Guest editorial

Ophthalmology

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Optimal eye care for the growing South African population is dependent on the teamwork of ophthalmologists, ophthalmic medical officers, optometrists, orthoptists, general practitioners, school health workers and ophthalmic nurses. General practitioners are often reluctant to manage eye-related pathology. This may be the result of insufficient exposure to the subject during undergraduate training, which leaves the doctor with no confidence to treat his/her patients. With more universities changing to a 5-year medical curriculum, exposure to this field is likely to decrease even more. The emphasis in our teaching should be placed on the recognition and management of common eye disorders and the identification of treatable sight-threatening conditions.

Having said that, the general practitioner, together with the optometrist, is often the first port of call for patients suffering from ocular problems, and they are therefore well placed to provide primary eye care. In order to be effective, the primary care physician needs to be able to perform a competent ocular examination – the article by Farouk Adamjee gives a comprehensive overview of the equipment needed and the essential skills necessary to perform a basic eye examination.

In his article 'Vision 2020 – The Right to Sight', Colin Cook elaborates on the Vision 2020 Project, an initiative of the World Health Organization (WHO) to eliminate avoidable blindness by the year 2020. The initial emphasis is on cataract blindness, but focus will also fall on chronic glaucoma, diabetic retinopathy, age-related macular degeneration, refractive errors/low vision and childhood blindness.

These topics are further explored in this edition. Rizwana Amod eloquently discusses the ageing eye with specific references to cataracts and age-related macular degeneration, Sue Williams simplifies the management of glaucoma with the excellent use of diagrams and Vanessa Thunstrom gives a thorough overview of diabetic retinopathy. As most diabetics are primarily managed by general practitioners, it is here, more than anywhere else, that co-operation between the general practitioner and the ophthalmologist must be enforced. The Diabetes Control and Complications Trial (DCCT) conducted between 1983 and 1989 clearly demonstrated the benefit of intensive glucose control in delaying the onset and progression of diabetic retinopathy.[1] Also, screening for diabetic retinopathy and early referral for laser treatment is of utmost importance to avoid permanent visual loss.

Unfortunately we live in a society steeped in violence and with a high HIV infection rate. The article by Kavitha Naidu on common eye emergencies will do much to foster confidence in the initial management of ocular trauma. Most patients with eye emergencies will however ultimately need to be referred to an ophthalmologist for definitive treatment. More than 70% of HIV-positive patients will develop an ocular problem – often this may be the presenting problem and recognition of these diseases will be essential in order to diagnose HIV disease and start patients on antiretroviral treatment. I am hoping that my article on HIV and the eye with its numerous colour photographs will make the recognition of these entities much easier.

Finally, refractive surgery is still riding the crest of the wave in the private sector (sadly, this treatment is generally not available in the state hospitals) and in his article on refractive surgery, Polla Roux expands on the latest developments in both laser surgery and phakic intraocular lens implants.

I sincerely hope that, having read these articles, you will feel more confident in managing patients with eye problems, knowing which conditions are treatable and sight-threatening and having diagnosed a sight-threatening condition, refer the patient to the ophthalmologist sooner rather than later.

1. The DCCT Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. *N Engl J Med* 1993; 329: 977-986.