

BJO at a glance

Bob Bhisitkul, *Web editor*

OPHTHALMIC PRIMARY CARE: A SYSTEMATIC DEFINITION

While primary care is fundamental to medicine and ophthalmology, it remains an amorphous concept. Riad and co-authors undertake a systematic description and definition of primary care as it relates to ophthalmology in the United Kingdom. The term primary care encompasses diverse healthcare systems, public policies, and even philosophies; the authors concede that no single definition of primary care can be complete. Its functions include being the first point of contact for a patient, where comprehensive care can be delivered as well as maintained over time, as performed by healthcare workers including ophthalmologists, nurses, optometrists, and social workers. The authors provide an overall scheme of how primary care ophthalmology functions, what its goals should be, and the criteria by which it should be assessed. They conclude that primary care ophthalmology would benefit from developing as a structured discipline, one that is recognised by all participants in the healthcare delivery system.

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NEXT GENERATION THERAPIES FOR BEHÇET'S DISEASE

The eye manifestations of Behçet's disease result in a high rate of severe visual loss, despite current treatment regimens with corticosteroids and immunosuppressive drugs. Kötter *et al* investigated the effects of interferon alfa-2a in 50 patients with active ocular Behçet's disease refractory to standard treatments. The results are promising; 92% of the patients were noted to respond to interferon, with improved visual acuity, reduction of anterior and posterior uveitis, and favourable relapse rates. The authors caution that side effects can arise from interferon therapy, some of them serious, such as depression, thyroid disease, and autoimmune phenomena. Interferon alfa-2a may have a role in treatment of Behçet's disease and merits further clinical investigation.

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A NEW TECHNOLOGY FOR ANTERIOR SEGMENT DRUG DELIVERY

Topical drops remain an imperfect means to deliver pharmacological agents to the anterior segment. To address these limitations, Lux and coworkers describe the development of a lyophilisate drug delivery system, where a freeze dried form of a given drug is formulated for placement in the conjunctival cul de sac. In this randomised, open label study of 22 patients, the delivery of the test drug fluorescein was compared in fellow eyes between a single lyophilisate and three conventional drops of fluorescein. Fluorophotometry was then performed and showed that concentrations in the cornea and anterior chamber were significantly higher with the lyophilisate delivery system. Over 3 hours concentrations increased, remaining significant up to 7 hours. The authors conclude that the lyophilisate drug delivery system is a safe and effective means to provide anterior segment drugs in a sustained fashion; this may have applications in the treatment of infectious diseases and glaucoma.

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INTRAVITREAL TRIAMCINOLONE: CAN IT WORK FOR MACULAR DEGENERATION?

The development of pharmacological treatments for age related macular degeneration is an increasingly active area of research. Jonas and co-workers present their results using intravitreal injections of triamcinolone in 71 eyes. A relatively high dose of 25 mg was given in this uncontrolled prospective study, in which most of the patients had occult choroidal neovascularisation. With a mean follow up of over 7 months, 66% of the eyes had improved visual acuity following treatment, with mean visual acuity improving from 0.16 to a maximum of 0.23. Best effects were seen 1–3 months after injection, with many patients showing a decline in visual acuity at later times, some requiring repeat triamcinolone injection. The side effects of treatment included those typical for corticosteroids, including intraocular pressure increases in about half of the eyes, and a significant increase in cataract formation. More severe complications such as endophthalmitis and retinal detachment were not observed in these patients. The authors suggest that intravitreal triamcinolone injection at a 25 mg dose is generally well tolerated and may help to stabilise or improve vision in exudative AMD.

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A CROSS SECTIONAL STUDY OF AGE RELATED MACULOPATHY IN A JAPANESE COMMUNITY

In the first study to investigate age related maculopathy in Japan, Miyazaki and colleagues utilise a cross sectional analysis of a population in the small Japanese town of Hisayama. The town has been the subject of a cardiovascular study for over 40 years, and in 1998 an ophthalmological evaluation was initiated in all Hisayama residents aged 50 or older. About half the patients in that age group participated, 1482 patients in all. Clinical retinal examinations and fundus photography were obtained and a logistic regression analysis was performed to evaluate risk factors associated with age related maculopathy. Age related maculopathy was found in this population in 19.5% of males and 14.9% of females. Among a list of 10 possible risk factors, only age and hypertension were found to be significant risk factors, with hypertension a risk in men but not in women. Furthermore, the presence of cataract and smoking were not found to be significant risk factors in this study.

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