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# PRACTICE OBSERVED

## Practice Research

### Eye disease at a community health centre

Abstract

A pilot study of eye disease was carried out over three months in a general practice at a London community health centre. During the property of the

Few data are available on acute eye disease in the community, particularly for conjunctival and lid disorders, which accounted for over half of the ophthalmic consultations in a previous survey in general practice. Population screening studies have been carried out to estimate the prevalence of both individual diseases such as

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blindness, 'cataract,' and glaucoma' and all the chronic eye diseases.' Such cross sectional studies cannot assess the incidence of acute conditions, for which prospective longitudinal studies are "Prospective longitudinal studies of ever disease have been completed in general practice in the United Kingdom 'and Australia.' These were carried out on a large scale by general practitioners ruther than ophthalmologists, and although the results provide altable information on the incidence and prevalence of broad categories of ophthalmic disease, this cannot be extended to specific disorders; in the Royal College of General Practitioners' survey even classification of the control of the proposition, based on the International Classification of Direct Practice of Comment of Comments and Classification of Direct Practice of the different eye disorders presenting to the general practitioner is unknown. This has made it difficult to plan the management of eye disease in the community in terms of medical education, treatment, and the provision of ophthalmic Comments of the second of the second control of the control of the comments of the difficult to plan the management of eye disease in the community in terms of medical education, treatment, and the provision of ophthalmic Comments of the control of the difficult to plan the management of eye disease in the community in terms of medical education, treatment, and the provision of ophthalmic Comments and the comment

### Patients and methods

An ophthalmic service was provided in the community health centre on three half days a week. The ophthalmologist was a member of the outpatient staff of a consultant ophthalmologist at Moorfields Eye Hospital to whose

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NEED AND COST OF AN OPHTHALMIC SPECIALIST SERVICE AT A COMMUNITY HEALTH CENTRE

NEED AND COST OF AN OPITIALANC SPECIALIST SERVICE AT A COMMUNITY LEAR TO EXPERIENCE AND COMMUNITY L

Cost of 46 ophthalmic outputient visits to Moorfields at £16-69 each	1767 74
Cost of providing an ophthalmic service for one session a week at the	
health center	£422 81
Saving	£344 93
Capital expenditure required to set up an ophthalmic examination	room in a community
health centre 1986 prices	
Cou of fixed sems	
Sunete illuminated Spellen chart	£133
Stir lamp microscope	£3750
Total	£3883
Cost of portable sems	
Indirect ophthalmoscope	1472
Truel lens case	£435
Goldmann 3 murror	£155
	(1062
Total	

Table IV gives this comparison for the three months of the study and shown that there is a swing of 534 93 as a result of seeing these patients at the health centre. This does not include the additional control of the study of

advice on cossing, and ... research Fellow in the department of clinical protect. Own Fisons Research Fellow in the department of clinical ophthalmology. University of London, for the duration of this study. His work was superproceed by R J Buckley, who with Dr A M Edwards, director of medical affairs at Fuons plc, planned this project.

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Clinic referrals were made. All patients who were registered with one practice at the Kentish Town Health Centre, London, were included in the study, which was carried out between 20 May and 20 August 1994. The practice has seven general practisioners and is in a juripose built health centre that is numera and a computerance platent report. The practice serves a density populated area of half a square mile divided in two by the Kentish Town Road. In June 1994, 1914 platents were registered with the practice rate half in proportion of the practice of the practice

### PREVALENCE OF EYE DISEASE

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TABLE 1-N imber of episodes of each presenting diagnosis in patients seen by the ophthalmologist (percentages in parentheses.

Disease	n = 169	
Seasonal allergic conjunctivitis	36 21 3	
No abnormality detected	22 -13	
Biepharms	11 6 5	
Cataract	10 5 9	
Turnal cyst	8 47	
Microbial conjunctivitia		
Motality disorders	1	
Mascellaneous neuro-ophthalmic disorders	7 41	
optic neuropathy, drug induced mydnasis, visual deterioration.		
nystagmus. Bell's palsy, amourous fugas, metastases in skull		
Ametropia	6:36	
Biocked nasolacrumal duct	5 1	
Perennal allergy conjunctivitis	5	
Miscellaneous lid disorders	5	
Ingophtheimos, impetigo, biepharospasm, entropion, cyst of Moll:		
Miscellaneous retinal diseases	5	
retunal detachment, receptor dystrophy, vitreous haemorrhage,		
posterior vitreous detachment, branch retinal artery occlusion:		
Muscellaneous conjunctival disorders	4 24	
pinguecula, vernal, subconjunctival haemorrhage, toxic conjunctivitis		
Vierrous flouers		
Vitreoga Bosters	•	
Francis	1.00	
Contact lens related disease		
Contact sens resisted disease Branch were not beaute	3 12	
Lad dermatitis	4 14	
Consunctival cvst		
Conjunctivia cyst Ensecientis	- 1	
Narrow angle glaucoma		
Macular degeneration	4	
Migrane	1 06	
ings	1 .0.0	

# TABLE 11—Diagnoses made by general practitioners or moving staff (five pa the 54 patients who did not see the ophthalmologist

	No	`
Macrobasi conjunctivitis	21	39
Seasonal allergic consunctivitis	16	30
Cataract		
Tarsai cyst	,	6
Biephants	2	4
No abnormality	2	4
rauma nurse	1	2
(ctimal disease	1	2
Aber (nurse)		7

Same as ophthalmologist	12	
Semonal allerine conjunctivitis	14	
Marrobal consunctions		
Tarnai cost	;	
Monkey		
Riocked needle need dust	:	
Vitreous footers	;	
Different from ophthalmologist	18	
Opiskaimologus's diagnoss:	General practitioner's diagnoss	
No abnormality	Field defect (optician referral)	
	Open angle glaucoma	
	Chronic allergic conjunctivitis	
	Retunal detachment	
Lid and consunctival disorders		
Blepharitis	Allergic blephanitis	
Followiar consunctivitia	Allergic consunctivitis	
Total conjunctivitis	Macrobial conjunctivitis	
Keratoconjunctivitis suca	Gntty eves	
Dermouts	Consunctivitis	
Reunal disorders		
Retinal detachment	Consunctivitis migraine	
Branch vest occlusion	Retinal detachment	
Cellophane maculopathy	Cataract	
Macular degeneration	Cataract	
Neuro-oohthalmic disorders		
Optic neuropathy	Poor vision	
Metastatic disease	Conjunctivitis	
Episcientis	Into	
Into	Consunctivitis	

REFERENCES

In Sent Colory of Control Physicianess. Office of Expedients Common and Surveys and
Limits (1982). 179: 49-50. Underson Reference and Expedients Colories (1982).

London 1984(0), 179: 49-50. Underson Reference and Expedients Schotters (1982).

London 1984(1), 179: 49-50. Underson Reference and London 1984(1982).

London 1984(1982). London 1984(1982).

London 1984(1984). London 1984(1984).

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\*West CAH: Design of across system and erry, in Administration of the general principal III Design of Camely Pains, Canada 19850, 1983, 1983, 1983, Learni Regions Office.

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# Doctors as nutrition educators? Part III

# MARGARET B CLARK, ELIZABETH M EVANS, MARGARET B HAMILTON-SMITH

One person dies every three minutes of coronary heart disease in Britain. Poor diet is one of the major risk factors. Can you give the appropriate dietary advice to your patients?

(1) What a the Committee on Medical Aspects of Food Polocy (COMA) recommendations?

(2) What is the most effective way of reducing a high serum cholesterol concentrations?

(2) What is the most effective way of reducing a high serum cholesterol concentrations?

- concentration?

  [3] Should every cow carry a government health warrang?

  [4] What type of det is used to treat raised triplycende concentrations?

  [4] What type of det is used to treat raised triplycende concentrations?

  [4] What type of the concentration of th

Parts I and II appeared on 11 October, p 928 and 18 October, p 998

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