



Test your knowledge and understanding

This page is designed to help you test your own understanding of the concepts covered in this issue, and to reflect on what you have learnt. We hope that you will also discuss the questions with your colleagues and other members of the eye care team, perhaps in a journal club. To complete the activities online – and get instant feedback – please visit www.cehjournal.org

1. Despite setting up service provision/health interventions, there may be challenges that prevent uptake of eye health services. What are the most likely barriers for the community?	Select one
a. There is no one answer – it depends on the community	<input type="checkbox"/>
b. Physical barriers to services	<input type="checkbox"/>
c. Financial barriers to services	<input type="checkbox"/>
d. Lack of information about services	<input type="checkbox"/>
e. Local beliefs about eye health	<input type="checkbox"/>
2. When ‘marketing’ eye health services to a community, it is important NOT to	Select one
a. Provide in-depth counselling for patients and relatives	<input type="checkbox"/>
b. Provide written information suitable for the local beliefs and traditions	<input type="checkbox"/>
c. Empower women and family members to go against the views of the head of the household	<input type="checkbox"/>
d. Ensure that local fears about safety and accessibility are considered	<input type="checkbox"/>
e. Highlight the personal experiences of some community members who have previously received treatment	<input type="checkbox"/>
3. Monitoring is a continuous process of collecting information to ensure that activities are implemented. Which indicator below could be MOST valuable when monitoring activities to improve uptake of cataract services?	Select one
a. Number of villages visited	<input type="checkbox"/>
b. Number of health workers trained to identify people blind from cataract	<input type="checkbox"/>
c. Number of leaflets printed and circulated	<input type="checkbox"/>
d. Number of women and older people who attended each discussion meeting	<input type="checkbox"/>
e. Number of cataract operations done	<input type="checkbox"/>

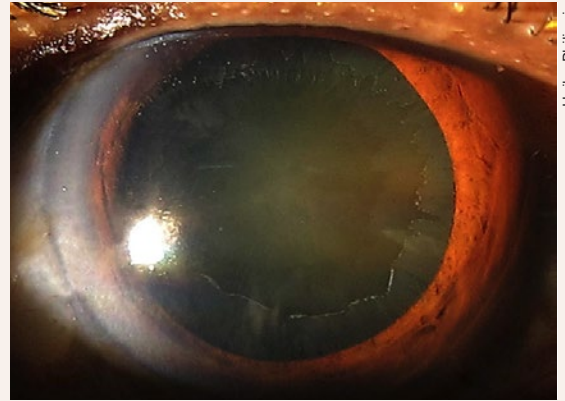
ANSWERS

1. Correct Answer: A. There is no ‘one size fits all’ approach to increasing uptake of services at the community level, and as service providers it is your responsibility to understand and overcome potential barriers alongside community members.
2. Correct Answer: C. If the household head makes the decisions on expenditure and time use for all members of the family, including women, disabled or elderly household members, it is important not to try and bypass their authority but instead to try to work with them.
3. Correct Answer: D. Monitoring is a simple process of checking how you are progressing towards your goals. Uptake of services is best monitored by understanding the number and demographics of people reached, particularly those who often face the greatest barriers, e.g. women and older people.

Reflective learning

Visit www.cehjournal.org to complete the online ‘Time to reflect’ section.

Picture quiz



Heiko Philippin

A 71 year old woman from East Africa presents with gradual loss of vision in both eyes. Her visual acuity is reduced to 6/60 (RE) and 6/24 (LE), intraocular pressure is 33/29 (RE/LE) and she has a relative afferent pupillary defect (RAPD) on the right-hand side.

1. What are the diagnoses? Select all that apply.

- a. Chronic iritis
- b. Pseudo-exfoliative glaucoma (PXF)
- c. Age related nuclear sclerosis cataract
- d. Uveitic glaucoma
- e. Severe climatic keratopathy

2. Which other signs may be visible doing a slit lamp examination? Select all that apply.

- a. Cells and flare in the anterior chamber
- b. Pigmentary loss from the pupillary margin or mid-iris and positive transillumination
- c. Accumulation of white exfoliative material at pupillary border
- d. Subluxated lens
- e. Rubeosis iridis

3. Which are potential challenges when doing cataract surgery on the eye shown above?

- a. Loose zonules possibly causing a lens dislocation
- b. Poorly dilating pupil
- c. Excessive bleeding
- d. Increased risk for vitreous loss
- e. Anterior capsular fibrosis

ANSWERS

1. b, c. The patient is affected by pseudo-exfoliative glaucoma and age related nuclear cataract. The RAPD is caused by the glaucomatous optic neuropathy (not the cataract). The picture shows the typical deposits of white material on the anterior lens surface in pseudo-exfoliative glaucoma.
2. b, c, d. The pseudo-exfoliation material on the lens is associated with pigment loss from the pupillary margin (ruff) or mid iris (b). Pseudo-exfoliation material is often found at the pupillary border (c) and broken zonules can lead to a subluxated lens (d).
3. a, b, d, e. Patients with pseudo-exfoliative glaucoma have an increased risk of lens dislocation and vitreous loss. Capsulotomy might be more challenging due to an anterior capsular fibrosis and the pupil often doesn't dilate well.
 Heiko Philippin