

Sir, Awareness and the use of nutritional supplementation for age-related macular degeneration patients

The Age-Related Eye Disease Study (AREDS) recommendations published in 2001 were an important cornerstone in the treatment of patients suffering from age-related macular degeneration (AMD). Individuals with intermediate AMD or advanced unilateral AMD were shown to have 25% risk reduction of progression to advanced AMD by using daily high-dose nutritional supplementations.¹

We conducted a survey among 99 AMD patients suitable for nutritional supplementations treatment in order to assess their awareness regarding their own ocular disease and to investigate the implementation of the AREDS recommendation.

Most patients (55%) could not correctly name their own ocular disease and named AMD in no less than 21 different manners, including terms like ‘explosion in the retina’ and ‘net coming out of the eye’.

Figure 1 illustrates the distribution of how the patients scored their knowledge about AMD, with nearly half (43%) who had little knowledge about their disease.

Most of the patients (80%) who were suitable candidates for nutritional supplements were actually receiving them (Figure 2), but out of these patients only 58% were taking the recommended twice daily dosage (Figure 3). Accordingly, overall summary shows that only 46% of patients who were considered suitable for supplement treatment were receiving the proper treatment and dosage. In the current study, the chance of a patient to receive the proper dosage was higher when treated by retinal specialist (64%) than by general (non-retinal specialist) ophthalmologist (40%).

Comment

The current study demonstrates that AMD patients lack knowledge about their own ocular disease with more than half of the patients who could not correctly name their own illness. Other studies conducted internationally demonstrated lack of awareness for this blinding disease among the general population with 9.2–30% who were not familiar with the disease.^{2–5}

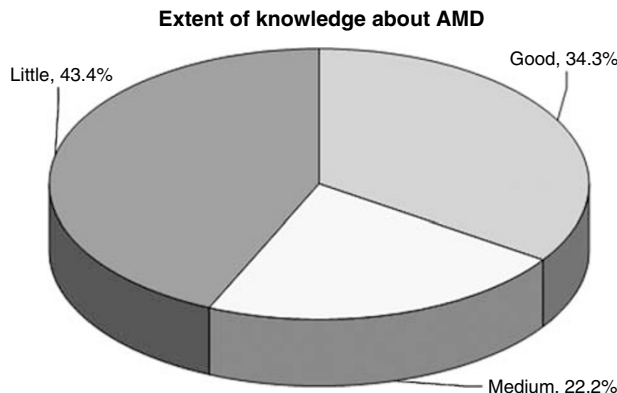


Figure 1 Distribution of the extent of knowledge about age-related macular degeneration.

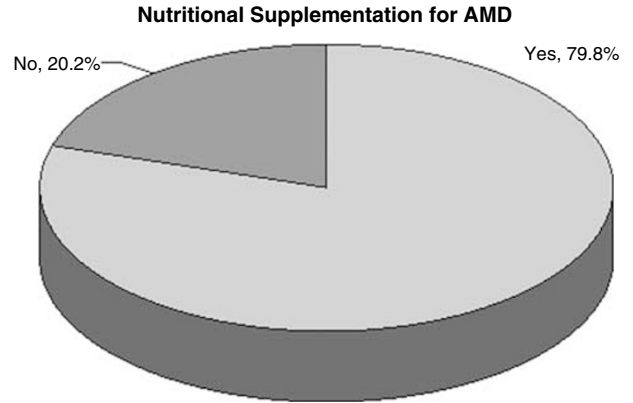


Figure 2 Distribution of candidates for nutritional supplementation who actually take them.

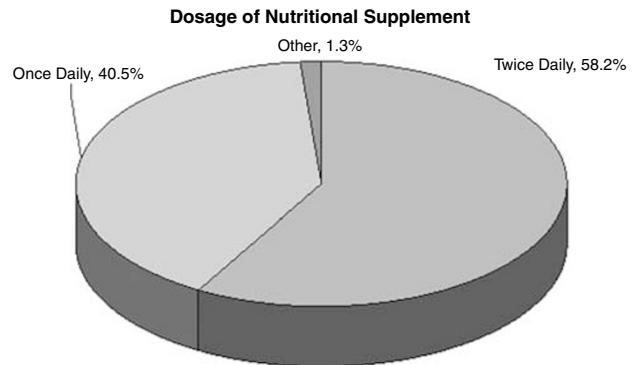


Figure 3 Dosage of nutritional supplement taken by patients. Once daily, low dose; twice daily, high dose (recommended).

This study underlines that most patients suitable for nutrient supplementations usage were not receiving them at all or received an incorrect dosage.

Accordingly, further patient education and better implementation of the AREDS recommendations is advisable.

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Sir,
Day care vs inpatient cataract surgery: factors governing choices of patients and surgeons in the developing world

Day care surgery has been proven to be economical and a more patient friendly option in the developed world.¹ Even with its benefits, many patients do not opt for day care services. Using the cataract surgery register of our hospital, we identified those patients who were treated as in-patients and analysed the reasons for not treating them on day care basis. The reasons for not performing day care cataract surgery in these patients were analysed. A total of 1160 patients were posted for cataract surgery between January and June 2006, of which 260 patients (22.4%) were operated as in-patients. Many poor patients refused day care ($n = 133$; 51.1%) and opted for inpatient surgery citing economic reasons, as existing government policy provided free surgery only on in-patient admission. Eighteen (6.9%) refused day care because their medical insurance benefit required inpatient hospital stay. Seven (2.6%) had the other eye operated after admission few years back and were more comfortable with the inpatient care. Twelve (4.6%) wanted admission because they were outstation patients.

Inpatient admission and cataract surgery was advised by the operating surgeon in cases with systemic illness ($n = 41$; 15.7%) and complicated cataract ($n = 49$; 18.8%). Of the cases which were diagnosed to have complicated cataract, 16 had post-uveitic cataract, 13 had corneal opacity due to healed keratitis, eight had subluxated cataractous lens (Figure 1).

Comment

Cataract accounts for about 40% of the cases of treatable blindness all over the world. Day care cataract surgery is a relatively newer strategy for government hospitals in developing countries where resources of inpatient care are limited.^{2,3} In settings offering in-patient and day care services, the impetus should be towards channelisation of more patients towards day care. This should include government and infrastructure support for day care surgery of routine cataracts. Utmost care should be taken

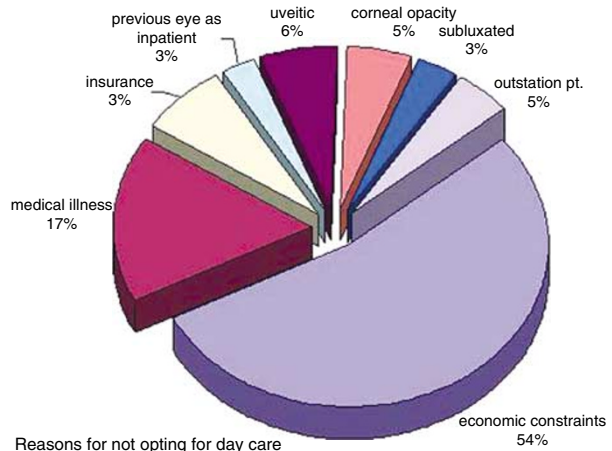


Figure 1 Pie chart showing the distribution of various factors for rejection of patients in day care cataract surgery service.

in the preoperative assessment done at out patient basis. However, as noted in our study, many patients will require inpatient care and thus both systems should coexist synergistically. The reasons for rejection of a patient in day care cataract services therefore require proper validation.

References

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Sir,
Orbital cellulitis following intralesional corticosteroid injection for periocular capillary haemangioma
 Intralesional corticosteroid injection is a treatment for capillary haemangioma of the orbit and eyelid which rarely gives rise to serious complications.¹ We report a