Ophthalmic Epidemiology

Chairperson: L Mowatt

The Back-up Plan

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Many ophthalmological services in the Caribbean are plagued by frequent shutdowns because of lack of functioning equipment, shortage of disposables and drugs, as well as staff deficiencies. This happens despite the fact that the health system has been expanded to include more managers, quality control, procurement officers, tender committees, nursing staff, ophthalmic assistants as well as more doctors graduating from The University of the West Indies (UWI). Is all this redundant manpower really necessary? What crucial element is still missing? This simple idea provides a possible solution to keep essential and high volume eye services up and running at all times.

The Vitreoretinal Service in Tobago

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Objective: To present the experience of the first hospital-based vitreoretinal service in the country.
Method: These data have been collected prospectively as the service has developed. We present the results of the first years' work in the service, looking at the case load and the outcomes.
Results: Over 70% of the patients have had an improvement in visual function. Over 85% have had a stabilization/improvement in visual function. We have a high patient satisfaction rating as evidenced by questionnaire.
Conclusion: The service has been and continues to be successful in preserving/improving sight in our patients. There has been a variety of pathologies treated, representing the case mix that exists in the population. Adverse events are low.

The National Diabetic Retinal Screening Programme in Ireland

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Background: Diabetic RetinaScreen (part of Health Service Executive) is a quality assured programme offering free screening and treatment to people with diabetes aged 12 years and older.
Objective: To present an overview from the first round of screening.
Method: A total of 154 421 patients were invited to attend for screening once in 2013 or 2014. Trained graders reviewed images saved using a single electronic management system (Optomize). Non-sight threatening retinopathy (non-STR) grades generated annual recall. Clinicians arbitrated grading differences, and referred sight-threatening retinopathy (STR) and referable non-diabetic eye disease (NDED) to a treatment centre.
Results: The 56 982 patients who were screened and graded by December 31, 2014, were subdivided into: no retinopathy (R0) 35 983 (62.92%), background retinopathy (R1) 13 242 (23.15%): pre-proliferative retinopathy (R2) 1138 (2.00%), proliferative retinopathy (R3) 1517 (2.65%) and referable maculopathy (M1) 3259 (5.70%). Six hundred and ninety-six (1.22%) patients with ungradable images prompted slit lamp examination. Seven thousand nine hundred and forty-five (13.95%) with referable retinopathy or referable NDED were referred to treatment centres; 6432 (11.29%) routine, 1513 (2.66%) urgent. At the treatment centres in 2014, after clinical examination ± optical coherence tomography/fluorescein angiography, 4186 patients started treatment for STR and 3723, diagnosed with non-STR, required no treatment.
Conclusion: In the first round, 36.9% received screening; of those, 13.95% were referred to treatment.