PAC 2020

Online Professional Advancement Conference

Highlights On Demand

Lecture:

Recall scenarios during Covid-19

Workbook

Specsavers

CET information

Author	Ross Campbell
Accreditation	1 non-interactive CET point
Duration	1 hour
Reference	C-76596
Modality	RECORDED LECTURE
Audience	General Optical Council – Approved CET For Optometrists; General Optical Council – Approved CET For Dispensing Opticians
Competencies	COMMUNICATION; STANDARDS OF PRACTICE; OPTICAL APPLIANCES; OCULAR DISEASE; COMMUNICATION; STANDARDS OF PRACTICE; OPTICAL APPLIANCES; PAEDIATRIC DISPENSING

Summary

This series of cases explores recall habits based on evidence-based practice and guidance during the Covid-19 pandemic, communication with customers to educate and empower them in making good choices as well as considerations in prescribing and dispensing for patients of all ages.

Author

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Ross is an experienced optometrist, pre-registration optometrist supervisor and a clinical director of Specsavers Swaledale and RCO Ltd, a company which develops and delivers training material for optical companies and conferences. He is Director of Optometry Advancement for Specsavers Opticians. Ross has considerable experience in developing, leading and facilitating CET-accredited training for practitioners of all levels of experience and has developed a number of peer discussion sessions delivered at regional and national training events. He has also attended 'train the trainer' sessions. Ross is a regular contributor to ProFile, Specsavers' in-house journal for professional staff.

Learning objectives

For Optometrists

1.1.3 Optometrists will identify possible concerns and threats to visual welfare that could result from ocular problems and is able to respond appropriately to patients fears and concerns.

2.7.1 Optometrists will demonstrate awareness of the appropriate tests required to conduct an adequate assessment on patients during the Covid-19 pandemic.

2.7.5 Optometrists will understand current guidance and good practice in terms of frequency of sight testing and recalls.

4.1.5 Optometrists will be aware of considerations for dispensing patients of all ages during the Covid-19 pandemic, advice to be given, as well as be aware of various lens coatings and treatments and when it is appropriate to dispense those.

6.1.1 Optometrists will have understanding of the risk factors for glaucoma, diabetes and cataracts.

For Dispensing Opticians

1.1.3 Dispensing Opticians will identify possible concerns and threats to visual welfare that could result from a range of common ocular pathology such as cataract development, glaucoma or diabetes and is able to respond appropriately to patients fears and concerns.

1.2.4 Dispensing Opticians will be able to explain to the patient the implications of glaucoma and cataracts on the patient and their vision, while acting in a supporting role in a multidisciplinary eyecare service

2.7.5 Dispensing Opticians will understand current good practice in terms of frequency of sight testing, assessment of a range of patient's visual and eye health status and recall decisions, enabling them to work in a supporting role, within their scope of practice, as part of a multidisciplinary eyecare service during the Covid-19 pandemic.

4.1.4 Dispensing opticians will be aware of considerations for dispensing patients over 70 years of age during the Covid-19 pandemic, advice to be given, as well as be aware of various lens coatings and treatments and when it is appropriate to dispense those.

9.2.1 Dispensing Opticians will be aware of considerations that they need to make when dispensing children, understanding patient assessment, advice to given as well as be aware of various lens coatings and treatments and when it is appropriate to dispense those.

References

College of Optometrists COVID-19 guidance
https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-2019-advice-for-optometrists.html

College of Optometrists Clinical Management

College of Optometrists Traffic Light Guidance Table

GOC Standards of Practice

Specsavers Risk stratification for recall / examination interval

People in control of their own health and care, Foot, Gilburt et al. The Kings Fund, 2014

Patients preference matter: Stop the silent misdiagnosis Mulley, Trimble, Elwyn., The Kings Fund, 2012

Supporting people to manage their health: An introduction to patient activation Hibbard, Gilburt., The Kings Fund, 2014

Guidance for Professional Practice College of Optometrists, 2018
A53, A54, A55, A56

Group 1 – Ocular disease

Joanne

41-year-old Joanne attends for her first sight test in 3 years. She was due to return earlier, but a combination of work and lockdown led to the delay. Her chief complaint is that she has noticed blurred vision when watching television after looking at her phone for a long time. She has family history of AMD (grandmother at age 80) and glaucoma (mother at age 67, treated with drops once a day).

Joanne is healthy and takes no medications.

Her prescription results are as follows:

Unaided DVA 6/5 R&L
Unaided NVA N5 R&L

RE +0.25/-0.25 x 180	DVA 6/5	Near Add +0.50	NVA N5
LE +0.25/-0.25 x 180	DVA 6/5	Near Add +0.50	NVA N5

Notes

1. What clinical tests would you undertake as part of Joanne's sight test and why?*

2. How would you explain the cause of her chief complaint to Joanne?

3. What advice and recommendations would you make to Joanne to help with the symptoms of her chief complaint?

Further clinical information

Clinical examination revealed the following:

- Van Herick Grade 4 R&L
- 0.3 C/D ratio & ISNT rule applied R&L
- IOP measured with GAT 12mmHg R&L
- OCT macula & disc map – healthy retina and RNFL – same when compared with previous scan 3 years ago

* Note: There is no 'correct' answer, but you should take account of local considerations and prevailing Covid-19 guidance, and you should be able to clinically justify your choices.

4. Based on the available information what recall would you place Joanne on and why?

William

65-year-old William attends for his first sight test at your practice. He thinks it has been about 18 months since his last test, but isn't sure as he has lost the previous prescription. He was diagnosed with diabetes 8 years ago, and controls his blood sugar levels with diet alone. He reports that he attends the diabetic retinal screening service at the local hospital every year, and was last seen just before lockdown; the subsequent report was all clear.

He has broken his reading glasses, and wants to update them. Prior to breaking his glasses, he felt they weren't strong enough for painting miniature models.

Medications include some for blood pressure and cholesterol, but he can't remember the name of them.

There is no family history of eye disease.

His prescription results are as follows:

Unaided DVA:
RE 6/9
LE 6/12
(Bin 6/9+2)

RE +0.75/-0.25 x 50	DVA 6/6	Near Add +2.50	NVA N5
LE +1.25/-0.25 x 140	DVA 6/6-1	Near Add +2.50	NVA N5

Notes

1. What clinical tests would you undertake as part of William's sight test and why?*

2. What recommendations would you make regarding updating his new glasses?

Further clinical information

Clinical examination revealed the following:

- Mild nuclear sclerosis of the crystalline lens
- IOP measured with NCT 16mmHg R&L
- Healthy macula (no diabetic retinopathy) and ONH

3. Based on the available information what recall would you place William on and why?

* Note: There is no 'correct' answer, but you should take account of local considerations and prevailing Covid-19 guidance, and you should be able to clinically justify your choices.

Cheryl

57-year-old Cheryl was diagnosed with primary open angle glaucoma following a referral from a previous sight test 5 years ago. She is under the care of an ophthalmologist, and usually sees them every 6 months, but due to the pandemic her appointment has been delayed by 4 months.

She attends for a sight test with a chief complaint of distance vision blur when driving at night. She takes drops in both eyes for glaucoma, and pain medications for a sore knee as required.

Cheryl is unsure of her family history as she was adopted.

Her prescription results are as follows:

Unaided DVA 6/12 R&L (6/12+2 binocularly)

RE -1.00DS	DVA 6/5	Near Add +2.00	NVA N5
LE -0.75/-0.50 x 85	DVA 6/5	Near Add +2.00	NVA N5

Notes

1. What clinical tests would you undertake as part of Cheryl's sight test and why?

2. What advice and recommendations would you make to Cheryl to help with the symptoms of her chief complaint?

3. What guidance would you give Cheryl regarding the driving standard and her vision?

Further clinical information

Clinical examination revealed the following:

Van Herick Grade 4 R&L
C/D ratio 0.5 RE & 0.7 LE
ONH – inferior rim thinning RE – infero-temporal notch LE
IOP measured with GAT 19mmHg R&L
SITA 24-2 – RE full & LE superior arcuate defect

4. Based on the available information what recall would you place Cheryl on and why?

Group 2 – Over 70s

Josie

77-year-old Josie attends for her first sight test at your practice since moving back from Australia. She reports that she was previously told about the start of cataracts a few years ago but has had no eye health problems otherwise. Her mother developed wet macular degeneration around age 80 and has ongoing treatment with injections into the eye. There is no other history of eye disease.

Josie's reason for visit is she wants to check her driving vision is as good as it could be, as she has noticed when driving at night she can't see quite as well as she could previously. Josie currently reads unaided and is happy with her vision. She takes vitamins, but no prescribed medications.

Focimetry & VAs with existing distance glasses (circa 2 years old):

RE -1.50 DS	DVA 6/12
LE -1.25/-0.75 x 90	DVA 6/9-2

Unaided DVA 6/30 R&L, & 6/24 binocularly.
Unaided NVA N6 R&L

Her new prescription results are as follows:

RE -2.00/-0.25 x 85	DVA 6/7.5+2	Near add +2.25	NVA N5
LE -1.75/-0.50 x 95	DVA 6/6-2	Near add +2.25	NVA N5

Notes

1. What clinical tests would you undertake as part of Josie's sight test and why?

2. What advice and recommendations would you make to Josie to help with the symptoms of her chief complaint?

Further clinical information

Clinical examination revealed the following:

- Mild pingueculae temporally R&L
- Mild nuclear sclerosis of the crystalline lens
- Healthy ONH with 0.2 C/D ratio R&L
- OCT macula & disc map – healthy RNFL, a few scattered hard drusen

3. What guidance would you give Josie regarding eye health and progress of cataracts?

4. Based on the available information, what recall would you place Josie on and why?

Ambrose

80-year-old Ambrose attends for a sight test. He was last seen 3 years ago but has been unable to attend as he was caring for his wife, who has since passed away. He wears bifocals, but only has sight in his right eye following an industrial accident 50 years ago. He wears a prosthetic left eye.

His existing bifocals are 5 years old, and he feels that he can't read as well as he used to. He doesn't wear his glasses all the time and feels fine for driving unaided.

Existing bifocals (5 years old):

RE +1.00/-1.00 x 180	Near Add +2.50	Current DVA 6/12-2
LE +0.75 DS	Near Add +2.50	

New sight test results are as follows:

Unaided DVA:
RE 6/18
LE NLP

RE +2.50/-1.00 x 180	DVA 6/7.5	Near Add +2.50	NVA N6
LE Balance	DVA NLP		

Notes

1. What clinical tests would you undertake as part of Ambrose's sight test and why?

2. What advice and recommendations would you make to Ambrose to help with the symptoms of his chief complaint?

3. What guidance would you give Ambrose regarding the driving standard and his vision?

Further clinical information

Clinical examination revealed the following:

- RE Moderate mixed cataract
- RE Vitreous Weiss Ring
- RE Macula hard drusen - OCT scan undertaken (macula map & disc map)
- RE ONH large disc 0.5 C/D ratio
- LE Prosthesis in good condition

4. Based on the available information what recall would you place Ambrose on and why?

Ruth

70-year-old Ruth has previously been seen regularly every 2 years for her sight test and is due again now. She is also under the care of the local HES annually for glaucoma. She had an acute angle closure in her right eye 14 years ago, where her IOP was 50+. She was treated with a RE trabeculectomy and iridotomy in both eyes at that time and does not take any drops.

Ruth feels her vision is now not as good as it used to be for watching TV and reading the newspaper, and she often gets glare when a passenger in the car at night-time. Ruth doesn't drive and wears +3.50 ready readers as required.

Her latest sight test results are:

Unaided DVA:
RE 6/24
LE 6/30

RE +2.00/-2.00 x 135	DVA 6/12+1	Near Add +3.00	NVA N8
LE +3.25/-2.25 x 55	DVA 6/15-2	Near Add +3.00	NVA N10

Notes

1. What clinical tests would you undertake as part of Ruth's sight test and why?

2. What advice and recommendations would you make to Ruth to help with the symptoms of her chief complaint?

Further clinical information

Clinical examination revealed the following:

IOP 10mmHg R&L (NCT)
Van Herick Grade 1 R&L
Peripheral iridotomy (superiorly) R&L
Mixed lens opacities - dense nuclear sclerosis & moderate cortical
Healthy ONH 0.2 C/D ratio R&L
Healthy macula and retinal periphery

3. What guidance would you give Ruth regarding her eye health and finding of cataracts?

4. Ruth declines the option of referral for cataract surgery, as she wants to discuss this with her consultant at her next visit. Based on the available information what recall would you place Ruth on and why?

Group 3 – Children and young adults

Elspeth

6-year-old Elspeth attends with her mother for a sight test after being discharged from the HES after missing two consecutive appointments. Elspeth was originally seen by the HES following a referral from an eye test at school 2 years ago. She is healthy and has no family history of eye disease.

Her mum explains the reason for visit is Elspeth's current spectacles are too small, and are uncomfortable, so she hasn't been wearing them for the last few months. Apart from that she has no other concerns.

Elspeth's mother brings a letter from the HES which details their diagnosis of accommodative esotropia and full-time spectacle correction. Her last sight test at the HES was 1 year ago and is similar to the results noted below.

Her latest prescription is:

RE +4.00DS	DVA 6/6	NVA N5
LE +6.50/-1.50 x 90	DVA 6/12	NVA N10

Notes

1. What clinical tests would you undertake as part of Elspeth's sight test and why?

2. What advice and recommendations would you make to Elspeth and her mother to help with her chief complaint?

Further clinical information

Clinical examination indicates healthy eyes and gross stereopsis measured using the Titmus Fly stereoacuity test, but Elspeth struggled with the test.

3. How would you explain to Elspeth and her mother the importance of regular sight tests and concordance with regard to wearing the spectacles full time?

4. Based on the available information what recall would you place Elspeth on and why?

Jordan

10-year-old Jordan attends for his first sight test at your practice. He wears spectacles full time for distance vision. His father thinks his last sight test was around 8 months ago, and Jordan reports he cannot see the board at school as well as he used to.

Jordan plays football at school, and his glasses have been steaming up when he's worn a face mask.

Focimetry and visual acuity with his existing glasses:

RE -1.25DS	DVA 6/12
LE -1.50 DS	DVA 6/12

His latest sight test results are as follows:

RE -2.00DS	DVA 6/4
LE -2.25DS	DVA 6/4

Jordan has no general health issues and both his parents are myopic and wear a combination of spectacles and contact lenses.

Notes

1. What clinical tests would you undertake as part of Jordan's sight test and why?

2. What advice and recommendations would you make to Jordan and his father to help with his chief complaints?

Further clinical information

Clinical examination revealed no ocular health issues or concerns and stereoacuity was measured at 40 seconds of arc using the Titmus Fly test.

3. Based on the available information, what recall would you put Jordan on and why?

4. If Jordan was 15 years old instead of 10, and had the same symptoms and sight test results, would this alter the recall you would apply? If so, what would it be?

Iain

14-year-old Iain attends for his first sight test as during lockdown he noticed he couldn't see the TV as clearly when playing video games. He is asthmatic and uses an inhaler daily, but has no other health issues. Both his parents and his older brother are short-sighted and wear glasses full time.

The results of Iain's sight test are:

Unaided DVA 6/6 R&L & NVA N5

RE +0.75DS	DVA 6/5	NVA N5
LE +0.75/-0.25 x 100	DVA 6/5	NVA N5

Notes

1. What clinical tests would you undertake as part of Iain's sight test and why?

2. What advice and recommendations would you make to Iain to help with his chief complaint?

Further clinical information

Clinical examination reveals tilted ONH, but no other issue, stereopsis was measured at 50 seconds of arc and accommodation was 15D.

3. Based on the available information, what recall would you put Iain on and why?

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COVID pandemic modified sight test

Technique	Modification during red phase (lockdown)	Modification during amber phase (out of lockdown)
S&H	Remote or at a social distance	
OMB	Consider if needed if asymptomatic	
Motility	As clinically necessary. Consider if needed if asymptomatic.	
Pupil reactions		
Ext/ant segment examination	Slit lamp	
Media	Slit lamp. Alternatively: retinoscopy to gauge if fundal reflex clear. If opacities detected, slit lamp to identify location of opacities	
Fundal examination	Fundal imaging where available. Consider whether additional method needed based on patient's clinical circumstances.	Use SL or headset-BIO where possible. Fundal imaging where available. Fundal imaging alone[1] may be sufficient if the patient is asymptomatic, the image is clear and the field of view is sufficient considering the patient's clinical circumstances.
Direct ophthalmoscopy	Risk assess, and only use when alternative methods unavailable.	
Dilation	As clinically necessary	
Retinoscopy/ Autorefractor	If clinically necessary.	Retinoscopy reflex helpful to determine clarity of ocular media.
Subjective refraction	Only if clinically necessary. Streamlined.	Streamlined if no symptoms and VA good with current specs.
Amsler	As clinically necessary	
Colour vision		
Tonometry	As clinically necessary – use stand mounted tonometer if possible. If not possible, risk assess whether to use hand held device.	
Visual fields	As clinically necessary. Consider omitting if discs and IOPs unchanged since previous visits, and no other relevant signs/symptoms.	
Advice given	Give at a social distance	

[1] If a fundus image is used as the only form of internal ocular examination, this must be conducted by the optometrist conducting the sight test (Sight Testing (Examination and Prescription)(No 2) Regulations 1989 para 3(1)(a)(ii)).

Risk Stratification for Recall / Examination Interval

Introduction

This tool is designed to assist in decision making for recall interval.

It is a representation of a selection factors which may be objectively considered by a clinician when determining a recall based on individual need.

Blanket recalls should never be applied.

Other relevant factors may exist and should be considered

Children's amblyopia examination interval clinical decision tool

Low risk	Increased risk	High risk
Two years or more	12 months	6 months
No evidence of amblyopia or risk factors	Lower than expected stereoacuity	Difference in VA of more than 2 lines
	1st degree relative with affected by strabismus	Clinically significant reduction in stereoacuity
	Moderate hypermetropia or astigmatism	Accommodative esotropia
		Latent hypermetropia

Children 12 and under myopia examination interval clinical decision tool

Low risk	Increased risk	High risk of progression
Two years or more	12 months	6 months
No evidence of myopia	1st degree relative/s with full time myopia correction	Any myopic refraction under nine
	People of East-Asian ethic origin	Myopia over -1.00DS
	Low myopic refraction -1.00DS	
	History of retinopathy of prematurity	

Young person's 13–18 myopia examination interval clinical decision tool

Low risk	Increased risk	High risk of progression
Two years or more	12 months	6 months
Low myopia	Myopia over -3.00DS	Myopia over -6.00DS
1st degree relative with myopia	Clinically significant esophoria	Rapidly progressing prescription
	Unable to reliably communicate an increase in myopic symptoms	
	Being East-Asian ethic origin	

Adult over 40 with a family history of glaucoma examination interval clinical decision tool

Low risk	Increased risk	Highest risk of conversion to POAG / CACG
Two years or more	12 months two or more of the following	12 months Any of one the following:-
Family history of glaucoma with no other risk factors	Asymmetry of ONH	Untreated ocular hypertensive
	Small ONHs	Evidence of PEX or PDS
	Myopic ONHs appearance	RNFL defect, with no field loss
	Large CD ratio	Grade 2 angle or previous PI
	Raynaud's syndrome, migraines or history or sleep apnea	Recommended annual review by a glaucoma specialist
	Family history of sight loss due to glaucoma	Non-clinically significant visual field defect. (Suspect result)
	IOPs over 20mmHg	Thin RNFL
	People of African, Caribbean or Asian origin	Macular RGC layer thinning with no other evidence of ONH or VF changes
	Hypermetropia over 6.00DS	Monocular

Adult over 70 examination interval clinical decision tool

Low risk	Increased risk
Two years or more	12 months Any one of the following:
No other risk factors	History of late AMD
	High risk drusen
	Clinically significant cataract, where vision is starting to effect QoL
	Recommended annual review by an ophthalmologist
	Monocular, or reduced visual acuity.
	History of eye disease. (Uveitis, occlusive disease etc
	Systemic medications with ocular ADR

Note: A range of useful clinical resources can be accessed via the following link:

https://publishing.distance-learning-ltd.com/pac2020-pm-additional-info

Notes

Notes

Reflection questions:

Your answers to these questions and the above learning objectives must be uploaded within one month of this event to the website MyGOC at www.optical.org when you claim your points.

List the main things you learned from this session

Note this should not be the learning objectives, this should be the key points you have taken from the discussion which may help you enhance the way you deal with similar cases in practice.

1.

2.

3.

Describe how you will apply this learning in your practice

1.

2.

3.

Has this session identified any areas where further personal learning is needed? If so, briefly describe these

Time spent in reflection

It will take up to two weeks for the CET points to appear on your CET record at MyGOC.

Please give us feedback on this session. Contact us at ptd.ilearn@specsavers.com