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Community ophthalmology extends the traditional clinical practice of ophthalmology applied to individual patients to the eye health of the whole population.

This needs proper training in clinical skills and knowledge and experience in community health aspects. Role of the community ophthalmologist is defined as assessing the eye care needs of the community by doing population based surveys, designing and planning of eye care programmes, based on such ophthalmological research and management evaluation and analysing of such details.

Objective of the study was to assess the need of community ophthalmology for better prevention of eye diseases. A community ophthalmological training programme and a workshop were arranged for selected health workers of Bope-Poddala Community Health project Area. Their knowledge was assessed before and after the training. They were asked to practice what they learnt in doing the School Medical Inspections in the area. Programmes were planned and conducted by them. On the spot supervision was not done. Their findings (visual defects and Vitamin A deficiency) were compared with their previous performances. A separate study was done by the investigator (ophthalmologist) to compare the accuracy of the findings.

Table 1: Results of the programmes conducted by the Health Workers 1992-1995

Year	Defective vision		Vitamin A		Total No. deficiency		examined
	No.	%	No.	%	No.	%	
1992	34	1.7	153	8.6			2045
1993	34	1.6	76	3.6			2118
1994	293	15.3		86	4.4		1918
1995	350	14.8		47	1.9		2362

Table 2: Results of the special programme conducted by the researcher (ophthalmologist)

Year	Defective vision		Vitamin A		Total No. deficiency		examined
	No.	%	No.	%	No.	%	
1995	301	5.6	16	0.2			5381

Findings clearly indicate a low rate of case detection prior to the training and a very high rate after the training in category 1 (visual defects). In category 2 (nutritional defects) there is a decreasing trend. This shows a correct move towards the gold standards but still far away from it. Under detection leads to hazardous consequences and over detection causes unnecessary references to the secondary level.

These results further indicate that the performance of health workers without the supervision of qualified personnel (a community ophthalmologist) are still unsatisfactory even after a satisfactorily conducted training programme. It shows the importance of adding community ophthalmology to the main stream of preventive medicine.