

- Eye Problems In The Elderly
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  - 20/4/16

# Aims Of The Session

- How to deal with blepharitis/dry eyes
- To recognise acute ophthalmic emergencies
- Cataracts
- Case scenarios to reinforce learning

# Blepharitis

- Exceptionally common
- Sore, red eyes, foreign body sensation
- Dry eyes
- Can be debilitating



# Treatment

- Simple yet patient has to persevere
- Hot compress/lid hygiene advice
- Sometimes need oral antibiotics in severe case
- Omega-3??
- Lubricant drops
- Gel/ointments for night time use



# Dry Eyes

- Age
- Computer use
- Close work
- Air conditioning
- Systemic conditions - Sjogrens

# Treatment

- Lubricants
- Preservative free if contact lens wearer
- Differing strengths
- Gels/ointment use

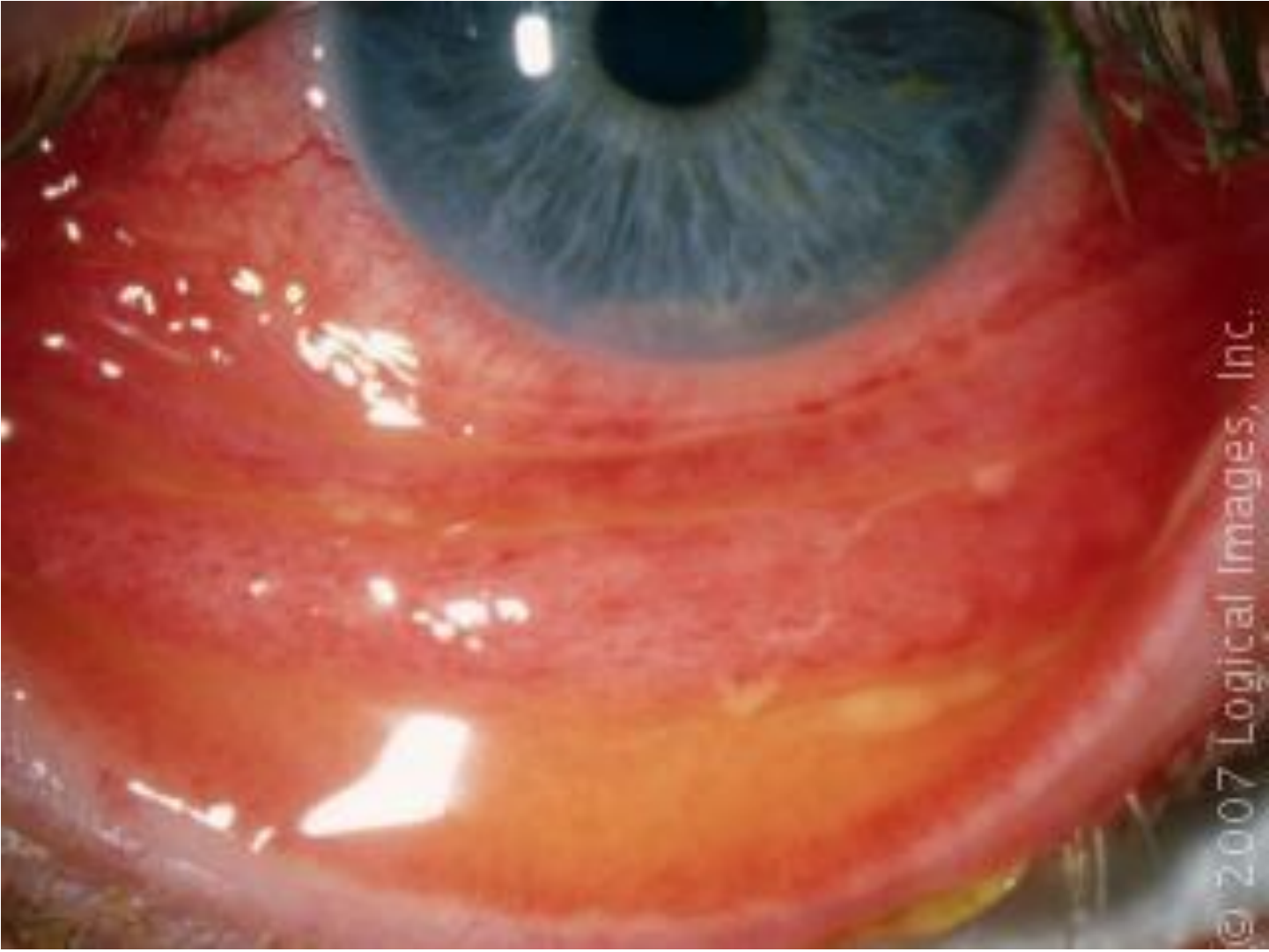


# Red Eye

- Conjunctivitis (viral, bacterial, allergic or chemical),
  - foreign body,
  - corneal ulceration
  - subconjunctival haemorrhage.
- Uncommon causes include
  - iritis,
  - scleritis,
  - episcleritis
  - glaucoma.

# Why is it red?

- Inflammation (pain, redness, swelling)
- Infection
- Haemorrhage
- (increased blood flow)



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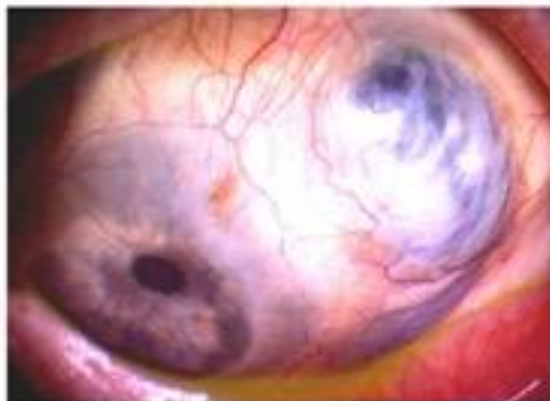




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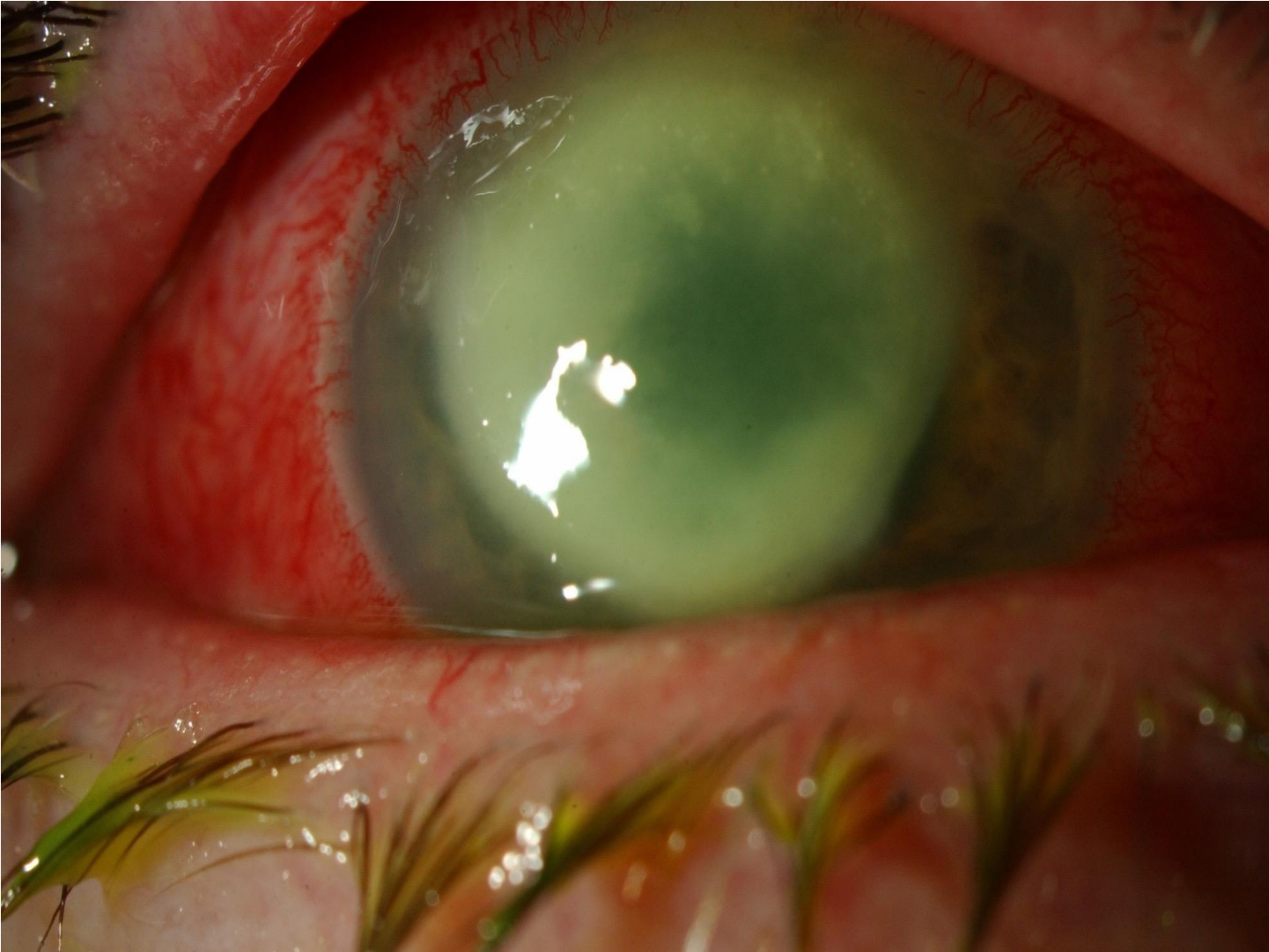


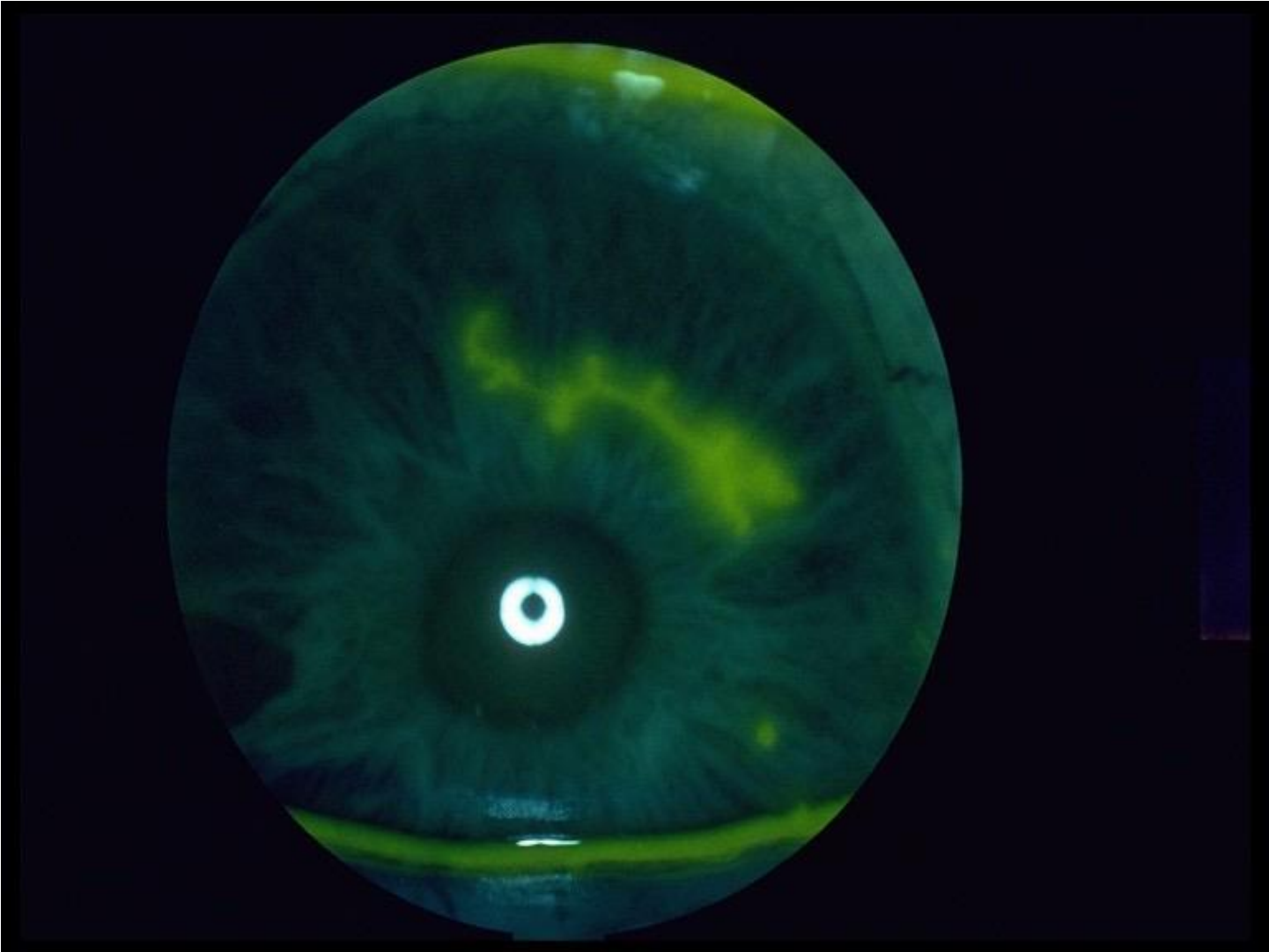
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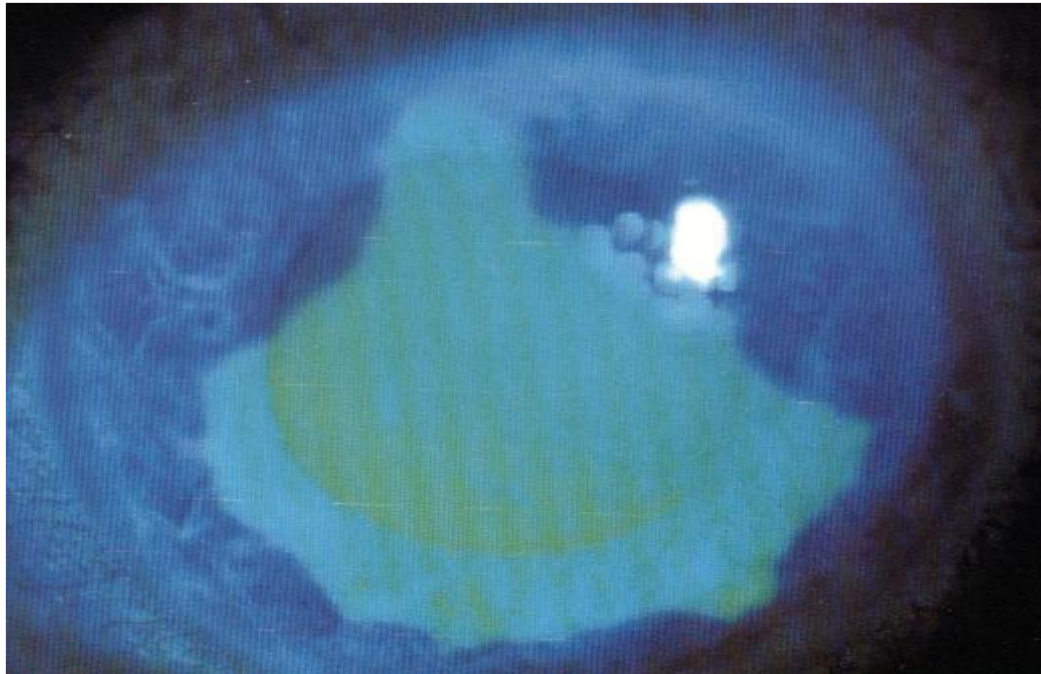
# Subconjunctival Hemorrhage

- Fragile vessels rupture from trauma, Valsalva pressure spikes (sneezing, coughing, retching), hypertension, or without obvious cause.



# Corneal Abrasion

- Corneal abrasions often worsened by rubbing and scratching.
- Foreign body sensation common.



# Corneal Foreign Bodies

- Corneal foreign bodies should be removed under the best magnification possible.



# Corneal Foreign Bodies

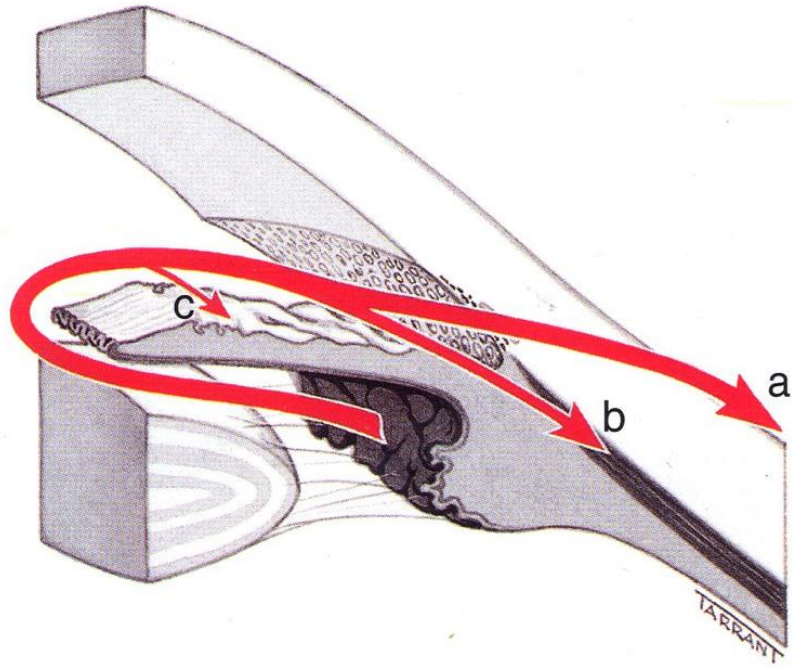
- Metallic foreign bodies are common in industrial setting.

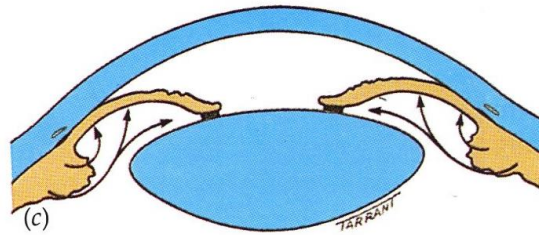
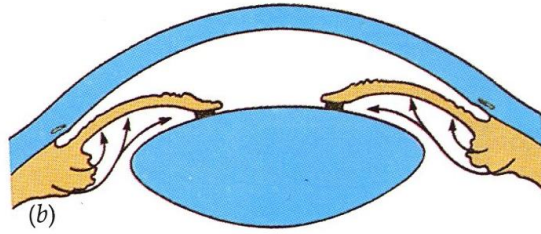
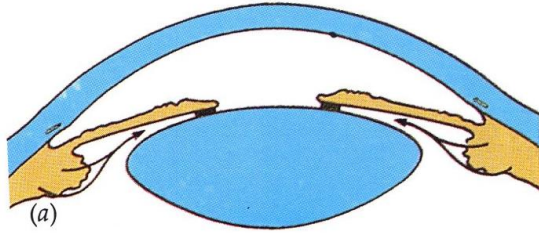




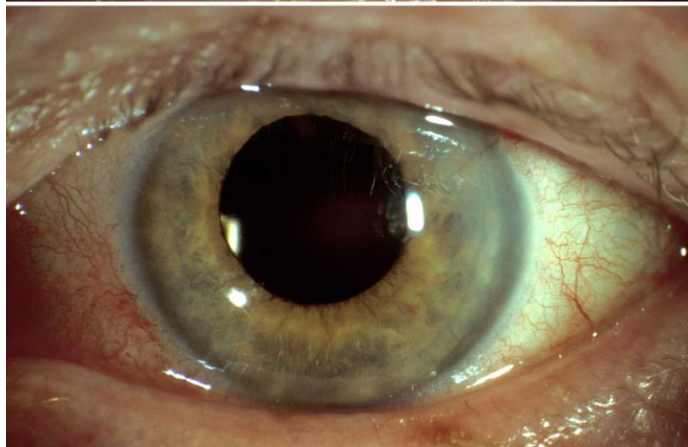
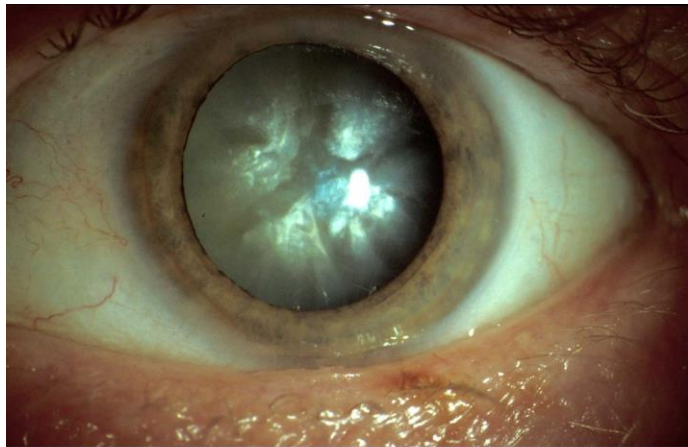
# Angle Closure Glaucoma

- Pain
- Decreased vision
- Nausea, vomiting
- Redness
- Fixed, mid-dilated pupil
- Hazy cornea
- Middle aged/elderly
- Usually female
- Long sighted



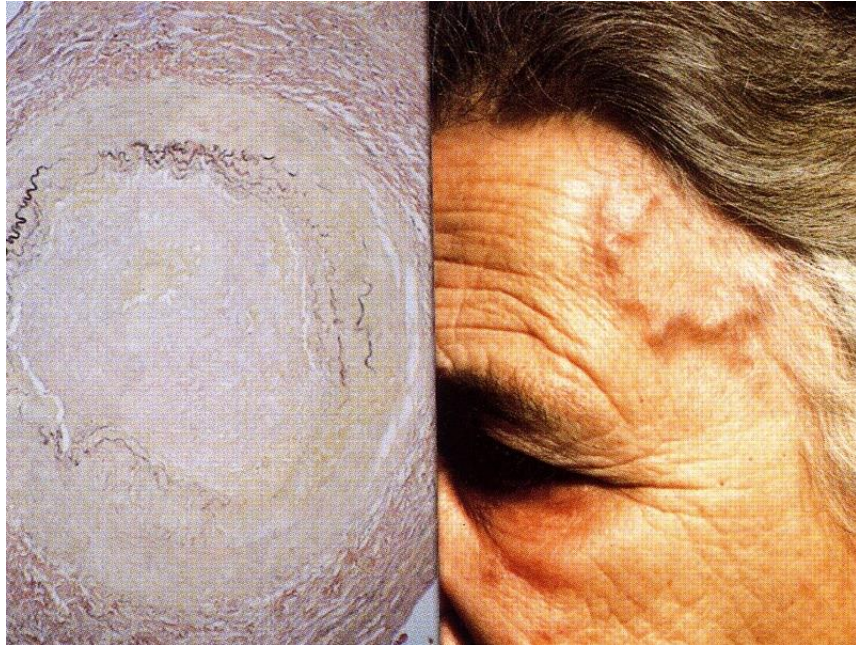






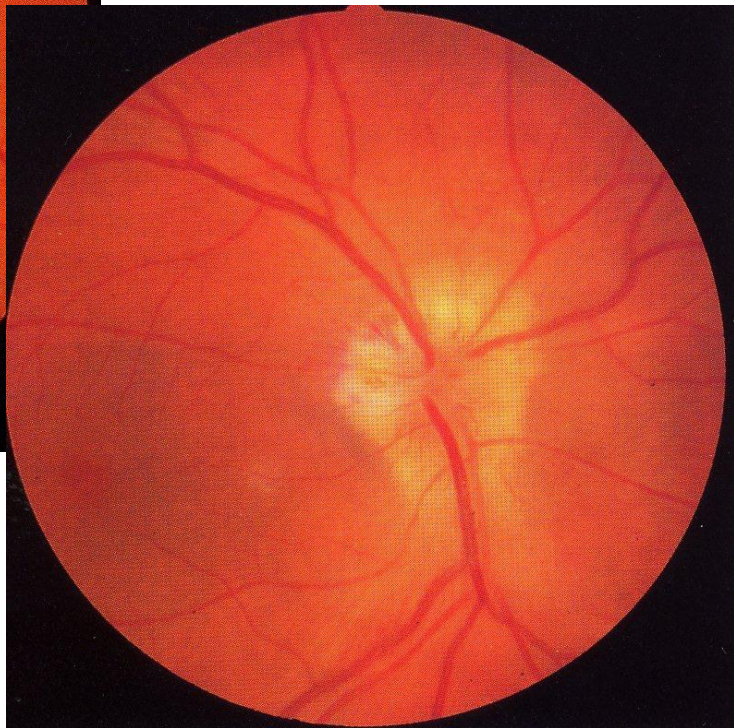
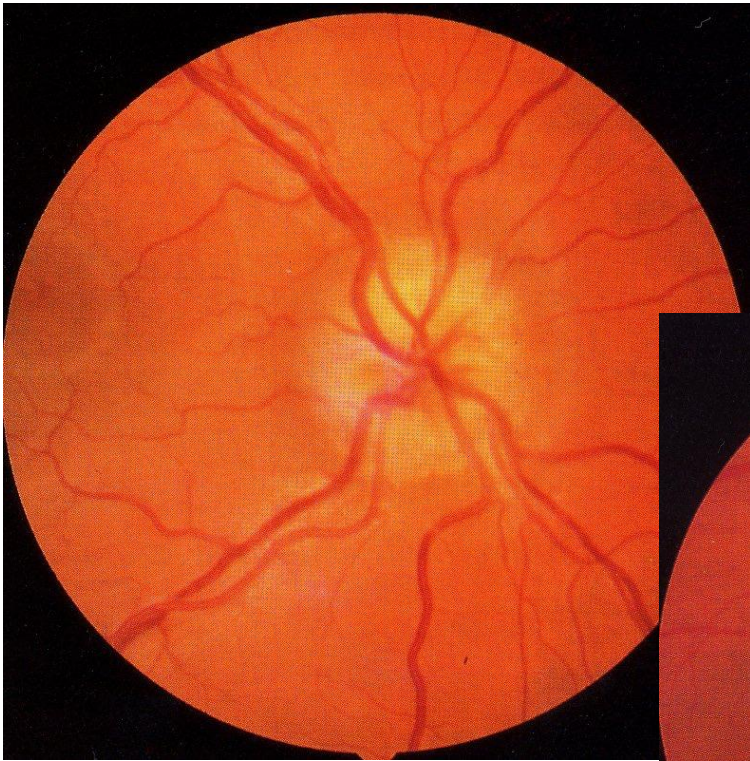
# Giant Cell Arteritis

- Headache
- Scalp tenderness
- Jaw claudication
- Neck pain
- Weight loss
- Positive temporal artery biopsy!
- Arthralgia
- Visual loss
- Double vision
- Raised inflammatory markers
- Raised platelets



# Disc Swelling





# Cataracts

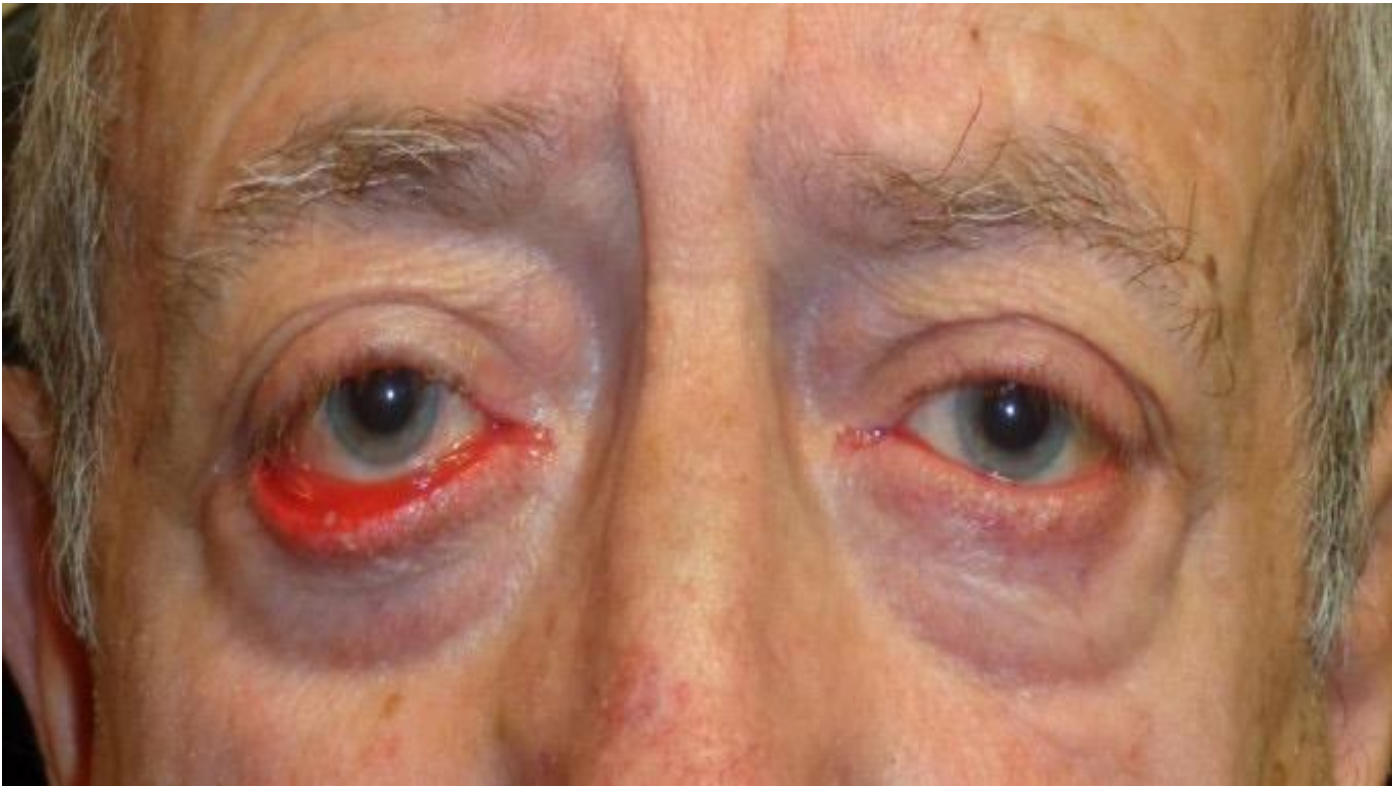
- Any opacity of the natural crystalline lens
- Different types of cataracts
  - Nuclear sclerosis
  - Posterior subcapsular
  - Cortical
  - Posterior Polar

- Probably the most common day case procedure in the UK
- Not all 'cataracts' need surgery
- 3 questions need answering:
  - Is there a cataract?
  - Is surgery warranted?
  - Does the patient want surgery?



# Eyelid Abnormalities

- Ectropion - an outward turning of the lid



- Entropion - an inward turning of the lid



# Real World Scenarios

## **A 80 year old lady referred by her optician with wet macular degeneration**

AMD most common cause of visual loss in those aged over 50.

2 types of macular degeneration:

- Dry macular degeneration - affects the eyes gradually  
Yellow deposits, called drusen, in the macula  
As they grow in size and number, they may lead to a dimming or distortion of vision
- Wet macular degeneration - can develop very quickly  
Blood vessels leak into the retina, causing distortion of vision  
These abnormal blood vessels eventually scar, leading to permanent loss of central vision



# Risk factors

- Age
- Gender – macular degeneration is more common in women than it is in men.
- Genetics
- Smoking
- Sunlight – if a patient is exposed to lots of sunlight during their lifetime, their risk of developing macular degeneration may be increased.
- Alcohol – there is evidence that drinking more than four units of alcohol a day may increase the risk of having early macular degeneration.

# Why is the referral urgent?

## How soon should the patient be seen?

- The most common symptoms of wet AMD are central visual blurring and distortion
- Urgent referral of these patients is critical to firstly assess and diagnose the condition and secondly to initiate treatment to preserve vision
- The sooner treatment is started the better the prognosis in terms of visual preservation
- Most ophthalmic departments have a fast-track wet AMD pathway

**A fit and well 72-year-old man presents with the story that he has noticed a few floaters over the last few days in one eye.**

**He occasionally has noticed flashing lights.**

**His vision isn't impaired, there is no pain and examination is normal.**

# When should GPs worry about floaters?

- Floaters are a common occurrence and are usually, but not exclusively, related to posterior vitreous detachment (PVD). A PVD is a natural change that occurs in the eye.
- Over 75% of the population over the age of 65 develop a PVD. PVD can cause symptoms such as floaters, little flashes of light, or a cobweb effect across the vision.
- Patients who have had eye surgery, such as cataract surgery, are more likely to experience floaters, PVD and, more rarely, retinal tears and retinal detachment.



**Can the GP reliably distinguish  
between vitreous detachment and a  
retinal tear?**

**Does the former require any  
specific treatment?**

**Is it a risk factor for a  
retinal tear?**

- Difficult to tell the difference between floaters and flashes caused by PVD or a retinal tear/retinal detachment without a specialist ophthalmic examination.
- It is therefore important for the patient to be referred to have their eyes examined by an ophthalmologist or optometrist.
- Red flag signs warranting an urgent review include:
  - A sudden appearance of floaters or an increase in their size and number
  - Flashes of light or a change/increase in the flashing lights the patient experiences.
  - Blurring of vision.
  - A dark 'curtain' moving up, down or across the vision, as this may indicate a retinal detachment.

## **In cases of doubt, how promptly should these patients be seen, and why?**

- Should there be any red flag signs or symptoms experienced by the patient they should be referred on an urgent i.e. same-day basis for a fully dilated ophthalmic examination to exclude any pathology that needs treatment.

# **A 60 year old diabetic presents with unilateral loss of vision which is painless and a white quiet eye? What should the GP do?**

- It is important to take a history for e.g. Diabetes (if not known previously), flashes & floaters, trauma etc
- Many possibilities, but warrants a same day urgent review – vitreous haemorrhage, crvo, crao, RD??
- Needs specialist input to assess and treat

**A contact lens wearer presents with sore, bloodshot eyes.**

**(She is 60 years old!!)**

**This is her third attendance for the same problem.**

**The symptoms started two weeks ago with sore, irritating, bloodshot eyes and mild watery discharge.**

**She removed her contact lenses immediately and has not worn them since.**

**She was given chloramphenicol eye ointment at her original appointment.**

**On review a week later, she was no better.**

# What are the particular issues that GPs should be aware of in contact lens wearers?

- Modern day contact lenses are very safe, but there is still the need for meticulous hygiene to prevent a contact lens infection.
- Patients should be educated not to swim or shower with lenses in as it can result in a serious eye infection.
- Although some lenses are manufactured to sleep in, it is known that the risk of infection does increase should they be kept in overnight.
- A red painful eye in a contact lens wearer needs an urgent review and the patient should be referred on appropriately to rule out the presence of a contact lens related corneal infection.

# **Apparent conjunctivitis that does not seem to settle with standard treatment is a common general practice conundrum**

## **What differential should the GP be considering?**

- Removal of lens and assess for corneal abrasion or ulcer
- Signs of hypersensitivity may range from a simple red eye to giant papillae of the tarsal plate, and in such instances a 'contact lens holiday' i.e. removal for a few weeks, may be necessary
- In the case of a suspected infection, an urgent specialist opinion should be sought

# How should the GP proceed from here?

- Important to elicit the type of contact lens worn, the duration of use, whether the patient sleeps, swims or showers with their lenses in.
- A patient with severe pain and photophobia are also red flag signs and an urgent ophthalmic opinion should be sought
- A serious, albeit thankfully uncommon, infection is acanthamoeba keratitis
- Severe infection - treatment can usually last for months
- Sight threatening condition
- In such cases, a same day urgent review is necessary as often the infection can progress very rapidly
- It is prudent to have a low threshold to ask for advice in such patients



# Take Home Messages !

- Have an understanding of treating blepharitis/dry eyes
- Recognising need for referral of certain conditions and urgency
- Case based scenarios to consolidate learning

# In Summary

- We are here to help/advise
- Eye problems can be daunting to tackle
- ‘It’s good to talk’ – same day referral service via phone
- Age of telemedicine coming nearer!

Thank You

