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Overlooked glaucoma at glasses prescription

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Introduction: We present the case report of an overlooked primary open-angle glaucoma (POAG), with intention to illustrate a systemic anomaly of glasses prescription without intraocular pressure (IOP) measurement. Despite the opposition of The Professional Board of Ophthalmology some outpatient ophthalmic providers hold the contract with state insurance company (ZZZS) for glasses prescription only and do not provide other eye care services.

Clinical case: A 63-year-old active patient with advanced POAG was seen in our eye centre for evaluation of his cataract. He had been seeing an ophthalmologist at optical store with ZZZS contract for 8 years. There he was prescribed new glasses every 2 years. IOP had never been measured. As the glasses did not correct his vision adequately, he sought help at another eye clinic, where they discovered narrowing of the visual field and IOP up to 47 mmHg. Xalatan was introduced. In our centre 4 months later the IOP was 16/16 mmHg, Vre 0,7 cc and Vle 0,3p cc. Clinically and morphologically the signs of advanced glaucoma were present with C/D of 0.9-1.0. Cataract surgery partially corrected visual acuity. However, a marked generalized loss remained in both eyes, partially in the central visual field.

Discussion: POAG is one of the most common causes of irreversible visual impairment after the age of 40. When prescribing glasses over this age, it is recommended to measure IOP. There are 71 contracts with ZZZS for the provision of outpatient eye care, of which 7 contracts are given only for the prescription of glasses. Scope of examination under these contracts is not defined and mostly does not even cover the IOP measurement. This can lead to loss of vision due to undiagnosed eye diseases. The Professional Board for Ophthalmology has addressed Ministry of Health several times urging that the contract is indivisible and should provide a comprehensive eye examination. Despite this, the situation has not changed.

Conclusion: The case of severe visual loss due to an overlooked glaucoma is not isolated. In the context of 7 contracts, prescription of glasses is carried out in over 20 optical stores around the country. Also in many other optical stores where examinations are done without the contract, IOP is often not measured. This represents a large health risk. As visual acuity in glaucoma is not impaired until late stages of the disease, it is necessary to ensure that at least IOP measurement is done at glasses prescription.

Spregleđani glavkom ob predpisovanju očal

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Uvod: S prikazom primera spregledanega primarnega glavkoma odprtega zakotja (POAG) želimo opozoriti na sistemsko anomalijo predpisovanja očal brez meritev znotraj očesnega pritiska (IOP). Ob tem imajo nekateri izvajalci ambulantne oftalmološke dejavnosti kljub nasprotovanju stroke koncesijo le za predpis očal in drugih okulističnih storitev ne izvajajo.

Klinični primer: 63-letni izobražen, delovno aktiven bolnik je bil avgusta 2023 obravnavan v našem očesnem centru zaradi smiselnosti operacije sive mreže ob napredovalem POAG. Povedal je, da je zaradi slabšanja vida 8 let obiskoval oftalmologa v izbrani optiki s koncesijo. Tam so mu vsaki 2 leti predpisali nova očala, IOP mu niso nikoli izmerili. Ker očala vida niso ustrezno korigirala, je poiskal pomoč v drugi očesni ambulanti, kjer so ugotovili zoženo vidno polje in izmerili IOP do 47 mmHg. Postavljena je bila diagnoza POAG in uveden Xalatan. Ob pregledu pri nas 4 mesece kasneje je bil IOP 16/16 mmHg, Vdo 0,7 cc in Vlo 0,3p cc, klinično in morfološko pa so bili prisotni znaki napredovalega glavkoma s C/D 0,9-1,0. Operacija sive mreže je delno popravila vidno ostrino (Vdo 0,9p in Vlo 0,7p), vendar pa je na obeh očeh ostal izrazit generaliziran izpad, delno tudi v centralnem vidnem polju.

Razprava: POAG je eden najpogostejših vzrokov za nepovratno okvaro vida po 40. letu, zato je ob predpisu očal pri starejših priporočeno merjenje IOP. Z ZZZS je sklenjenih 71 pogodb za izvajanje ambulantne oftalmološke dejavnosti, od tega je 7 koncesij podeljenih samo za predpisovanje očal. Obseg pregleda v okviru teh koncesij s strani ZZZS ni definiran in povečini ne zajema niti merjenja IOP, kar lahko vodi v izgubo vida zaradi neodkritih očesnih bolezni. Razširjeni strokovni kolegij za oftalmologijo je na Ministrstvo za zdravje večkrat naslovil mnenje, da je koncesija za oftalmologijo nedeljiva in mora zagotavljati celovit pregled ter ne le predpisa očal, vendar se stanje ni spremenilo.

Zaključek: Opisani primer hude izgube vida pri delovno aktivnem bolniku zaradi spregledanega glavkoma ni osamljen. V okviru 7 koncesij se pregled za očala na napotnico izvaja v preko 20 optikah po vsej državi. Tudi v številnih drugih

optikah, kjer so pregledi samoplačniški oz. vključeni v ceno očal, se IOP pogosto ne meri. V teh ambulantah je vsako leto obravnavanih na tisoče pacientov, kar je veliko zdravstveno tveganje. Ker pri glavkomu vidna ostrina do poznih stadijev ni prizadeta, je potrebno ob predpisu očal zagotoviti vsaj meritev IOP.