

Commentary: Assessment of glaucoma referral letter for quality and accuracy among patients referred to a tertiary eye care centre

In this paper, the authors have addressed an interesting and often neglected area in disease management—a good referral letter.^[1] Glaucoma is estimated to affect 12 million Indians and causes 5.8% of the blindness in the country.^[2] In a population-based survey, the Chennai Glaucoma Study revealed that 94.1% of glaucoma was undiagnosed.^[3] Unless we improve the detection rates significantly, the associated morbidity and blindness due to glaucoma would be very difficult to be curtailed. In the absence of any one parameter to diagnose the disease, opportunistic screening of ophthalmic patients appears to be the best way to detect cases early. There is an urgent need to adopt comprehensive eye examinations,

including intraocular pressure (IOP) measurement, gonioscopy, and optic disc evaluation, as a routine.

Given the paucity of glaucoma specialists in India, comprehensive ophthalmologists diagnose and treat most glaucoma. A recent poll^[4] about prevalent practice patterns among glaucoma specialists and general ophthalmologists revealed a significant disparity between both groups with regard to IOP measurement, the practice of gonioscopy, and disc evaluation in clinical evaluation. Referrals to tertiary centers are usually done in the scenarios of “doubt” of glaucoma or uncontrolled, progressive glaucoma generally requiring surgery. In this context, a good referral letter to a tertiary care center should ideally provide valuable clinical information and indicate the degree of urgency to ensure timely management. One survey revealed that glaucoma specialists found maximum IOP, recent IOP, serial visual fields (VFs), disc evaluation, and serial disc imaging as the most helpful information for both diagnosis and progression of glaucoma.^[5]

This paper provides details of significant findings. Gonioscopy was not performed in 94% of cases. Of the 102 patients referred to as glaucoma suspects, 54% were found to have primary angle closure disease (PACD). Given that primary angle-closure glaucoma (PACG) is more blinding than primary open-angle glaucoma (POAG), and that laser iridotomy is an effective modality in the early stages of the disease, it is worrisome that referrals are sent without gonioscopy.

The proposed referral letter template is a useful idea which, if adopted, would not only save precious time and resources to an already overburdened tertiary care system in India but would also help inculcate the practice of comprehensive examination of the patient before referring. This may even translate into the positive effect of resulting in definitive diagnosis and appropriate management at the place of examination avoiding many referrals altogether.

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