The Red Eye?

Red Eye in any patient requires prompt intervention; the cause may be sinister and require urgent referral, or the case may be easily managed in the primary care setting, and it is important to differentiate between the two.

You may feel a referral to the Eye Department could be helpful but with the huge pressure on outpatient services in many areas it might be worth referring these people to your local optometrist for an early assessment.

Some optometrists have a scope of practice that lets them prescribe a range of ocular medications, including steroids to treat iritis.

Most texts recommend the following be assessed in the patient presenting with 'red eye':

- Visual acuity
- Extraocular movements
- Pupil reactivity
- Pupil shape
- Tests for direct and consensual photophobia
- Slit lamp examination of the cornea for oedema, defects, or opacification with and without fluorescein
- Anterior chamber evaluation for depth, cells and flare
- Intraocular pressure (IOP) measurements
- History of pain i.e. scratchy surface, foreign body sensation, or deeper pain
- Eyelid inspection with eversion

The key to managing red eye is making the correct diagnosis in a timely fashion. This involves differentiating between a number of potential diagnoses including:

- Blepharitis - inflammation of the eyelids.
- Conjunctivitis; which may be:
  - Allergic
  - Viral infection
  - Bacterial disease
- Corneal inflammation or infection
  - May be painful and involve decreased visual acuity and photophobia.
- Dry eye
- Iritis
  - Painful with extreme photophobia
- Episcleritis
  - the inflammation tends to be in an isolated patch, not involving the eye diffusely
- Foreign body
- Narrow-angle glaucoma
  - Patients complain of severely painful red eye.
  - Haloes around light are common.
  - Nausea and vomiting are common.
  - Gonioscopy should be performed.
- Pinguecula or pterygium
- Scleritis (anterior)
  - Usually accompanied by pain, especially with pressure.
- Subconjunctival haemorrhage

Some of these alternative diagnoses are time-critical conditions which can threaten the sight of your patient if not appropriately treated.

While most cases of red eye are easily treated, you might consider referring to an optometrist for a more detailed assessment before writing a prescription for treatment.

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Helping you manage poor vision

Optometrists are aware that the GP is the patient's primary healthcare practitioner but they can help you in a secondary role. Optometrists have the knowledge, skills, and equipment to comprehensively assess your patient's eye health and visual function. They can contribute as part of the primary health team by looking after the patient's overall eye care and can play an important role in ensuring patients with cataracts and other pathologies receive the most appropriate and timely attention.

Of course, poor vision can be due to simple refractive problems – the patient might need an updated pair of spectacles. Patients who fail their drivers' licence screening – or even the ones who pass but less easily than at their previous screening – can be simply referred to optometry for a full work-up, including refraction. If an organic reason is found for the patient's poor vision, the optometrist can manage this or refer as necessary, and report to you.

Another reasonably common cause of poor vision is anomaly of the cornea. Keratoconus is readily managed with contact lenses by most optometrists and examination by slit-lamp biomicroscope enables the optometrist to determine if poor vision is due to a corneal dystrophy, infection or some other cause.

Other common eye problems

Dry eyes/ocular surface disorders can be easily treated, but there is a difference in managing dry eye due to a tear insufficiency and dry eye due to poor tear quality. Other eye problems include embedded foreign bodies, or misdirected eye-lashes rubbing the eye. These are often harder to detect than would be imagined, especially in older people with fine, light coloured cilia.

Headaches are another symptom that can require optometric workup to eliminate "simpler" causes before more complex causes can be considered. Refractive error or poor binocularity, as well as more sinister causes (including some mass-occupying lesions) can be detected in an optometric examination. Referring a patient with headaches to your local optometrist can result in a timely elimination of many of the more common causes of headaches.

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PRIMARY EYE CARE