



PRIMARY eye care

OPTOMETRY & THE GP

The general medical practitioner is the cornerstone of primary health care in our communities and is usually the first point of contact for people seeking diagnosis and treatment. People with eye and vision problems are no exception.

Referrals for a full eye examination may be made to either an optometrist or an ophthalmologist. The optometrist is a provider of primary eye health care only and will provide a specialist referral to the ophthalmologist if needed or will refer back to the GP with detailed findings and recommendations for treatment where this is more appropriate.

The purpose of this article is to let you, the GP, know more about optometry – the profession which provides around 70% of the primary vision care in this country. We hope that knowledge of the services which optometrists provide, the level of their expertise, and how they can contribute to the health management of your patients will be of value to you when making decisions about patients with eye and vision problems.

Optometry and ophthalmology have a long history of good working relationships. We hope that optometry can also build good relationships with GPs and as a result enhance the effectiveness of the care provided by both groups of practitioners.

WHAT IS OPTOMETRY?

When asked what optometrists do, many people say that they carry out refractions and dispense glasses. But this is only part of what they do.

The optometry degree at the University of Auckland provides a four year comprehensive training in optometry and vision science. The course, following first year health sciences, provides comprehensive training in biochemistry, physiology, embryology, cytology and microbiology with advanced training in ocular anatomy, neuro-anatomy, physiology of the visual system, visual perception, physical and ophthalmic optics, ocular disease, pharmacology, and visual performance.

THE EYE EXAMINATION

Ophthalmoscopy, retinoscopy and biomicroscopy are essential parts of the optometric consultation and tonometry is performed when indicated. The detection of signs of diabetes, hypertension and vascular disease, multiple sclerosis, headaches of non-ocular origin, neurological disturbances and drug side effects on vision result in referral to medical practitioners.



“Optometrists can provide you with an effective screening programme for any patients you refer”

With diagnostic techniques such as tonometry, use of mydriatics, direct and indirect ophthalmoscopy and the use of automated visual field screeners, optometrists can provide an effective screening programme. Waiting times to see an optometrist average 1–2 days. Costs for a visual examination will vary but generally average around \$45–\$65.





THE AGEING PATIENT

As people age, changes occur in their vision that can range from an inconvenience to a disability. These can be refractive in nature or pathological. Symptoms can be vague even for the more serious conditions.

PRESBYOPIA

Presbyopia is the most common cause of visual problems in the ageing population. As the lens becomes less flexible, the ability to accommodate on near objects becomes more difficult and eventually impossible. The early symptoms of presbyopia include fatigue, frontal headaches, red, irritated and watery eyes, and occasional blurring of vision.

Anyone over 40 is a likely candidate for presbyopia. But these symptoms are also present in other more serious conditions. A full visual examination is necessary to exclude other conditions.

GLAUCOMA

The background incidence of glaucoma is around 3% in the NZ population. Detection of glaucoma (often symptomless) requires careful assessment of the optic discs and the visual fields; intraocular pressure measurement may help confirm the diagnosis. Optometry is the primary referral source to ophthalmology for glaucoma. A significant proportion of cases are still not being seen due to the use of ready-made reading glasses. Ready-mades are not harmful to vision in themselves, but self-treatment puts people at risk of developing conditions such as glaucoma and not receiving appropriate treatment until the condition is well advanced.

IN FUTURE ISSUES

ARMD

Cataract

Strokes/TIAs

Diabetes/Hypertension

Photosensitivity

Ectropia/Dry Eye

Pingueculae/Pterygia

Vascular disease

Paediatric Vision

Squint & Amblyopia

Learning Disabilities & Vision

Sports Vision

Refractive Surgery

The Red Eye

Headaches

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