

Eye disease as a chronic condition

The World Health Organization has called chronic conditions 'the health care challenge of this century'. Worldwide urgency to address chronic conditions is driven by the rapid rise in incidence and also by the associated social and financial costs for the health sector and society.

The rise in incidence can be attributed to an increase in lifestyle risk factors, the ageing population, and socioeconomic determinants of health. A majority of chronic conditions are preventable or could be better managed. Part of the issue facing people with chronic conditions is that the organisation and delivery of health services has traditionally developed within a cure-focused model concerned with turning acute episodes into survivable events.

People with chronic conditions use a broad range of services repeatedly, and often frequently, throughout their lives. The case studies summarised in the 2007 report from

the National Advisory Committee on Health and Disability (NHC) to the Minister of Health, Meeting the Needs of People with Chronic Conditions, showed that people want more time with their doctors and better explanations about their conditions. They emphasised the importance of having someone to assist them with accessing and coordinating services.

Eye diseases are often degenerative and fit the definition of an ongoing, long term or recurring condition that has significant impact on a person's life. That is to say, they are chronic conditions; and they should be recognised as such within the health system. Certainly, GPs have an important role in considering eye disease and potential for vision impairment as a factor in the care of all aging patients.

It seems something of an anomaly that in searching for information

on chronic conditions in New Zealand the most common chronic conditions listed on official health and disability sites (by diagnosis) are:

- chronic neck or back problems (one in four adults)
- mental illness (one in five adults)
- asthma (one in five adults aged 15-44 years.)
- arthritis (one in six adults)
- heart disease (one in 10 adults).

Surely the list should include:

- macular degeneration (one in seven adults over 50)
- glaucoma (about 2% of the population aged 40-50 and 8% over 70)
- cataract (one in five people by age 65)

Reduced vision is an inevitable consequence of virtually all chronic eye conditions, and may increase the risk of harmful events occurring, especially with the concurrent existence of conditions that restrict mobility, or with other forms of sensory deprivation'.

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Support from a disability perspective does not become available until almost all vision has been lost and the person becomes legally blind and eligible for registration with the Royal New Zealand Foundation of the Blind.

There is a huge deficit in support for people in the long and often arduous progression from normal vision to legally blind. The impact of low vision and failing sight is every bit as significant as for the other chronic conditions.

For example, visual impairment negatively impacts on:

- Independent living
- Quality of life
- Self-ranking of health
- Depression
- Falls and fractures¹
- Increased need for community and/or family support
- Earlier institutionalized care².

General Practice has a great opportunity to screen for eye disease and impaired vision.

Age is a risk factor for the most common sight threatening disorders, such as glaucoma and macular degeneration, so why not think of referring older patients for an eye examination at the same time that you order blood tests for their heart checks? Or perhaps keep an Amsler grid available to screen for the distortions to vision that are an early sign of macular degeneration.

Consider liaising with your local optometrist for low vision support and specialist low vision aids for patients who are developing vision impairment that cannot be treated; as with dry macular degeneration, for example.

Other issues to think about are the other risk factors besides age.

- Smokers have 3 times the risk of developing macular degeneration and tend to develop the disease a decade earlier than non-smokers.
- People with high cholesterol and vascular disease also tend to develop macular degeneration at an earlier age and the disease tends to progress faster.
- Family history is a risk in both macular degeneration and glaucoma, especially if immediate family members have the disease.
- Women are more likely to develop macular degeneration than men.
- People who are taking steroids over a prolonged period are at higher risk of developing glaucoma.

1. Ivers et al. JAGS, 1998, 2003; – cited by Prof. Paul Mitchell, 2003 SOS Lecture series.
2. Wang et al. IVOCS, 1999; Wang et al. Aust NZ J Public Health, 1999; Wang et al. Ophthalmic Epidemiol, 2003; - cited by Prof Paul Mitchell, 2003 SOS Lecture Series.