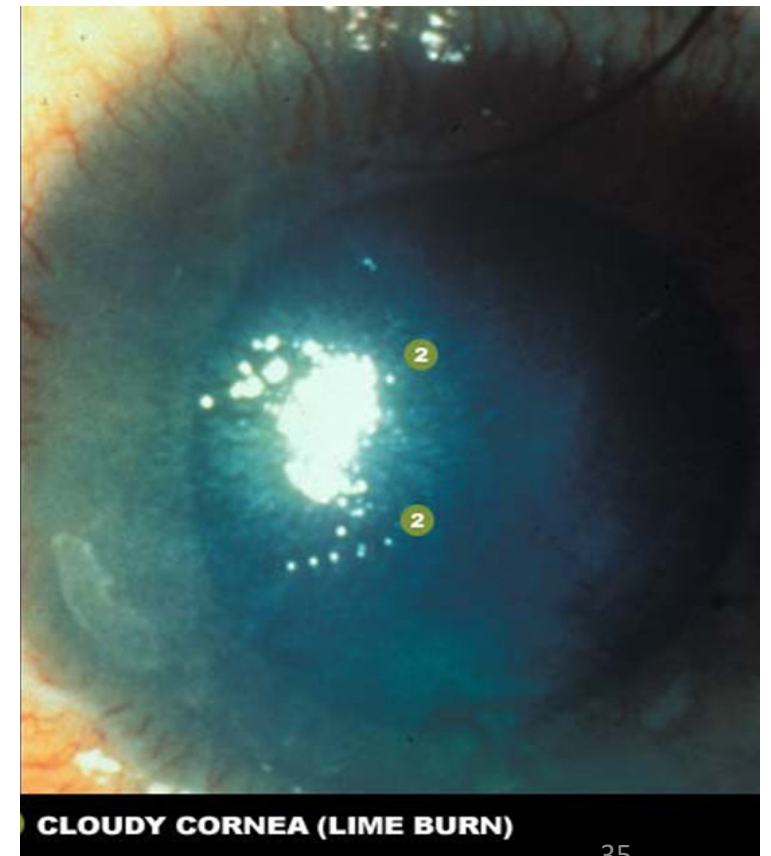
- **1. Conditions to be recognised and treated by a trained primary health care worker**
- Conjunctivitis and lid infections
- Acute conjunctivitis
- Ophthalmia neonatorum
- Trachoma
- Allergic and irritative conjunctivitis
- Lid lesions, e.g., styne and chalazion
- Trauma
- Subconjunctival haemorrhages
- Superficial foreign body
- Blunt trauma
- Blinding malnutrition



WHO GUIDELINES FOR PRIMARY EYE CARE

2. Conditions to be recognised and referred after treatment has been initiated

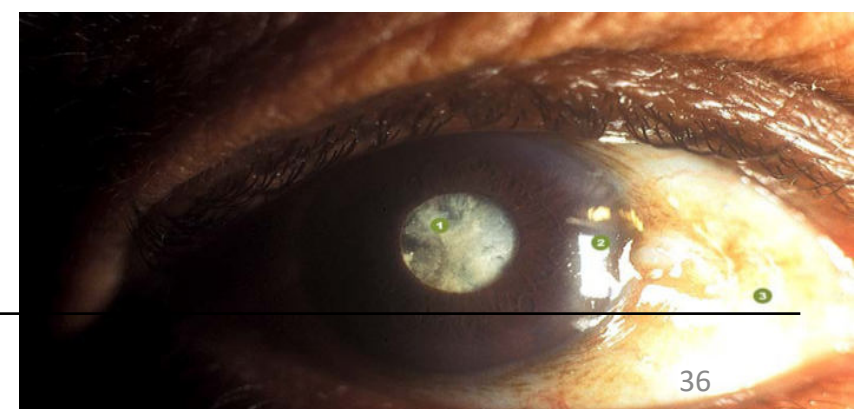
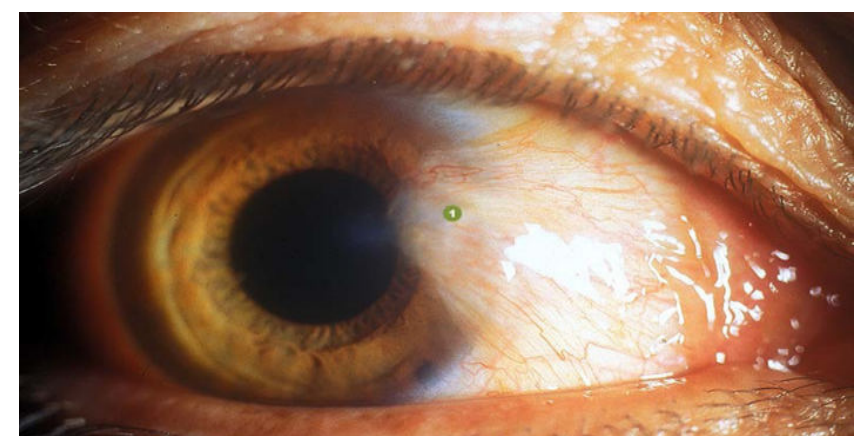
- Corneal ulcers
- Lacerating or perforating injuries of the eyeball
- Lid lacerations
- Entropion/trichiasis
- Burns: chemical, thermal



WHO GUIDELINES FOR PRIMARY EYE CARE

3. Conditions that should be recognised and referred for treatment

- Painful red eye with visual loss
- Cataract
- Pterygium
- Visual loss; $<6/18$ in either eye



- To have a successful primary eye care programme, there needs to be coordinated teamwork.



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Visual hygiene and good habits

- 1. Wear your spectacles if you have been advised to do so.
- 2. Protect your eyes from fire-crackers, sharp objects and chemicals.
- 3. Wear sunglasses while stepping out in the sun.
- 4. Wash your eyes frequently and remove eye-makeup before going off to sleep.

Visual hygiene and good habits

- 5. Say no to smoking.
- 6. Maintain a balanced diet.
- 7. Replace Your Contact Lens Case Every Two to Three Months.
- 8. Have a comprehensive eye exam once in 6 months.

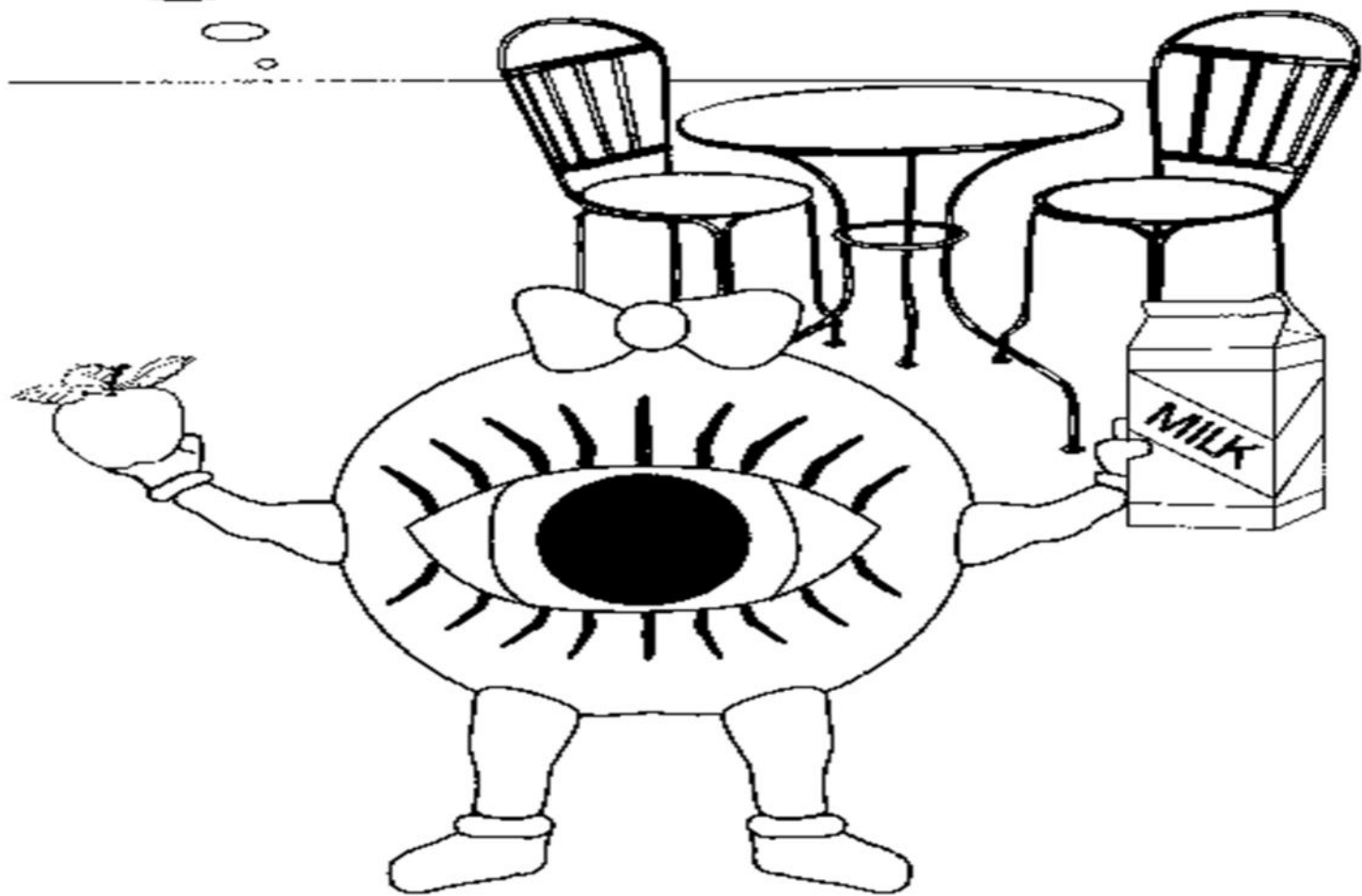
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Computers and the eyes



- Do Not Sit Too Close To Your computer screen
- Blink frequently
- Maintain adequate illumination of room
- Computer screen should be at or below eye level.

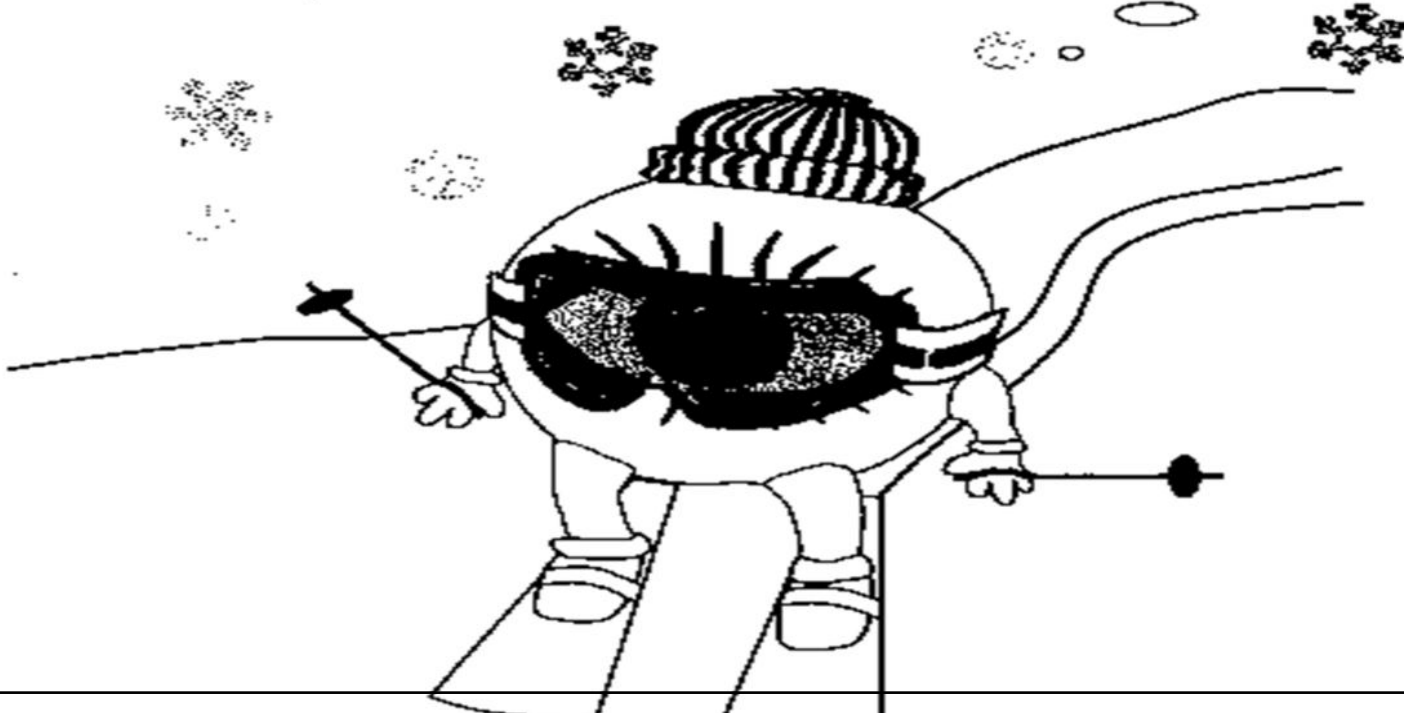
Healthy eating is important for healthy eyes. Eat lots of fruits and vegetables and drink plenty of milk.



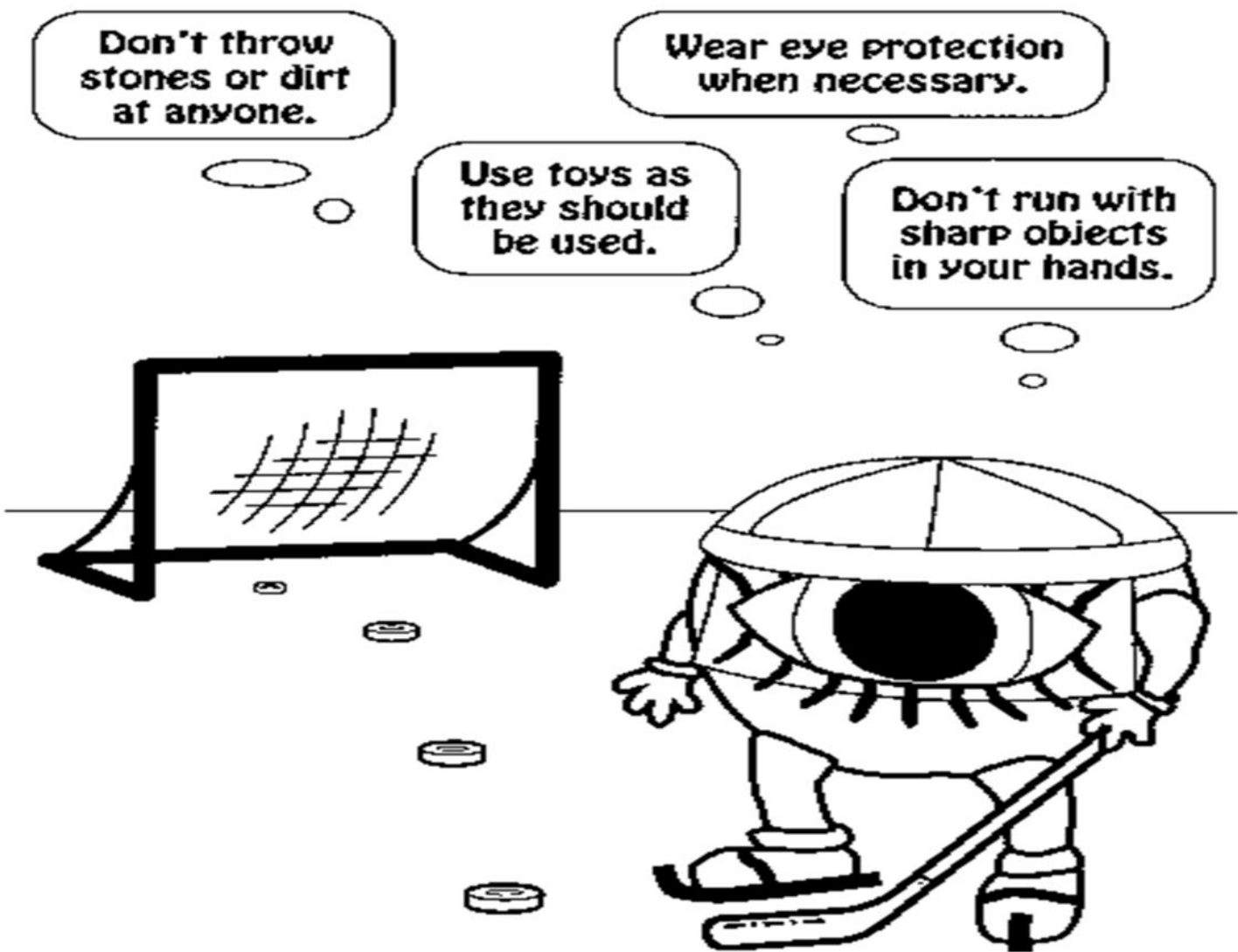
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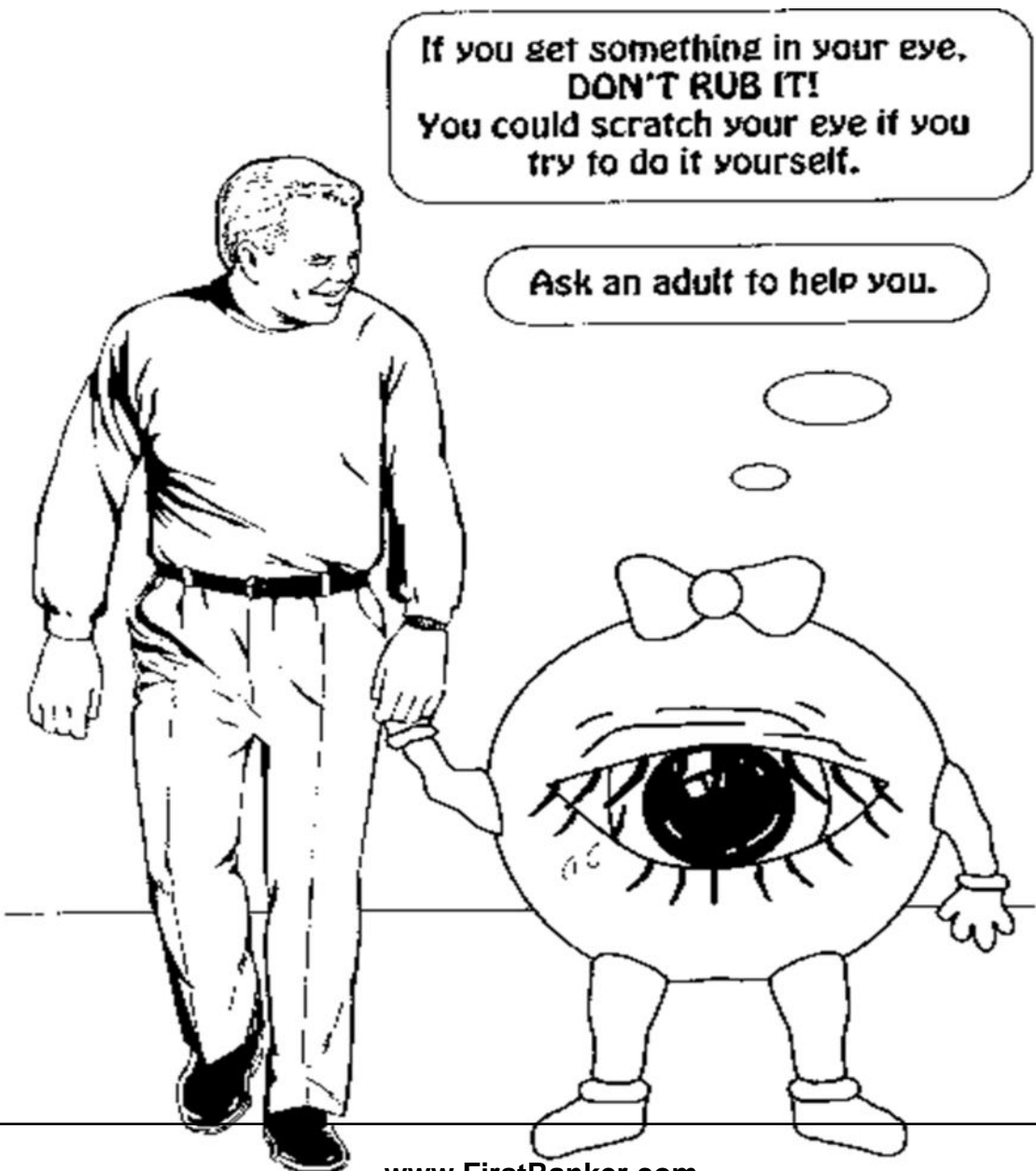
Wear sunglasses when it's sunny outside, even in the winter. This will protect your eyes from the sun's harmful ultra-violet rays. Never look directly into the sun.



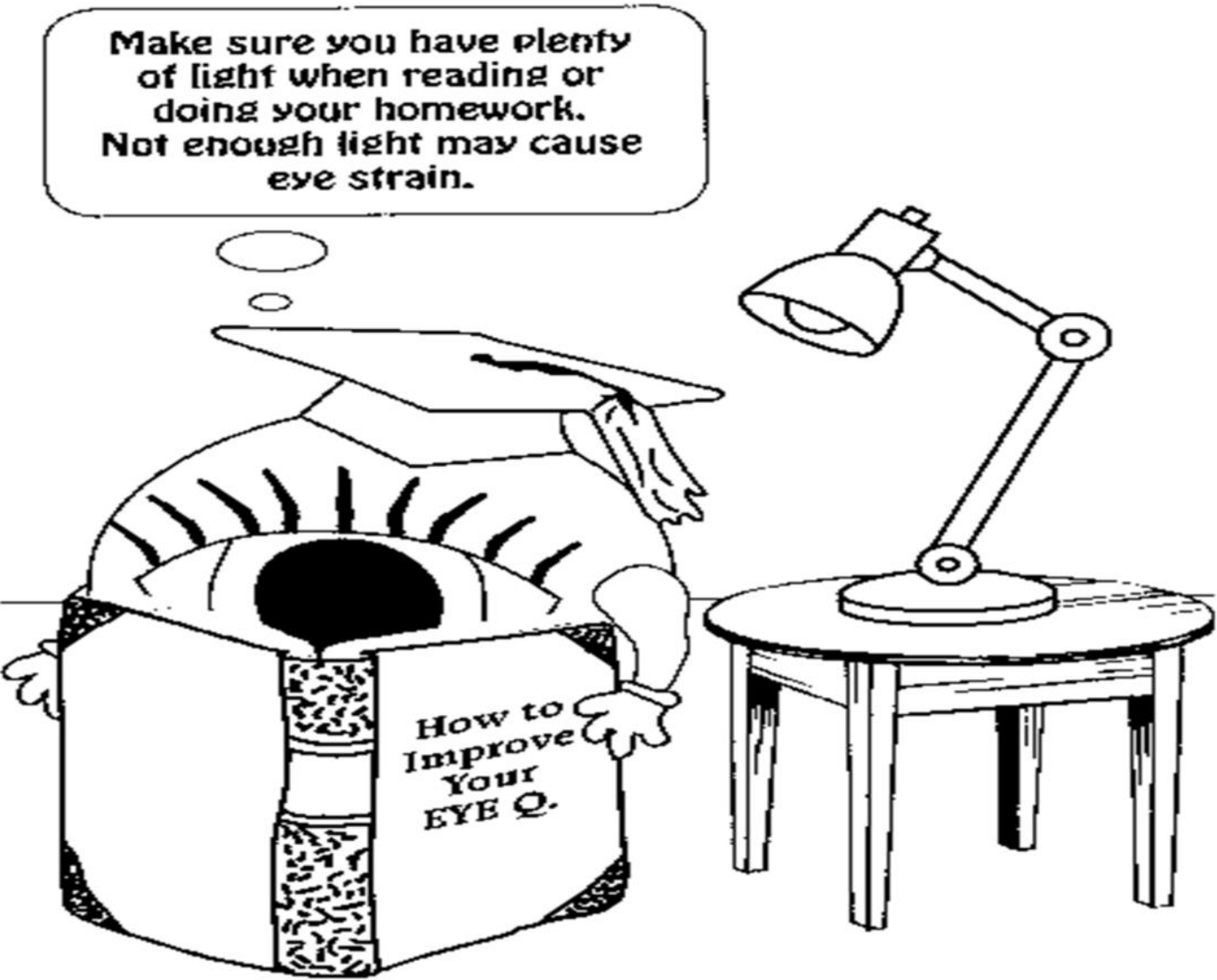
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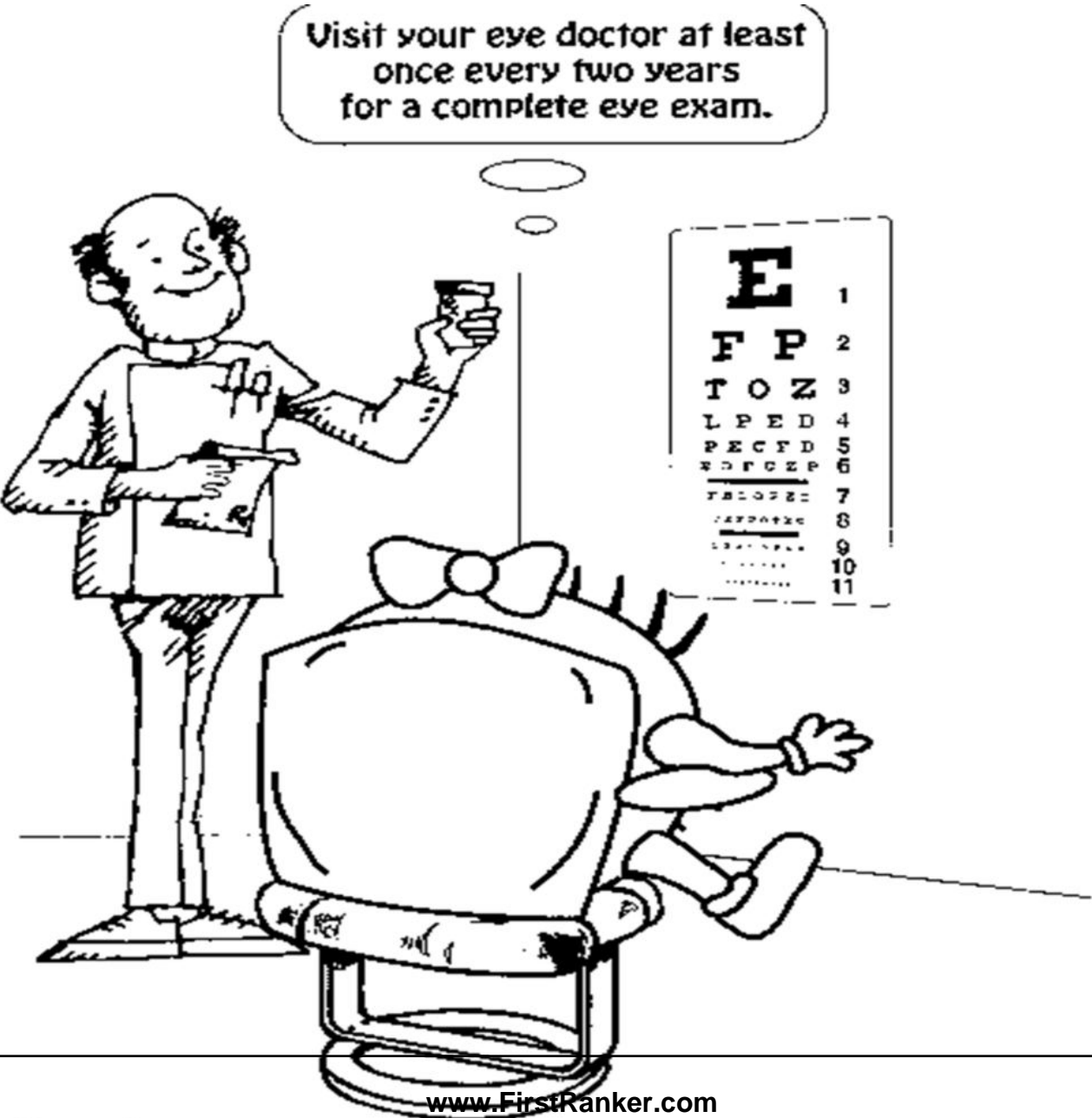
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Conclusion

- **Co-ordinated Teamwork** is essential for a successful primary eye care program.
- Task oriented training of all team members should be based on skills that they need to acquire.
- Good visual hygiene should be incorporated into one's lifestyle as early as possible.

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Question

- Target diseases for vision 2020 include all the following except:
 - Cataract
 - Glaucoma
 - Diabetic retinopathy
 - Strabismus

Question

- SAFE strategy includes all except
 - a. Surgery to correct lid deformity
 - b. Antiprotozoals for acute infection
 - c. Facial hygiene
 - d. Environmental changes

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THANK YOU