



OPHTHALMOLOGY

# ACUTE GLAUCOMA

HISTORY X MANAGEMENT

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## TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

# PLEASE REFER TO YOUR SCRIPTS

## PROMPT

A 68-year-old male presents with sudden onset severe pain in his right eye that started 6 hours ago. The pain is associated with blurred vision, halos around lights, and a headache.



# LET'S DISCUSS

# **INTRODUCTION AND RAPPORT BUILDING**

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

## **OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS**

- Onset and duration of symptoms
  - Symptoms – severe eye pain, blurred vision, headache, nausea/vomiting
  - Associated symptoms – halos around lights
  - Any previous episodes or similar complaints
  - Menstrual history (for possible oral contraceptive use)
- 
- Any precipitating factors (e.g., entering a dark room)
  - Any history of trauma or injury to the eye
  - Prior use of medications, particularly mydriatics or cycloplegics
  - Prior ocular history
  - Collateral history from family members or caregivers, if available

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Can you recall when these symptoms started and how they've progressed over time?"
- Symptoms: "You mentioned severe eye pain, blurred vision, headache, and feeling nauseous. Could you elaborate on these symptoms a bit more?"
- Associated symptoms: "Have you noticed any other changes like seeing halos around lights?"
- Previous episodes: "Have you ever experienced anything like this before?"
- Menstrual history: "Could you tell me about your menstrual cycle? Have you been using any form of contraception?"
- Detailed description of eye pain: "Could you describe the pain in your eye? Is it constant or does it come and go?"



## **FURTHER EXPLORATION...**

- Detailed description of eye pain
- Characterisation of visual changes
- Presence of associated symptoms (nausea, vomiting)
- Impact of symptoms on daily life
- Deterioration in night vision or peripheral vision

## FURTHER EXPLORATION

- Visual changes: "How would you describe the changes in your vision? Have you noticed if it's worse at night or in dim light?"
- Associated symptoms: "You mentioned feeling nauseous. Have you vomited?"
- Impact of symptoms: "How have these symptoms affected your daily activities?"
- Precipitating factors: "Did you notice if anything triggered these symptoms, like entering a dark room?"
- History of trauma: "Have you had any injuries to your eyes?"

## RED FLAGS/COMPLICATIONS

- **Red Flags**

- Severe, sudden-onset eye pain
- Acute vision loss
- Nausea and vomiting
- Mid-dilated, non-reactive pupil
- Halos around lights

- **Common Complications:**

- Permanent vision loss
- Chronic glaucoma
- Corneal edema
- Cataract development
- Optic neuropathy

- **Risk factors**

- Advanced age
- Asian or Inuit ethnicity
- Hyperopia (farsightedness)
- Female gender
- Family history of glaucoma

## OTHER KEY PHRASES

- "Given the severity of your symptoms and the sudden onset, it's essential that we manage your condition promptly to avoid further complications."
- Common complications: "Left untreated, this condition could lead to permanent vision loss, chronic glaucoma, or other complications."
- "Certain factors can increase the risk of this condition, like advanced age, certain ethnicities, being farsighted, female gender, and a family history of glaucoma."

## PAST MEDICAL HISTORY

- Prior ocular diseases or surgeries
- Chronic diseases, e.g., diabetes
- Medications, particularly steroids
- Any known allergies
- Prior episodes of visual disturbances or ocular pain

### DRUG HISTORY

- Use of over-the-counter or prescription eye drops
- Current medications, including those for the comorbidity
- Allergies and nature of reactions

### FAMILY HISTORY

- Glaucoma
- Other heritable ocular diseases or conditions

### SOCIAL HISTORY:

- Lifestyle and occupation
- Smoking and alcohol consumption

## PAST MEDICAL HISTORY

- Past medical history: "Have you had any other health problems in the past, like diabetes or eye diseases?"
- Drug history: "What medications are you currently taking, including any over-the-counter or prescription eye drops?"
- Family history: "Does anyone in your family have glaucoma or other eye conditions?"
- Social history: "Could you tell me a bit about your lifestyle, including your work, and whether you smoke or drink alcohol?"

# IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

# EXAMINATION

- **Examination Findings:**

- Vital signs, including weight
- General appearance (signs of distress, hygiene)
- Ocular examination: conjunctival erythema, corneal edema, mid-dilated non-reactive pupil, reduced visual acuity, elevated intraocular pressure
- Cardiovascular, respiratory, abdominal, and peripheral examination findings: related to the comorbidity
- Neurological examination: including cranial nerves, particularly optic nerve assessment

- **Risk Assessment (5 points)**

- Assess the risk of permanent vision loss
- Evaluate the risk of complications from the comorbidity



## EXAMINATION

- "I will now conduct an examination of your eyes and check your vital signs."
- "It's important that we assess the severity of your condition and the potential risk for complications."

## EXAMINATION

## DIFFERENTIAL DIAGNOSIS

- Primary open-angle glaucoma: slower onset, often asymptomatic until late stages
- Uveitis: pain, blurred vision, but usually not sudden onset and IOP may not be elevated
- Corneal ulcer: pain, blurred vision, but usually associated with a visible lesion on the cornea

HISTORY

## DIFFERENTIAL DIAGNOSIS

- "Although your symptoms suggest acute glaucoma, we also need to consider other possibilities like open-angle glaucoma, uveitis, or a corneal ulcer."

HISTORY

# INVESTIGATION

- Ocular pressure measurement (tonometry)
- Gonioscopy to visualize the angle of the anterior chamber
- Optic nerve head assessment (ophthalmoscopy)

# INVESTIGATION

- "We'll need to conduct some tests, including checking the pressure in your eyes, examining the front part of your eye, and looking at your optic nerve."

## MANAGEMENT PLAN

- First-line: Antibiotics such as metronidazole or clindamycin
- Second-line: Alternative antibiotics
- Third-line: Long-term suppressive therapy in recurrent cases

### **Management in the Community & Key Principles Before Discharge (2 points)**

- Regular ophthalmologist follow-ups
- Education about medication compliance and lifestyle modifications
- Patient education about the disease and the importance of medication compliance
- Instructions on what to do if symptoms recur or do not improve
- Plan for regular follow-ups with an ophthalmologist

## MANAGEMENT PLAN

- Our first step will be to try to lower the pressure in your eyes using medications. If needed, we may consider a laser or surgical procedure.

## ADVICE TO GUARDIANS/RELATIVES

### Explanation of Condition

- Description of acute angle-closure glaucoma, its causes, and implications
- Description of treatment and prognosis, with an emphasis on the importance of adherence to treatment

### Advice to Guardians

- Importance of supporting the patient in managing their condition and ensuring medication compliance
- Assisting the patient in recognizing signs of recurrent episodes

### Useful Resources (2 points)

- Information about local support groups and online resources for people with glaucoma



## ADVICE TO GUARDIANS/RELATIVES

- Advice to guardians: "It's crucial to support the patient in managing this condition, ensure they are taking their medications as directed, and help them recognize signs of recurrence."

-

# COMPLICATIONS OF TREATMENT

## MOA of Therapies

- Explanation of how glaucoma medications work to reduce intraocular pressure by either reducing the production of aqueous humor or increasing its outflow

## Basic Overview of Surgical Therapies:

- Explanation of procedures like laser iridotomy, which creates a hole in the iris to allow fluid to flow more freely, and trabeculectomy, which creates a new drainage pathway for fluid

## Complications of Medication and Surgical Therapy: Adverse reactions to medications.

- Side effects of glaucoma medications (e.g., stinging eyes, altered eye color, blurred vision, systemic side effects like low blood pressure)
- Complications of surgical therapy (e.g., infection, bleeding, vision loss)

## COMPLICATIONS OF TREATMENT

- Complications of therapy: "While these treatments are generally safe, there are potential side effects and complications we need to discuss."
- Medication action: "The medications work by reducing the pressure in your eyes, either by decreasing fluid production or increasing its outflow."
- Surgical therapies: "In some cases, a surgical procedure may be needed to create a new pathway for fluid to flow out of the eye."

## **FOLLOW UP**

- Review within 1-2 weeks for IOP check, vision assessment, and side effects evaluation

## FOLLOW UP

"It's important that we monitor your condition closely. We'll schedule a follow-up appointment in 1-2 weeks to check your eye pressure, assess your vision, and evaluate any side effects from the treatment."

## **SEVERITY SYSTEMS**

- IOP measurement, visual field testing, optic nerve imaging

## NEVER MISS

- Importance of rapid diagnosis and treatment to prevent permanent vision loss
- Need for regular follow-up to monitor IOP and visual field
- Emphasis on medication compliance
- Recognition of comorbidity and its potential impact on treatment
- Importance of patient education and understanding

## TOP 1% QUESTIONS

1. How can acute glaucoma be differentiated from migraine when both can present with headache and visual disturbances?
2. What are the systemic implications of medications used in glaucoma management?
3. What is the impact of the patient's comorbidity on the choice of glaucoma medication?
4. What lifestyle modifications can help in managing glaucoma?
5. What is the role of the patient's family in managing acute glaucoma?



## SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

## KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

# MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





# LET'S DISCUSS

# WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



# QUESTIONS?



MDT





OPHTHALMOLOGY

# **CENTRAL RETINAL ARTERY OCCLUSION**

HISTORY X MANAGEMENT

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## TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

**PLEASE REFER TO YOUR SCRIPTS**

## **PROMPT**

Name: Jane Smith

Age: 62 years

Sex: Female

Presenting Complaint:

Sudden painless loss of vision in the right eye upon waking up.



# LET'S DISCUSS

# INTRODUCTION AND RAPPORT BUILDING

- Introduces Self and Purpose: Introduction of the medical professional, confirms patient identity, explains the purpose of the conversation, and ensures patient comfort. [1 point]
- Obtains Consent: Asks for consent to proceed with the questions and possibly a physical examination later on. [1 point]
- Chief complaint and duration.

# INTRODUCTION AND RAPPORT BUILDING

"Hello [patient's name], thank you for taking the time to meet with me today. I'd like to discuss your symptoms and health in detail to best understand how we can help. If you have any questions or concerns at any point, please feel free to stop me."

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Age at onset of symptoms.
- Explore sudden, painless, and complete loss of vision in one eye.
- Ask about any visual disturbances before the event.
- Inquire about any previous episodes of similar symptoms.
- Identify the time frame of symptom onset.
- Assess whether any associated symptoms like headache or jaw pain are present.

1. Determine if the vision loss is transient or persistent.
2. Inquire about any concurrent medical conditions, such as hypertension or diabetes.
3. Ask about any history of embolic events, cardiac arrhythmias, or valvular disease.
4. Assess for recent trauma or surgery around the eye.
5. Explore any use of vasoactive drugs or medications.
6. Clarify whether the patient noticed any change in light perception.
7. Ask about any visual disturbances before the event.

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Age at onset of symptoms: "Can you tell me when you first noticed these symptoms? How old were you at that time?"
- "Did the vision loss in one of your eyes occur suddenly and without any pain?"
- "Would you describe the change in your vision as if a curtain fell over your eye or like a dark shadow appearing?"
- "Did you notice any improvement when you blinked or tried rubbing your eyes?"
- "Have you experienced any pain in the affected eye?"
- "Did changing or adjusting your glasses or contact lenses make any difference?"
- "Is this the first time you've had such an episode, or has this happened before?"
- "Can you clarify if the loss of vision is constant or does it come and go?"
- Time Frame of Symptom Onset: "From the time you first noticed the vision change, how long did it last? Were there any other symptoms like a headache or pain in your jaw?"



## FURTHER EXPLORATION...

- Sudden, painless, complete vision loss in one eye.
- Vision described as like a "curtain falling" or a "dark shadow."
- No improvement in vision with blinking or rubbing eyes.
- No associated ocular pain.
- No improvement with glasses or contact lenses.

### COLLATERAL

- Obtain information from witnesses if available.
- Determine if there was any sudden onset of symptoms or trauma observed by others.

## FURTHER EXPLORATION

- "Did it feel like a curtain falling or a dark shadow?"
- "Did blinking or rubbing your eyes make any difference?"
- "Did you try using glasses or contact lenses to help?"

## RED FLAGS/COMPLICATIONS

- **Red Flags**

- Sudden, painless vision loss.
- Monocular vision loss.
- Curtain-like visual field defect.
- Absence of improvement with blinking or rubbing the eye.

- **Common Complications:**

- Permanent vision loss.
- Risk of fellow eye involvement if not treated promptly.

- **Risk factors**

- Hypertension.
- Cardiovascular diseases.
- Diabetes.

## RED FLAGS...

"I need to ask about specific symptoms that help us understand the situation better: Did the vision loss happen suddenly and without pain? Was it in one eye only? Did the vision change remind you of a curtain-like defect, and was there no change even if you blinked or rubbed your eyes?"

### RISK FACTORS

- "Have you been taking any medications that could affect your blood flow?"
- "Did you notice any changes in how you perceive light?"
- "Have you ever had issues with your heart rhythm or problems with your heart valves?"

### HISTORY

## PAST MEDICAL HISTORY

- Hypertension.
- Diabetes.
- Cardiac arrhythmias.
- Valvular disease.

### DRUG HISTORY

- Current medications.
- Allergies and specific nature of allergic reactions.

### FAMILY HISTORY

- Cardiovascular diseases.
- Stroke.

### Social History:

- Smoking.
- Alcohol consumption.

## PAST MEDICAL HISTORY

DH

- "Is your child currently on any medications?"
- "Does your child have any known allergies?"

FAMILY AND SOCIAL HISTORY:

- "Is there a history of similar vision problems in your family?"
- "Could you let me know if you or any of your family members have a history of heart problems or strokes?"
- "Could you tell me if you smoke or drink alcohol?"
- "Understanding your lifestyle helps us provide the best care for you."

HISTORY

# IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

# EXAMINATION

- **Examination Findings: - CHAPERONE**
  - **General Observations and Vital Signs:**
    - Blood pressure measurement.
    - Heart rate and rhythm assessment.
  - **Airway, Breathing, and Cardiovascular: Not relevant for this condition.**
  - **Neurological and Cranial Nerves:**
    - Assessment of cranial nerves, particularly optic nerve function.
    - Pupil examination for afferent pupillary defect.
  - **Peripheral Examination: Not relevant for this condition.**
  - **Psychiatric Findings & MMSE: Mood assessment for anxiety or distress. Age-appropriate MMSE if applicable.**
  - **Risk Assessment:** Evaluate the risk of permanent vision loss and the impact on daily life.
  - **Specialty Specific Examinations:**
    - Ophthalmoscopy to assess the retina and optic disc.
    - Visual field testing to confirm the presence of a visual field defect.



# EXAMINATION

- **"I'd like to conduct a few physical examinations to get a clearer picture. Is that alright?"**
  - "I'm going to check your blood pressure and heart rate, just to make sure we have a complete picture of your health."
  - "I'll also be assessing the nerves in your eyes and your vision to understand what might be causing your symptoms."
  - "If you don't mind, I'll be using a light to look into your eyes and check the health of your retina and optic nerve."

## **DIFFERENTIAL DIAGNOSIS**

1. Central retinal artery occlusion.
2. Retinal detachment.
3. Acute angle-closure glaucoma.
4. Retinal vein occlusion.

HISTORY

OSCE

**01**

# DIFFERENTIAL DIAGNOSIS

HISTORY

# INVESTIGATION

1. Erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP).
2. Lipid profile.
3. Blood glucose levels.
4. Imaging:
  - Urgent fluorescein angiography.
  - Optical coherence tomography (OCT) to assess retinal layers.

OSCE

**01**

# INVESTIGATION

# MANAGEMENT PLAN

- **Immediate Management:**
  - Urgent referral to an ophthalmologist or stroke team.
  - Intraocular pressure lowering if elevated.
- **First Line Management:**
  - Digital ocular massage.
  - Ocular massage under fluorescein to dislodge emboli.
  - Ocular massage combined with anterior chamber paracentesis.
- **Second Line Management:**
  - Hyperbaric oxygen therapy.
  - Intravenous acetazolamide.
- **Third Line Management:**
  - Paracentesis.
  - Anterior chamber paracentesis with intravenous mannitol.
- **Prevention:**
  - Blood pressure and cholesterol control.
  - Blood sugar control in diabetes.
- **Lifestyle Changes:**
  - Smoking cessation.
  - Blood pressure management.
  - Diabetes control.
- **Management in the Community:**
  - Follow-up with an ophthalmologist for regular assessments.
  - Addressing visual rehabilitation needs.

# MANAGEMENT PLAN

- Immediate Management:
  - "It's essential for you to see an eye specialist urgently, and I'll arrange a referral for you."
  - "There are treatments like ocular massage that can help, but they need to be done as soon as possible."
  - "We might also consider specific medications or therapies depending on the specialist's recommendations."

## KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Clear understanding of diagnosis and management.
- Compliance with medications and lifestyle changes.
- Awareness of the importance of regular follow-up.
- **SAFETY NETTING: Return if:**
  - Return immediately if any change in vision.
  - Any symptoms of a recurrent event.



## KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- "To help prevent this from happening again or reducing its severity, it's essential to control factors like blood pressure, cholesterol, and blood sugar. It would be beneficial if you considered quitting smoking and maintaining your diabetes under control if applicable."
- "We'll arrange regular follow-up appointments with an eye specialist to monitor your vision and address any additional needs."
- **Safety Netting:** "If you notice any changes in your vision or experience symptoms similar to what you've had, it's crucial to seek medical attention immediately."

## ADVICE TO GUARDIANS/RELATIVES

**EXPLANATION TO PATIENTS/RELATIVES:** "Central artery occlusion is a sudden, painless loss of vision in one eye. It happens when a blood clot blocks the main artery supplying the retina. Immediate medical attention is crucial to minimize vision loss."

"Ensure the patient follows the recommended treatments and attends regular follow-up appointments. Encourage a healthy lifestyle and adherence to medication."

- **Useful Resources:**

- British Ophthalmological Surveillance Unit.
- Royal College of Ophthalmologists guidelines.

## ADVICE TO GUARDIANS/RELATIVES

- "I recommend sharing this information with your close ones, so they're aware and can support you in following the treatment and attending follow-up appointments."

## COMPLICATIONS OF TREATMENT

**Complications of Medication and Surgical Therapy:** Complications will depend on the specific therapy prescribed.

### **Mechanism of Action of Medication Therapies:**

1. **Acetazolamide:** Carbonic anhydrase inhibitor, reduces intraocular pressure.
2. **Mannitol:** Osmotic diuretic, reduces intraocular pressure.

**Overview of Surgical Therapies:** Surgical therapies are not typically relevant for central artery occlusion.

# COMPLICATIONS OF TREATMENT

- NA

## **FOLLOW UP**

- Regular ophthalmic follow-up to assess visual function and complications.

OSCE

**01**

# SEVERITY SYSTEM

## FOLLOW UP



## NEVER MISS

1. Recognize sudden, painless vision loss in one eye as a medical emergency.
2. Urgent referral to an ophthalmologist or stroke team is necessary.
3. Immediate management includes ocular massage and reducing intraocular pressure.
4. Lifestyle modifications are crucial for prevention.
5. Clear communication and compliance are key to minimizing vision loss.

## TOP 1% QUESTIONS

1. What is the purpose of urgent fluorescein angiography?
2. How does hyperbaric oxygen therapy help in central artery occlusion?
3. Explain the difference between central retinal artery occlusion and retinal detachment.
4. What is the most common complication following central artery occlusion?
5. Describe the mechanism of action of acetazolamide in treating central artery occlusion.

## SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

## KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

# MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





# LET'S DISCUSS

# WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



# QUESTIONS?





MDT



OPHTHALMOLOGY

# **CATARACTS**

HISTORY X MANAGEMENT

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## TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

**PLEASE REFER TO YOUR SCRIPTS**

## **PROMPT**

- 72-year-old female Gradual, painless reduction in vision in both eyes, more prominent in the right eye.
- Difficulty with night driving and reading small print



# LET'S DISCUSS

# INTRODUCTION AND RAPPORT BUILDING

- Introduces Self and Purpose: Introduction of the medical professional, confirms patient identity, explains the purpose of the conversation, and ensures patient comfort. [1 point]
- Obtains Consent: Asks for consent to proceed with the questions and possibly a physical examination later on. [1 point]

# INTRODUCTION AND RAPPORT BUILDING

"Hello [patient's name], thank you for taking the time to meet with me today. I'd like to discuss your symptoms and health in detail to best understand how we can help. If you have any questions or concerns at any point, please feel free to stop me."



## **OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS**

- Blurred vision, double vision, sensitivity to light, trouble seeing at night, seeing "halos" around lights.
- Difficulty in reading or recognizing faces.

### **COLLATERAL**

- Partner's symptoms or relevant medical conditions.

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "I understand that you've been experiencing some changes in your vision. Can you describe any blurred or double vision, sensitivity to light, or difficulties in seeing at night?"
- "Have you noticed seeing 'halos' around lights or difficulty in reading or recognizing faces?"

## FURTHER EXPLORATION...

- **Exploration of Symptoms of Presenting Complaint:**
  - Duration, onset, progression.
  - Any previous eye injuries or surgeries.

## FURTHER EXPLORATION

- "Can you tell me more about when these symptoms began? How have they progressed over time?"
- "Have you ever had any eye injuries or surgeries in the past that could relate to these symptoms?"

### COLLATERAL

"Do any of your family members suffer from eye conditions? This information can be vital in understanding your condition better."

## RED FLAGS/COMPLICATIONS

- **Red Flags**

- Sudden loss of vision, severe pain.

- **Common Complications:**

- Glaucoma, retinal detachment.

- **Risk factors**

- Age, smoking, obesity, family history, excessive exposure to sunlight.

## RED FLAGS...

- "I must ask, have you experienced any sudden loss of vision or severe eye pain? These symptoms require immediate attention."

### COMPLICATIONS

- "We'll need to keep an eye on potential complications like glaucoma or retinal detachment. Have you ever been diagnosed with these conditions?"

### RISK FACTORS

- "Factors like your age, smoking habits, obesity, family history, and excessive exposure to sunlight might be playing a role in your condition. Can you share some information about these?"

## HISTORY

## PAST MEDICAL HISTORY

- Diabetes, hypertension, other eye conditions.

### DRUG HISTORY

- Steroids, statins, or any other medications affecting vision.
- Allergies, nature of the reaction.

### FAMILY HISTORY & SOCIAL

- Family history of cataracts or other eye diseases.
- Occupation (e.g., prolonged exposure to sunlight), lifestyle habits like smoking or alcohol consumption.

## PAST MEDICAL HISTORY

- "Can you share your medical history, including any diabetes, hypertension, or other eye conditions?"
- "Were there any significant developmental milestones in your childhood concerning vision?"

DH

"Are you currently taking any medications, like steroids or statins, that might affect your vision? Also, please let me know about any allergies and the nature of your reaction to them."

FH & SH

- "Has anyone in your family ever had cataracts or other eye diseases?"
- "Can you tell me about your occupation and any prolonged exposure to sunlight, as well as lifestyle habits like smoking or drinking?"



# IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

# EXAMINATION

- **Examination Findings: - CHAPERONE**

- Vital Signs Including Weight (1 Point):
  - General health assessment.
- Eye Examination Findings (4 Points):
  - Visual acuity, color vision.
- Slit-lamp examination for lens opacity.
  - Fundus examination.
- Neurological Findings Including Cranial Nerves (2 Points):
  - Cranial nerve II (Optic nerve) examination.
- Peripheral Examination (2 Points):
  - Check for any skin lesions or xanthelasma that could be associated with hyperlipidemia.
- Psychiatric Findings and MMSE (2 Points):
  - Cognitive function as it relates to vision.
- Risk Assessment (3 Points):
  - Assess the risk of surgery, potential complications.

# EXAMINATION

- Vital Signs Including Weight (1 Point):
  - "Let's start with a general health assessment, including your weight and other vital signs. This will give us an overall picture of your health."
- Eye Examination Findings (4 Points):
  - "I will now examine your eyes for visual acuity and color vision. We'll also use a slit-lamp to check for any lens opacity and perform a fundus examination."
- Neurological Findings Including Cranial Nerves (2 Points):
  - "I will check your optic nerve function. This is an essential part of understanding your vision health."
- Peripheral Examination (2 Points):
  - "Let's also check for any skin lesions or xanthelasma that might be associated with hyperlipidemia."
- Psychiatric Findings and MMSE (2 Points):
  - "I'd like to assess your cognitive function as it relates to vision. This will help us ensure a comprehensive understanding."
- Risk Assessment (3 Points):
  - "Considering your overall health, we'll also assess the risk associated with potential surgical interventions and possible complications."

## **DIFFERENTIAL DIAGNOSIS**

- Glaucoma, macular degeneration, diabetic retinopathy.
- Distinguish based on specific symptoms, examination, and tests.

HISTORY

## DIFFERENTIAL DIAGNOSIS

- "Based on your symptoms, examination, and tests, we are focusing on cataracts. Conditions like glaucoma, macular degeneration, and diabetic retinopathy have been ruled out for specific reasons."

HISTORY

# INVESTIGATION

- Laboratory Values, Imaging, Clinically Relevant Tests (5 Points):
- Tonometry for intraocular pressure.
- OCT scan if needed.
- Blood sugar levels, cholesterol levels.

## **INVESTIGATION**

- "We'll conduct some specific tests such as tonometry for intraocular pressure and an OCT scan if needed. Blood sugar and cholesterol levels will also be checked to give us a complete view."

## MANAGEMENT PLAN

- Immediate: Corrective lenses.
- First Line: Monitoring.
- Second Line: Cataract surgery if significantly affecting quality of life.
- Third Line: Referral to specialist if complicated.

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### LIFESTYLE CHANGES

- UV protection, healthy diet, avoid smoking.

### COMMUNITY MANAGEMENT

- Regular eye check-ups with an optometrist.



## MANAGEMENT PLAN

- Management Plan (3 Points):
  - "Initially, we'll consider corrective lenses. If the cataracts continue to affect your quality of life, surgery may be an option. I'll refer you to a specialist if it becomes complicated."
- Lifestyle Changes (1 Point):
  - "Protecting your eyes from UV rays, maintaining a healthy diet, and avoiding smoking can also help in managing your condition."
- Management in the Community (1 Point):
  - "Regular check-ups with an optometrist will be essential."

## **KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)**

- Post-surgery care, when to seek immediate help.

## KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- **If Surgery is Performed:**

- Post-Operative Care Guidance: "After surgery, it's vital to follow the eye care routine we'll provide, including using prescribed eye drops and avoiding strenuous activities."

- "You'll need to wear an eye shield at night and sunglasses during the day to protect your eye."

- **Monitoring for Complications:** "Watch for signs of infection, increased redness, pain, or any sudden decrease in vision, and notify us immediately if you experience any of these symptoms."

- **Follow-Up Appointments:**

- "We'll schedule follow-up appointments to monitor your healing process. It's important not to miss these as they help us catch any potential issues early."

- **If Medical Management is Preferred:**

- Adherence to Medication: "Make sure to use the prescribed eye drops as directed. Incorrect usage can lead to inadequate treatment or unwanted side effects."
- Lifestyle Considerations: "Continue to protect your eyes from UV rays and maintain the other lifestyle changes we've discussed."
- Regular Monitoring: "Regular check-ups will be vital to monitor your condition and make any necessary adjustments to your treatment."

## ADVICE TO GUARDIANS/RELATIVES

- **Explanation of Condition to Patient and Relatives (2 points):**
  - Define cataracts, surgical procedures, potential risks.
- **Advice to Guardians, Useful Resources (2 points):**
  - Pre and post-operative care, where to find support.

## ADVICE TO GUARDIANS/RELATIVES

- "I'll provide you with detailed instructions for post-surgery care and signs that would require immediate medical attention."
- "Here's information on pre and post-operative care, as well as resources where you can find additional support."

## **COMPLICATIONS OF TREATMENT**

- **COMPLICATIONS**
  - Risk of infection post-surgery, other potential surgical complications.

## COMPLICATIONS OF TREATMENT

- **CX OF THERAPIES**

- Corticosteroid Eye Drops:

- "While corticosteroid eye drops are effective in reducing swelling, they can sometimes lead to increased intraocular pressure, cataract formation, or a higher risk of infections. It's important to use them as directed and keep up with follow-up appointments."

- NSAID Eye Drops:

- "NSAID eye drops can help reduce pain and inflammation but may cause stinging, burning, or irritation in some cases. Rarely, they may lead to bleeding or eye surface problems. Please notify us if you notice anything unusual."

- Mydriatic Eye Drops:

- "These drops are used to dilate the pupil, which can make bright lights bothersome and affect your ability to focus on close objects temporarily. Very rarely, they may cause an allergic reaction or an increase in eye pressure. Be cautious when driving or operating machinery after using these drops."

## **FOLLOW UP**

- 1-week post-surgery, then as needed based on UK guidelines.



## FOLLOW UP

- "We'll need to keep an eye on your recovery through regular appointments and lab work. We'll follow the guidelines to ensure you get the best possible care, including referrals to specialists if needed."

## NEVER MISS

1. Recognizing red flag symptoms that require immediate attention.
2. Adequate explanation of surgical options, risks, and benefits.
3. Addressing patient's concerns and expectations regarding surgery.
4. Thorough examination, including specialized eye examination tools.
5. Ensuring proper post-operative follow-up and care.

## TOP 1% QUESTIONS

1. Discuss the different types of cataracts (e.g., nuclear, cortical, posterior subcapsular) and their typical presentations.
2. Explain the pathophysiology of cataract formation.
3. How does systemic illness like diabetes contribute to cataract formation?
4. What are the advancements in cataract surgery and post-operative care?
5. Discuss the psychosocial impact of cataracts and how healthcare professionals can support patients.

## SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

## KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

# MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





# LET'S DISCUSS

# WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?





# QUESTIONS?



MDT



OPHTHALMOLOGY

# CONJUNCTIVITIS

HISTORY X MANAGEMENT

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## TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

**PLEASE REFER TO YOUR SCRIPTS**

## **PROMPT**

Mr. Smith reports a two-day history of bilateral eye redness, discomfort, and a yellowish-green discharge.



# LET'S DISCUSS

# INTRODUCTION AND RAPPORT BUILDING

- Introduce self and verify patient's identity.
- Obtain consent.
- Open-ended question about presenting complaint.



# INTRODUCTION AND RAPPORT BUILDING

1. Good morning, my name is Dr. [Your Name], and I'll be your physician today. May I kindly confirm your name and date of birth?"
2. "Before we proceed, I'd like to ask for your consent to discuss your medical history and perform an examination."
3. "Could you please start by telling me about the reason for your visit today? Is there anything specific that's been bothering you?"

## **OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS**

- Ask about the onset, duration, and nature of the eye symptoms.
  - Inquire about any associated symptoms (e.g., discharge, pain, photophobia, vision changes).
  - Elicit any history of recent upper respiratory tract infection or contact with individuals with similar symptoms.
- 
- Redness: Determine if redness is unilateral or bilateral.
  - Discharge: Characterize the discharge (watery, mucoid, purulent).
  - Pain: Clarify if there is associated pain, grittiness, or itchiness.
  - Visual changes: Ask about any changes in vision or photophobia.

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

With your permission, I'd like to ask you a few questions about the eye symptoms you've been experiencing. Can you tell me when you first noticed these symptoms, and how they've progressed since then?"

### **Exploration of Symptoms:**

"I understand that your eye is red and irritated. Could you tell me, is the redness affecting one or both of your eyes? And have you noticed any discharge? If so, what does it look like? It's also important to know if you've been feeling any pain or discomfort, like a gritty sensation or itchiness. Have there been any changes in your vision or sensitivity to light?"

## **FURTHER EXPLORATION...**

- Exact timeline of symptom development.
  - Severity and progression of symptoms.
  - Previous episodes or recurrent symptoms.
  - Impact on daily activities and quality of life.
- 
- **COLLATERAL HISTORY:**
    - Obtain information from family or caregivers if the patient is a child or has disabilities.

## FURTHER EXPLORATION

- "Can you describe how your symptoms have changed or worsened over time? I'm also interested to hear if this has happened before or if it's the first time. Has it affected your ability to carry out your daily activities, like work or hobbies?"

"If it's alright with you, I'd like to ask a family member or caregiver about your symptoms, especially if you find it difficult to explain them yourself."

# RED FLAGS/COMPLICATIONS

- **Red Flags**

- Severe pain in the eye.
- Marked photophobia.
- Sudden loss of vision.
- History of chemical exposure or foreign body.
- Significant headache or nausea.

- **Common Complications:**

- Keratitis.
- Cellulitis.

- **Risk factors**

- Contact lens wear.
- Exposure to allergens or irritants.
- Immunocompromised state or use of immunosuppressive drugs.

## RED FLAGS/COMPLICATIONS

- "I'm going to ask you some important questions to rule out serious concerns: Have you experienced severe pain in the eye, intense sensitivity to light, any sudden changes in your vision, or have you been in contact with any chemicals or foreign objects? Have you had any severe headaches or nausea?"

"Could you tell me about your lifestyle that might affect your eyes? For instance, do you wear contact lenses, or are you exposed to any allergens or chemicals regularly? And is there anything that could affect your immune system, like certain medications or health conditions?"

## PAST MEDICAL HISTORY

- Previous eye conditions or surgeries.
- General health conditions that may affect the eyes (e.g., diabetes, autoimmune diseases).

### DRUG HISTORY

- Current medications including over-the-counter eye drops.
- Any known drug allergies and the nature of reactions.

### FAMILY HISTORY

- Hereditary eye conditions or systemic diseases with ocular manifestations.

### SH

- Occupation and hobbies (relevant for exposure risks).
- Living conditions (e.g., overcrowding, sanitation).



## PAST MEDICAL HISTORY

- "Let's talk a little about your past health, particularly regarding your eyes. Have you had any previous eye conditions, surgeries, or other health issues like diabetes or autoimmune diseases? What about medications you're currently taking, including eye drops or any allergies you have to medicines?"

### **Family and Social History**

- "I'd also like to know about your work environment and hobbies to understand if they might contribute to your eye symptoms. Does anyone in your family have similar eye issues or any hereditary eye conditions?"

# IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

## EXAMINATION

- **Vital signs:** Note if there is fever.
  - **Eye examination:** Inspect the lids, conjunctiva, cornea, and sclera. Assess pupil reactions and visual acuity.
  - **Specific signs:** Papillary conjunctival follicles, preauricular lymphadenopathy.
  - **Fluorescein staining:** To detect corneal abrasions or ulcers.
  - **Neurological and cranial nerve examination:** Focused on CN II, III, IV, and VI.
  - **No need for full abdominal, respiratory, or peripheral examination unless clinically indicated.**
- 
- Assess the risk of complications such as corneal involvement or vision loss.

# EXAMINATION

"I'll now conduct a gentle examination of your eyes. This will involve looking at the eyelids, the whites of your eyes, and the reaction of your pupils to light. I'll also test your vision. Throughout this, I'll make sure you're comfortable and explain what I'm doing."

"After examining you, we'll assess if there's any risk of complications like infection spreading to the cornea. Depending on your symptoms, we might take a small sample from your eye for testing, especially if there's discharge. This helps us tailor the best treatment for you."

# DIFFERENTIAL DIAGNOSIS

1. Include other causes of red eye: glaucoma, uveitis, scleritis, keratitis.

HISTORY

## DIFFERENTIAL DIAGNOSIS

"We consider other causes for red eyes, not just conjunctivitis. These can include more serious conditions like glaucoma or inflammation within the eye. But based on what I'm seeing, we can focus on managing conjunctivitis."

HISTORY

## INVESTIGATION

1. Swab for bacterial culture and sensitivity if discharge is present.
2. No blood tests indicated unless suspecting systemic infection.
3. Imaging is not routinely required for uncomplicated conjunctivitis.

# MANAGEMENT PLAN

- Immediate: Symptomatic relief with artificial tears.
- First line: Antibiotic drops or ointment for bacterial conjunctivitis.
- Second line: Antihistamines or mast cell stabilizers for allergic conjunctivitis.
- Third line: Referral to ophthalmology if not responding or if atypical features are present.

## Prevention and Lifestyle Changes:

- Hand hygiene and avoiding rubbing the eyes.
- For contact lens wearers, review lens hygiene and consider temporary cessation of use.

## Management in the Community:

- Community pharmacists can offer advice and over-the-counter treatments.
- Schools should be informed about infectious conjunctivitis for outbreak control.



# MANAGEMENT PLAN

"For immediate relief, we can start with some lubricating eye drops. If it seems bacterial, we may prescribe antibiotic drops. If allergies are at play, we have antihistamines and other treatments to help. If your symptoms don't improve, we may consider referring you to an eye specialist."

## **Prevention, Lifestyle Changes, and Community Management:**

"It's important to keep good eye hygiene, like washing your hands frequently and avoiding touching your eyes. If you wear contacts, you might need to take a break from them. And our community pharmacists are great resources for advice and treatments."

## **KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)**

- Ensure understanding of medication use and eye hygiene.
- Confirm no immediate risk of vision loss or serious complications.
- Safety Netting:
  - Advise when to return or seek further help, e.g., worsening symptoms, vision changes.

## KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- "Before you leave, I want to ensure you understand how to use any medications and how to take care of your eyes at home. If your symptoms get worse, or if you notice any changes in your vision, please return immediately."

The doctor handed the patient a small pamphlet and explained the instructions for each medication. The patient listened carefully and asked questions when they had any doubts. The doctor also showed the patient how to properly clean their eyes and gave them tips on how to reduce eye strain.

Feeling more confident, the patient thanked the doctor and left the clinic. As they walked out, they made a mental note to follow the doctor's instructions carefully and to return to the clinic if their vision worsened or if they experienced any new symptoms. They knew that taking care of their eyes was important, and they were grateful to have a knowledgeable and caring doctor to guide them through the process.

## ADVICE TO GUARDIANS/RELATIVES

- **Explanation to Patients and Relatives:**

- Clear explanation of conjunctivitis, its causes, and implications.
- Use patient-friendly language and visual aids if necessary.

Advice to Guardians:

- Guidance on medication administration for children.

- **Resources:**

- Provide leaflets or links to trusted medical websites.

## ADVICE TO GUARDIANS/RELATIVES

"I'd like to explain what conjunctivitis is, why it happens, and how we can treat it. It's an inflammation of the eye's front surface, typically caused by an infection or an allergic reaction. I'll use simple terms so you can fully understand."

- "I'll provide you with some information leaflets and recommend trustworthy medical websites for further reading."

## **COMPLICATIONS OF TREATMENT**

### 1. Complications of Medication and Surgical Therapy:

- Rare risks associated with topical treatments (e.g., allergy, irritation).

### 2. Mechanism of Action of Medication Therapies:

- Antibiotics: Inhibit bacterial cell wall synthesis or protein synthesis.
- Antihistamines: Block histamine receptors to reduce allergic response.

## COMPLICATIONS OF TREATMENT

- "While side effects are rare, it's good to be aware that sometimes eye drops can cause irritation or an allergic reaction. If you notice any adverse effects, please let us know."
- "The antibiotics work by killing the bacteria causing the infection, while the antihistamines help by blocking the substances that cause the allergic reaction."

## **FOLLOW UP**

- Arrange follow-up if symptoms persist beyond 2 weeks or if there are any worrying features.



## FOLLOW UP

"I'd like to arrange a follow-up visit if there's no improvement in the next two weeks or sooner if there are any concerns."

## **SEVERITY SYSTEM**

- Conjunctivitis Symptom Score (CSS) could be a simple scoring system based on symptom severity and impact on daily activities.

## NEVER MISS

1. Confirm absence of red flag symptoms.
2. Correctly identify the type of conjunctivitis.
3. Prescribe appropriate medication and explain usage.
4. Safetynetted instructions provided.
5. Document patient education and understanding.

## TOP 1% QUESTIONS

1. What is the pathophysiological difference between bacterial and viral conjunctivitis?
2. Which ocular findings can differentiate between allergic and infective conjunctivitis?
3. How does the use of contact lenses predispose to different types of conjunctivitis?
4. What are the indications for swabbing in conjunctivitis?
5. Explain the role of mast cell stabilizers in the management of conjunctivitis.

## SOFT SKILLS

- "Before we conclude, I want to make sure that all your concerns and questions have been addressed. Is there anything else you'd like to discuss?"
- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

## KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

# MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





# LET'S DISCUSS



# WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



# QUESTIONS?



MDT



OPHTHALMOLOGY

# OSCE

## **BLEPHARITIS**

HISTORY X MANAGEMENT

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## TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

**PLEASE REFER TO YOUR SCRIPTS**

## PROMPT

Mrs. Caroline Blake is a 75-year-old retired school teacher who presents with complaints of chronic irritation, a sensation of grittiness, and morning eyelid crusting in both eyes for the past six months

COUNSELLING X PHARMACY



# LET'S DISCUSS



# **INTRODUCTION AND RAPPORT BUILDING**

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Onset, duration, and progression of symptoms
  - Description of symptoms (itching, burning, eyelid crusting)
  - Impact of symptoms on daily life (e.g., ability to read, work on the computer)
  - Previous episodes or treatments for similar symptoms
  - Associated symptoms (e.g., dryness, redness, blurred vision)
- 
- Previous ophthalmic diagnoses or treatments
  - Use of corrective lenses or eye makeup
  - Impact of symptoms on sleep (e.g., waking up with crusty or sticky eyelashes)
  - Use of any over-the-counter eye drops or ointments
  - Collateral history from relatives or caregivers if patient has cognitive impairment or is a minor

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Can you tell me when you first noticed these symptoms and how they have progressed over time?"
- "Could you describe the specific symptoms you have been experiencing? For instance, have you noticed any itching, burning, or crust on your eyelids?"
- "I'm interested to know how these symptoms have been affecting your daily activities, such as reading or computer work."
- "Have you ever had similar symptoms or received any treatments for eye problems in the past?"
- "Are you experiencing any other symptoms with your eyes, such as dryness, redness, or blurred vision?"

## **FURTHER EXPLORATION...**

- Detailed characterization of the eyelid irritation and discharge
- Changes in vision (blurring, sensitivity to light)
- Impact on daily activities, including any avoidances
- Worsening or improving factors
- Any associated eye or systemic symptoms

## FURTHER EXPLORATION

- "Have you ever been diagnosed with any eye conditions or received any treatments for your eyes in the past?"
- "Do you wear corrective lenses or use eye makeup? If so, how often?"
- "Do you find your symptoms disturbing your sleep? For example, do you wake up with crusty or sticky eyelashes?"
- "Have you been using any over-the-counter eye drops or ointments?"
- "If it's alright, I would like to ask your caregiver a few questions to get a better understanding of your symptoms and how they have been affecting you."

## OTHER KEY PHRASES

- "Could you provide more detail about the irritation and discharge you've been experiencing with your eyelids?"
- "Have you noticed any changes in your vision, such as blurring or increased sensitivity to light?"
- "How have these symptoms affected your daily activities? Are there any activities you've been avoiding due to your symptoms?"
- "Have you noticed anything that makes your symptoms worse or better?"
- "Apart from the eye symptoms, have you noticed any other changes in your health recently?"

## RED FLAGS/COMPLICATIONS

- **Red Flags**

- Severe eye pain
- Rapid onset of redness or swelling around the eye
- Loss of vision
- Eye injury or trauma
- Signs of a systemic illness (e.g., fever, weight loss)

- **Common Complications:**

- Chronic or recurrent blepharitis
- Dry eye syndrome
- Styes or chalazia
- Corneal damage or ulcers
- Conjunctivitis

- **Risk factors**

- Aging
- Rosacea or seborrheic dermatitis
- Dry eye syndrome
- Meibomian gland dysfunction
- Regular use of eye makeup or contact lenses

## RED FLAGS...

- "I need to ask you some important questions to rule out more serious conditions. Have you experienced severe pain in your eyes?"
  - "Have you noticed any rapid onset of redness or swelling around your eye?"
  - "Has there been any loss of vision?"
  - "Have you had any injury or trauma to your eye recently?"
  - "Have you been feeling unwell generally, with symptoms such as fever or weight loss?"
- 
- Discuss these in the context of explaining why management and follow-up are important: "Left untreated, blepharitis can become chronic or recurrent and lead to conditions such as dry eye syndrome, styes, or even damage to the cornea."



## PAST MEDICAL HISTORY

- Previous eye diseases or surgeries
- Systemic diseases that can affect the eye (e.g., rosacea, seborrheic dermatitis, diabetes)
- Regular medications, especially those with ocular side effects
- Any known allergies
- History of contact lens use

### DRUG HISTORY

- Use of over-the-counter or prescription eye drops or ointments
- Current systemic medications
- Allergies and nature of reactions

### FAMILY HISTORY

- Blepharitis or other eye diseases
- Systemic diseases that can affect the eye (e.g., rosacea, diabetes)

### SOCIAL HISTORY:

- Occupation (particularly if it involves significant computer use)
- Lifestyle habits (smoking, alcohol use)

## PAST MEDICAL HISTORY

- Structure these as questions similar to the examples above, adjusting as necessary for the specific topic. Make sure to ask about any allergies and the nature of reactions, and discuss potential risk factors in the context of the patient's lifestyle.

# IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

# EXAMINATION

- **Examination Findings:**

- Vital signs, including weight
- General appearance (signs of distress, hygiene)
- Eye examination: eyelid redness or swelling, crusting around the eyelashes, blocked meibomian glands, corneal or conjunctival abnormalities
- Examination of other systems as guided by history

- **Risk Assessment (5 points)**

- Assess risk of chronicity or recurrence
- Evaluate risk of complications (e.g., corneal damage, dry eyes)

## EXAMINATION

- Vital Signs and General Appearance: "I'm going to start with checking your vital signs, which includes your blood pressure and pulse. I'll also look at your general appearance to see if there are any signs of distress or poor hygiene."
- Eye Examination: "I'm now going to examine your eyes. This will involve me looking at your eyelids, eyelashes, and the white part of your eye for any signs of redness, swelling, or discharge. Can you please look up while I gently pull down your lower eyelid?"
- Lid Margin and Eyelashes Examination: "I will now use this magnifier (a loupe or slit lamp) to have a closer look at your eyelids and eyelashes. I'm checking for signs of crusting around the eyelashes or any tiny bumps along the edge of your eyelids which can be signs of blepharitis."
- Meibomian Glands Check: "Next, I will gently press on your closed eyelids to see if there is any thickened or cloudy discharge from the meibomian glands. These are tiny oil glands along the edge of your eyelids that help keep your eyes lubricated."
- Corneal and Conjunctival Examination: "To examine the surface of your eye and the inside of your eyelids, I will use this instrument called a slit lamp. It helps me to check for any abnormalities on the clear front surface of your eye (the cornea) or the inside of your eyelids (the conjunctiva)."
- Visual Acuity Test: "I'd also like to check your vision. Can you please read the letters on this chart for me? We'll start with both eyes open and then try each eye separately. This helps me understand if blepharitis is affecting your vision."
- Other System Examination: "Given your symptoms, I'd also like to perform a quick check of your other systems. For instance, examining your skin can help identify conditions like rosacea or seborrheic dermatitis, which can be associated with blepharitis."

## EXAMINATION

## DIFFERENTIAL DIAGNOSIS

- Dry eye syndrome: also causes eye irritation, but without the lid inflammation seen in blepharitis
- Conjunctivitis: causes eye redness and discharge, but it usually involves the whole conjunctiva and not just the eyelid margins
- Stye or chalazion: these can cause localized lid swelling, but they don't usually cause diffuse lid redness or crusting

HISTORY

## DIFFERENTIAL DIAGNOSIS

- "It's important to consider other conditions that could cause similar symptoms to blepharitis. For instance, dry eye syndrome can also cause eye irritation, but without the eyelid inflammation seen in blepharitis. Conjunctivitis can lead to redness and discharge, but typically involves the whole eye, not just the eyelids. Styes or chalazia can cause localized lid swelling, but they usually don't result in widespread redness or crusting. By considering and ruling out these other possibilities, we can be more confident in your diagnosis and treatment plan."

HISTORY

# INVESTIGATION

- Eyelid swab for bacterial culture if indicated
- Tear film assessment if dry eyes are suspected
- Ophthalmic imaging if there is concern about corneal damage



# INVESTIGATION

- **Eyelid Swab:** "If your symptoms suggest a bacterial infection, or if your blepharitis doesn't respond to initial treatments, we may need to take a small sample from your eyelid for a bacterial culture. This will help us identify the exact bacteria causing the problem and choose the most effective antibiotic."
- **Tear Film Assessment:** "Dry eyes can contribute to or exacerbate blepharitis. To check if this is a factor in your case, I may measure the volume and quality of your tear film using a simple, painless test."
- **Ophthalmic Imaging:** "In some cases, particularly if there's a concern about potential damage to the cornea, we may need to capture images of your eye using specialized equipment. This is a non-invasive procedure that can provide a wealth of information about the eye's structure and health."

## MANAGEMENT PLAN

- First-line: Lid hygiene measures, warm compresses
- Second-line: Topical antibiotics (if bacterial overgrowth suspected) or steroid eye drops (for severe inflammation)
- Third-line: Oral antibiotics (for rosacea-associated blepharitis) or referral to an ophthalmologist for further management

### **Management in the Community & Key Principles Before Discharge (2 points)**

- Regular follow-ups with a primary care doctor or ophthalmologist to monitor response to treatment
- Education about lid hygiene measures and potential triggers to avoid
- Explanation of diagnosis, treatment plan, and prognosis to patient
- Safety netting advice: when to seek urgent medical attention (e.g., worsening redness or swelling, vision changes, severe pain)
- Arrangement for follow-up: when and with whom

## MANAGEMENT PLAN

- "The mainstay of managing blepharitis involves maintaining good eyelid hygiene and applying warm compresses to the eyes. If these measures don't provide sufficient relief, we may consider additional treatments. These could include topical antibiotics if bacterial overgrowth is suspected, or steroid eye drops to control severe inflammation. For rosacea-associated blepharitis, oral antibiotics may be necessary. If the condition continues to be unresponsive or severe, referral to an ophthalmologist for more specialized management might be required."

## COMMUNITY MANAGEMENT

- "Living with blepharitis means adapting some of your daily routines. This includes learning how to effectively clean your eyelids and understanding potential triggers to avoid. Regular follow-ups with your primary care doctor or an ophthalmologist are also crucial to monitor your condition and adjust your treatment as necessary."
- Key Principles Before Discharge and Safety Netting: "As we conclude this visit, I'd like to summarize our discussion. You've been diagnosed with blepharitis, an inflammation of the eyelids, and we've put together a management plan involving good eyelid hygiene and possibly some additional treatments. It's very important that you return or seek urgent medical attention if you experience worsening redness or swelling, any changes in your vision, or severe eye pain."

## ADVICE TO GUARDIANS/RELATIVES

### Explanation of Condition

- Explanation of blepharitis, its causes, and its potential impact on daily life
- Explanation of treatment options and the importance of lid hygiene

### Advice to Guardians

- Supporting the patient in managing their condition, including helping with lid hygiene measures
- Monitoring for potential complications or signs of worsening condition

### Useful Resources (2 points)

- Providing reliable online resources or local support groups for patients with chronic eye conditions

## ADVICE TO GUARDIANS/RELATIVES

- Explanation to Relatives: "With your permission, I would like to involve your family or close friends in understanding your condition and its management. Having their support can be very helpful in maintaining the necessary daily care routines for managing blepharitis."
- Advice to Guardians: "For family members or caregivers, it's important to assist the patient in managing their condition. This includes helping them with eyelid hygiene measures, reminding them to avoid potential triggers, and observing for potential complications or signs of worsening condition."
- Providing Resources: "There are reliable resources available online where you can find more information and support regarding chronic eye conditions like blepharitis. I can recommend a few that you might find helpful."

# COMPLICATIONS OF TREATMENT

## MOA of Therapies

- Explanation of how the recommended medications work (e.g., antibiotics to treat bacterial overgrowth, steroids to reduce inflammation)

## Basic Overview of Surgical Therapies:

- Not typically applicable for this condition, but if a procedure like eyelid scrubs or gland expression is recommended, then explain what it involves and how it can help

## Complications of Medication and Surgical Therapy: Adverse reactions to medications.

- Potential side effects of medications (e.g., stinging with eye drops, systemic side effects with oral antibiotics)
- Risks and potential complications of any recommended surgical procedures

## COMPLICATIONS OF TREATMENT

- "While the medications we use for managing blepharitis are generally safe, it's essential to be aware of potential side effects. For instance, you might feel a stinging sensation when applying eye drops, or experience systemic side effects with oral antibiotics. Please report any new or worsening symptoms promptly."



## FOLLOW UP

- Follow-up in 2-4 weeks to assess response to treatment, with further follow-ups as needed based on the chronicity of the condition

## FOLLOW UP

- "Given the nature of blepharitis, I recommend arranging a follow-up appointment in 2-4 weeks to assess your response to treatment. Further follow-ups might be necessary depending on your condition's chronicity. This will ensure that we can monitor your progress and adjust the treatment as needed."

## **SEVERITY SYSTEMS**

- Blepharitis Symptom Scale or Ocular Surface Disease Index can be used to objectively measure symptoms and their impact on quality of life

## NEVER MISS

- Proper eye examination, including eyelid margins and cornea
- Thorough history, including previous eye conditions and medications
- Correctly identifying the type of blepharitis and potential triggers
- Offering proper first-line treatment, including lid hygiene measures
- Providing appropriate safety netting advice

## TOP 1% QUESTIONS

1. How does rosacea contribute to blepharitis?
2. What is the role of Demodex mites in blepharitis?
3. How do you differentiate between anterior and posterior blepharitis?
4. What are the potential ocular side effects of systemic medications commonly used for blepharitis (e.g., doxycycline)?
5. How does blepharitis contribute to dry eye syndrome?

## SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

## KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

# MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?







# LET'S DISCUSS

# WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



# QUESTIONS?



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