

# Specialist Eye Health Guidelines

for use in Aboriginal  
and Torres Strait  
Islander Populations

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Cataract

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Diabetic Retinopathy

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Trachoma

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Telephone: (02) 6289 5280

## Foreword

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Eye health in Aboriginal and Torres Strait Islander communities has been of particular concern to me over a number of years. In 1996, I commissioned a national Review of Aboriginal and Torres Strait Islander eye health, to obtain an up-to-date reading of the status of eye health in Aboriginal and Torres Strait Islander communities. The Review, undertaken by Professor Hugh Taylor, showed that the eye health of Indigenous Australians was poor and that while primary eye health care was reasonable in most areas, the provision of specialist eye services was grossly inadequate in many areas of rural and remote Australia.

In response to the Review's recommendations, the Government committed itself to the implementation of a National Aboriginal and Torres Strait Islander Eye Health Program through the Office for Aboriginal and Torres Strait Islander Health (OATSIH). The primary aim of the program is to improve the eye health of Aboriginal and Torres Strait Islander people primarily by facilitating greater access to eye health services in rural and remote communities. Increased access is being achieved through the operation of a regional strategy for service delivery and coordination. The main elements of the strategy include locating regionally-based eye health coordinators and ophthalmic equipment in twenty-nine identified regional service areas across Australia.

The Review recommended that the specialist services delivered would benefit greatly by the development of evidence-based, clinical practice guidelines for the provision of specialist eye care. In response to this recommendation, the OATSIH commissioned the development of these Guidelines by the Centre for Eye Research Australia (CERA), in collaboration with the National Aboriginal Community Controlled Health Organisation. I commend all those involved for their dedication and efforts in preparing these Guidelines.

The Guidelines provide the foundation for future surgical and medical interventions for eye health specialists in the treatment of cataract, diabetic retinopathy and trachoma in Aboriginal and Torres Strait Islander communities. I strongly encourage all eye health specialists and other health professionals working in the field of Aboriginal and Torres Strait Islander eye health to refer to these Guidelines.

I trust that the Guidelines will encourage and inspire more eye specialists to confidently provide services in rural and remote Australia where their valuable skills and experience are very much required. I believe that increased access to specialist eye care, provided in collaboration and partnership with Aboriginal and Torres Strait Islander communities and health services, will inevitably lead to improved eye health for Aboriginal and Torres Strait Islander people.

A handwritten signature in blue ink that reads "Michael Wooldridge". The signature is written in a cursive style with a long horizontal stroke extending from the end of the name.

**Dr Michael Wooldridge**

*Commonwealth Minister for Health and Aged Care*

## Acknowledgments

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The Guidelines' development process was supported by a Reference Group chaired by Professor Hugh R. Taylor and consisting of the following representatives:

RACO Indigenous Sub-Committee

- ▶ Dr Bill Glasson,
- ▶ Dr Garry Brian,
- ▶ Dr Ralph Higgins,
- ▶ Dr Peter Meagher,
- ▶ Dr Henry Newland,
- ▶ Dr Dermot Roden, and
- ▶ Dr Nitin Verma;

Optometrists Association of Australia

- ▶ Professor Leo Carney;

OATSIH

- ▶ Dr David Ashbridge;

National Aboriginal Community Controlled Health Organisation

- ▶ Dr Sophia Couzos and Ms Jenny Poelina; and

Dr Phillip House and Dr Ian McAlister.

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**Part Two (Diabetic Retinopathy)**—Dr Alex Harper, Professor Hugh Taylor, with support from Dr Maria Dudycy, Rebecca James and Fiona Warden.

**Part Three (Trachoma)**—Dr Van Lansingh, Professor Hugh Taylor, with support from Beth Hilton-Thorpe, Rebecca James and Fiona Warden.

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## Preface

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### History

The *Specialist Eye Health Guidelines for use in Aboriginal and Torres Strait Islander Populations* cover three eye health conditions common among Aboriginal and Torres Strait Islander Australians: cataract, diabetic retinopathy and trachoma. They are based on a review of existing literature and practice, and provide information about the treatment and management of these conditions in rural and remote communities, offering clinical and contextual advice about ‘best practice’ in eye health.

Although primarily for use by ophthalmologists, the Guidelines are a reference for all eye health professionals working in primary health care settings, including optometrists, orthoptists, National Aboriginal and Torres Strait Islander Eye Health Program coordinators, Aboriginal Health Workers and other allied health professionals.

The Guidelines address recommendations arising from the 1997 Report—*Eye Health in Aboriginal and Torres Strait Islander Communities*—which was commissioned by the Commonwealth government and written by Professor Hugh Taylor. It highlighted the dearth of quality eye health services in rural and remote Indigenous communities, and recommended the development of guidelines to assist health care professionals in the delivery of their services.<sup>1</sup>

The Guidelines were developed by the Centre for Eye Research Australia, in collaboration with a reference group comprising membership from the Indigenous sub-committee of the Royal Australian College of Ophthalmologists, the Optometrists Association of Australia, the National Aboriginal Community Controlled Health Organisation and the Office for Aboriginal and Torres Strait Islander Health (OATSIH).

### The National Aboriginal and Torres Strait Islander Eye Health Program

Development of the Guidelines was initiated and funded under the National Aboriginal and Torres Strait Islander Eye Health Program by the OATSIH, a Division of the Commonwealth Department of Health and Aged Care.

The Program was initiated in 1998–99 in response to recommendations arising from the 1997 Report. Its purpose is to improve Indigenous Australians’ eye health by facilitating access to eye health services in urban, rural and remote communities.

The Eye Health Program reflects the broader OATSIH objective to improve access to health care services for Aboriginal and Torres Strait Islander people, through accessible comprehensive primary health care. Fundamental to this approach is the principle of working in partnership with the broad network of community-based Aboriginal and Torres Strait Islander health services.

Three eye health conditions - cataract, diabetic retinopathy and trachoma—represent a serious disadvantage to Indigenous Australians. The National Aboriginal and Torres Strait Islander Eye Health Program, of which these Guidelines form a component, seeks to redress this disadvantage.

### **Cataract, diabetic retinopathy and trachoma among Indigenous Australians**

The burden of eye disease is disproportionately great among Aboriginal and Torres Strait Islander people compared with non-Indigenous Australians<sup>1</sup>. The situation is exacerbated by a number of factors, among them geographical isolation, economic disadvantage, lack of transport and lack of access to health services. All of these factors limit the opportunities for prompt identification, management and treatment of eye health problems.

The underlying value of the Guidelines for surgical services in rural or remote settings is that the standards of care should be no less than those applied in a metropolitan private or public practice. Thus, these Guidelines are designed to help improve eye health outcomes for Indigenous Australians, by providing a clinical practice guide for specialists in surgical interventions for cataract, diabetic retinopathy and trachoma in rural and remote communities:

Cataract surgery is the main type of eye surgery Indigenous Australians need. But, compared with non-Indigenous Australians, the surgery is usually performed when the cataract is at a more advanced stage. Further, the clinical and surgical procedures used for screening and removal of cataracts vary considerably, leading to much variation in the quality of surgical outcomes for Aboriginal and Torres Strait Islander people.

**Diabetic retinopathy** is the primary vision-threatening condition for Aboriginal and Torres Strait Islander people, who have higher prevalence rates for both diabetes and diabetic retinopathy than the general population. Compared with non-Indigenous Australians, Aboriginal and Torres Strait Islander people tend to develop diabetes at an earlier age and to be diagnosed with the condition at a later age. This dramatically increases their potential to develop severe diabetes-related complications such as retinopathy.

**Trachoma** is completely absent in the non-Indigenous population but continues to exist at hyper-endemic levels—with a prevalence 20 per cent or greater—in some Aboriginal and Torres Strait Islander communities. Active (follicular or inflammatory) trachoma has been referred to as a ‘disease of the creche’, primarily because of its almost exclusive incidence in children aged 1–10 years.

## Development

The *Specialist Eye Health Guidelines for use in Aboriginal and Torres Strait Islander Populations* were developed on the basis of:

- ▶ the best available scientific data based on clinical trials and the evaluation of available evidence;
- ▶ the recommendations in the 1997 report<sup>1</sup>;
- ▶ contributions by ophthalmologists experienced in working with Aboriginal and Torres Strait Islander communities;
- ▶ contributions by the National Aboriginal Community Controlled Health Organisation, Aboriginal Health Workers, officers of the Department of Health and Aged Care, and representatives of the Optometrists Association of Australia and the Royal Australian College of Ophthalmology.

It is understood that the pattern of practice described in these Guidelines might need to be modified in particular circumstances. Further, the Guidelines should not be interpreted as being inclusive of all proper methods of care or exclusive of other methods of care reasonably directed at obtaining the best result for a particular person.

