

Retinopathy of Prematurity

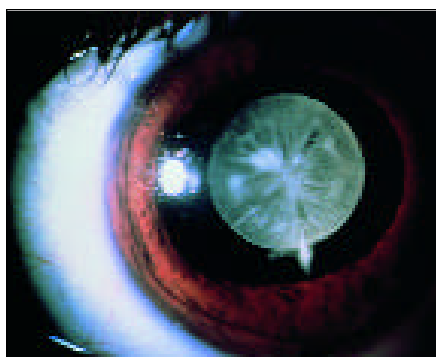
Retinopathy of prematurity (ROP) remains an important cause of blindness in children in high- and middle-income countries. In high-income countries, it is known that neonates under 1500g are at risk of ROP. In middle-income countries, the risk factors are much less clearly defined, and ROP may affect babies weighing more than 2000g at birth.

ROP may be partially preventable through improved obstetric and neonatal care and a reduction in the number of premature babies. Babies at risk of ROP must be examined by a trained ophthalmologist. Those with 'threshold' ROP disease require peripheral retinal ablation, either with cryotherapy or laser. The treatment of these children is best carried out in specialist children's eye centres, by appropriately trained and adequately equipped ophthalmologists.

More research is needed to clarify which babies are at risk of ROP in middle-income countries, in order to develop a clear screening regimen.

Conclusion

The goal of reducing childhood blindness by 2020 is achievable. It will require an emphasis on eliminating the causes of childhood blindness at the primary level, and the development of specialist centres



Congenital cataract

Photo: Allen Foster

for treating congenital cataract, glaucoma, and ROP at the tertiary level. To facilitate the planning of childhood blindness programmes, a Table of the estimated needs of a population of ten million people, in different situations, is shown below.

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Footnote: Figures included in David Yorston's article on Childhood Blindness have still to be officially ratified by the World Health Organization, but we are advised by WHO that a review and compilation of data presented is underway.

Editor.

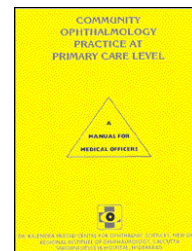
Table: Estimated Needs for a Total Population of Ten Million

	Low income	Middle income	High income
Percentage 0-15yrs	45%	35%	25%
No. children	4.5m	3.5m	2.5m
Prevalence			
Blindness	1/1,000	0.7/1,000	0.4/1,000
Low vision	3/1,000*	2/1,000*	1/1,000*
Refractive errors	1%*	1%*	1%*
Estimated incidence	25/100,000/yr*	16/100,000/yr*	8/100,000/yr*
Numbers affected			
Blind	4,500	2,800	1,000
Low vision	13,500	7,000	2,500
Refractive errors	45,000	35,000	25,000
New blind	1,125	560	200
Avoidable causes	Corneal scar 20%	Cataract 15%	ROP 10%
	Cataract 13%	ROP 10%	Teratogens 6%
	Glaucoma 6%	Glaucoma 6%	Cataract 6%
	Optic atrophy 6%	Teratogens 6%	Glaucoma 2%
New cases/yr			
Cataract	100-150	50-60	20-30

*These are estimates which have not yet been confirmed by good epidemiological studies

Community Ophthalmology Practice at Primary Care Level

Dr G V S Murthy, Dr Sanjeev K Gupta and Dr K B Singh



Dr Murthy, Dr Gupta and Dr Singh, with professional advice from Professor V K Dada and a team of able advisors, have produced a significant and important new manual. Community Ophthalmology and Community Eye Health should be more widely recognised and understood – for the eye care of all communities but especially those underserved peoples in rural areas.

This training manual emphasises the vital role of medical officers appointed to primary and community health centres in India. It describes the relevance of Community Ophthalmology in view of the present magnitude of blindness (in India and worldwide) and outlines the practical application of training within the National Programme for Control of Blindness and the District Blindness Control Societies in India.

Further sections deal with eye camps at the primary health centre, information/education/communication for eye care delivery, training of health personnel and managing resources. Self-help preview questions are provided at the end of each chapter.

Colour plates of a variety of eye conditions are drawn from the teaching slide sets of the International Centre for Eye Health.

The Indian experience has often been appropriately implemented in other countries. This manual of just over 100 pages should significantly contribute to the prevention of blindness in India and beyond.

D D Murray McGavin

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