

# Primary eye care, visual habits and hygiene

Department of Ophthalmology

## Acknowledgement

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

# 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.

3

## 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 the most basic eye care available to individuals and families wherever they live and whatever their socio-economic condition.**

# 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.

5

## 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”**.

# 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.

7

- 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

# 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.

9

# 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.

## 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.

11

## 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.

# 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.

13

# 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.

# 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.

15

## Primary Eye Care

- Key components:
- Prevention
- Awareness
- Community involvement



# 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.

17

# Primary Level Services

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

# Human Resources Required

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

19

## 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.

# Training needs

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

21

# 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

# Equipment required

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

23

## Refractive Correction: Priority

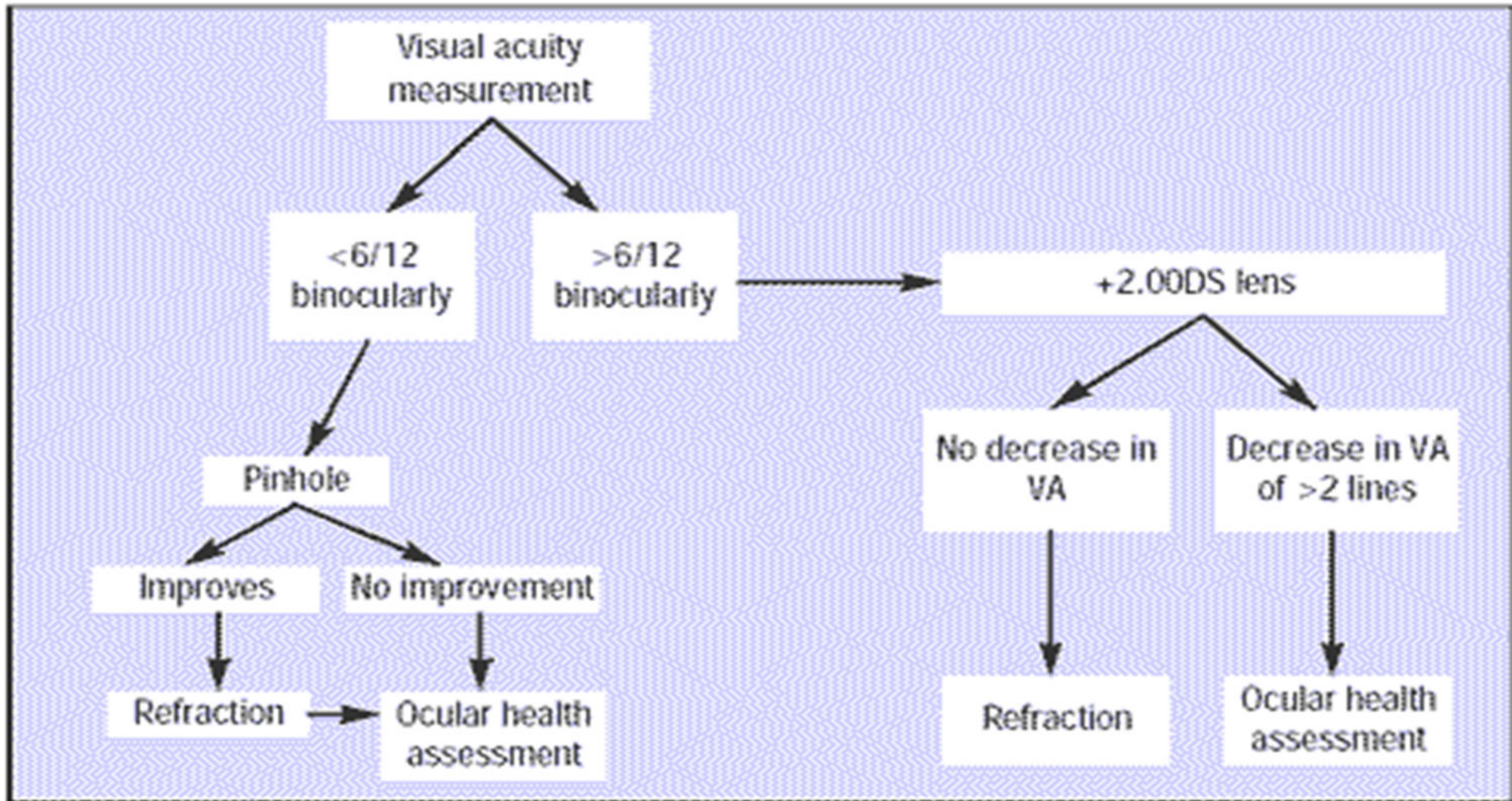
- -High Priority:  $< 6/18$
- -Moderate Priority:  $< 6/12$
- -Low Priority:  $< 6/9$
- -Children:  $< 6/12$
- -Adults:  $< 6/18$
- Visual acuity screening of children can be performed at community



---

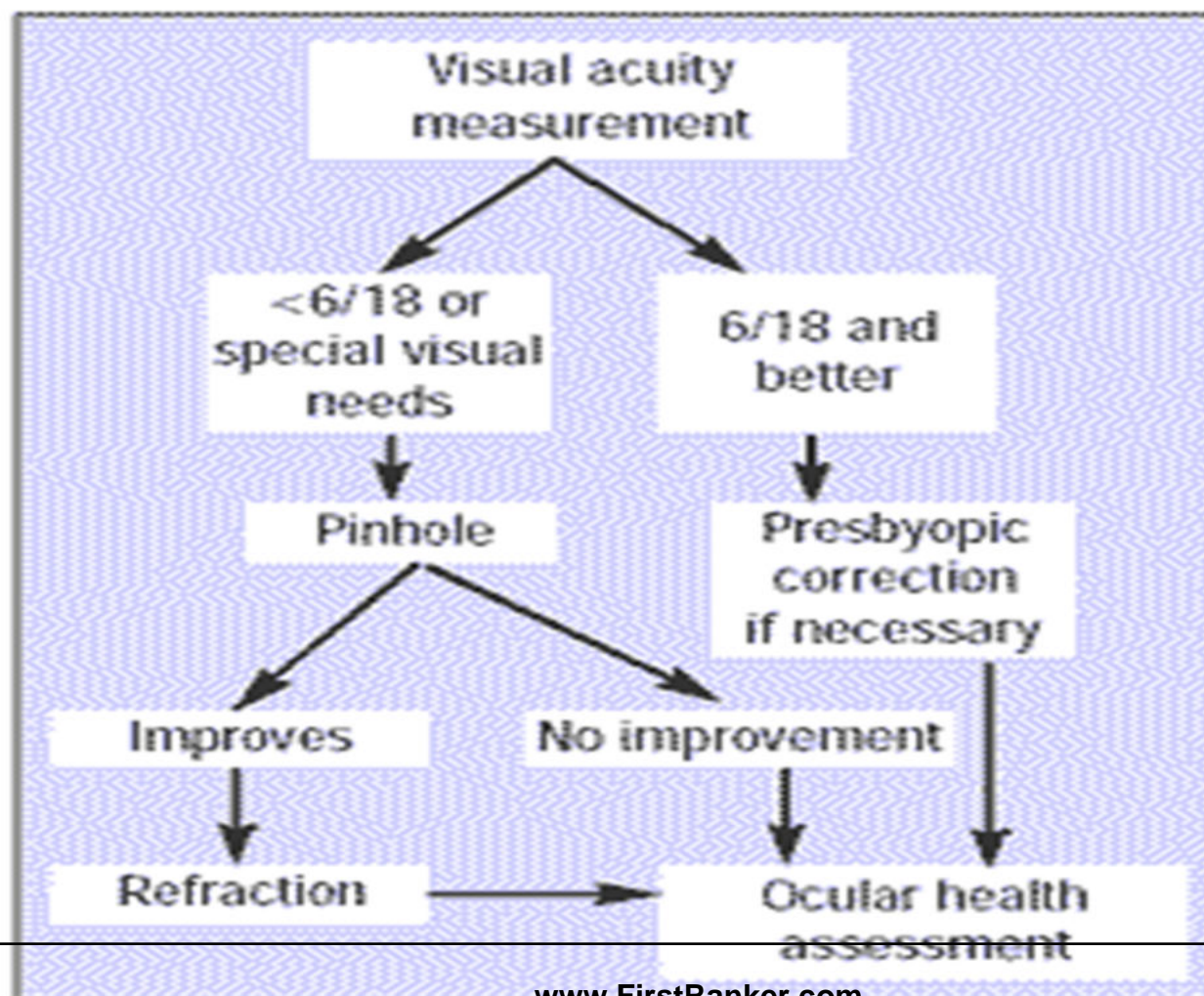
level by teachers and health care workers.

# Children



25

# Adults over 40 years of age



26

# Provision of spectacles

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

27

# Community screening

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

# 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

29

# 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.

## 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)

31

## 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



# 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., stye and chalazion
- Trauma
- Subconjunctival haemorrhages
- Superficial foreign body
- Blunt trauma
- Blinding malnutrition



33

# WHO GUIDELINES FOR PRIMARY EYE CARE

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

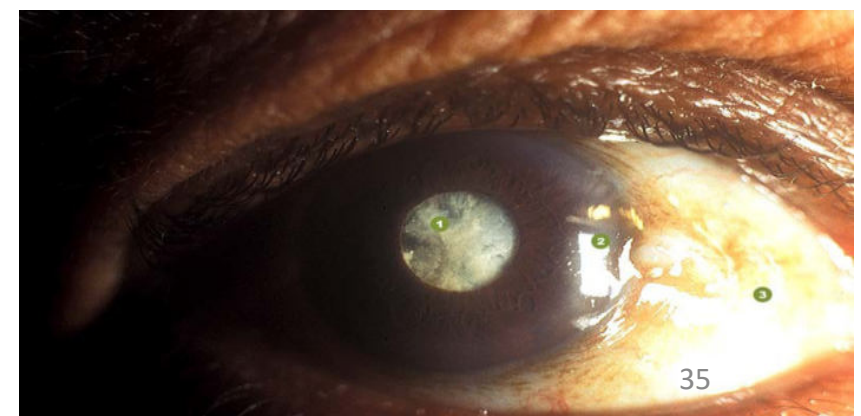
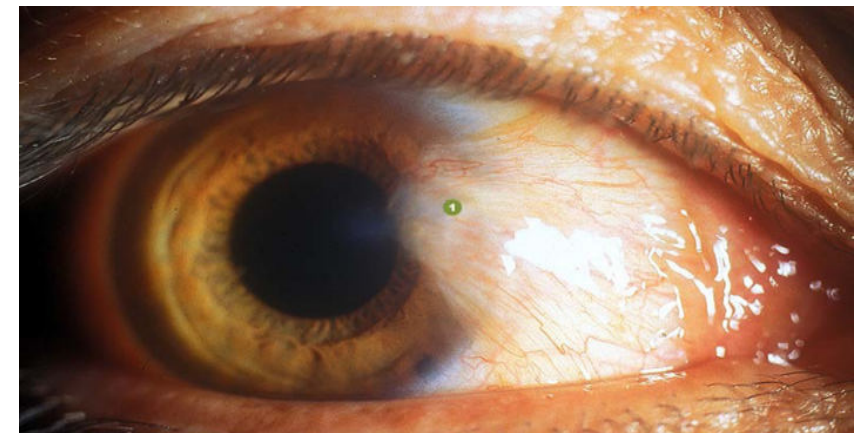
- Corneal ulcers
- Lacerating or perforating injuries of the eyeball
- Lid lacerations
- Entropion/trichiasis
- Burns: chemical, thermal



# 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.



# 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.
- 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.

37

# 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.

# THANK YOU