LETTERS

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Screening for glaucoma in general practice

Sir,

Chronic simple glaucoma has several of the characteristics required of a good subject for a screening programme.[1] I report the results of opportunistic measurement of intraocular pressure using a Perkins hand-held tonometer and assessment of optic nerve cup:disc ratio in those over 40 years of age attending general practice surgeries.

During the study, which took place during 40 surgeries in 1989, 138 patients aged over 40 years old were seen. Six patients (4.3%) had a raised intraocular pressure (>21 mmHg) but in half of these the pressure settled after review; a further three (2.2%) had disc cupping suggestive of glaucoma (ratio >0.6).[2] All patients identified by screening were aged over 52 years. Two patients were already known to suffer glaucoma and both were identified by the examination; a further patient was blind from another cause. Thus three patients were identified who were not known to be at increased risk of developing glaucoma.

Screening for glaucoma in this way involves costs for the general practitioner, the health service and the patient. The total time spent on examination was about seven hours, and the cost of drops and batteries about £65 (the one-off cost of the tonometer and ophthalmoscope, approximately £450, is excluded). There is a 10% chance of an individual with ocular hypertension developing glaucoma in the long term.[3] Detecting one new case of glaucoma therefore costs about £200 plus 20 doctor hours.

I calculate that in a practice of 2000 patients, one health promotion session lasting one hour per month would screen all the over 40 year olds in five years. The income generated would cover costs, but since the task could not be delegated to other practice staff there could be a lost opportunity to do more remunerative work. Additional training for the general practitioner would be required in most cases.

In this study between three and nine patients (2–6% of the population aged over 40 years) could have been referred for further evaluation, which would require a massive expansion of hospital services. However, the hospital eye service is already over-subscribed and screening, say, only the over-50 year olds would reduce the workload on general practitioners but not that on the hospital services. Alternatively, screening could be restricted to those with other risk factors for glaucoma, for example family history,[4] diabetes or myopias,[5] thus reducing the numbers referred.

In conclusion, screening for glaucoma in general practice by tonometry and fundoscopy is feasible and useful, and deserves further consideration. However it would require further training, and initial financial outlay and opportunity-cost on the part of the general practitioner. Perhaps more importantly, however, it would necessitate the provision of adequate referral facilities.

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Hearing aid prescription in general practice

Sir,

We have been concerned by the prevalence of hearing loss among elderly patients and the small proportion of these patients who are able to receive benefit from hearing aids. Some change to the present system for providing hearing aids seems necessary and a role for general practitioners has been suggested.

Using a questionnaire we surveyed the views of 91 practitioners in one North of England city about whether they thought hearing aids should be prescribed from general practice and by whom, and whether additional resources and training would be needed if the responsibility for hearing aid prescription for the elderly were placed upon general practitioners. The full study will be published elsewhere but readers may be interested in the following findings.

Sixty three doctors replied and 45 (71%) considered that hearing aids could be prescribed from general practice. Asked who should carry out this task, 19 doctors (39%) considered that this could be the role of the general practitioner, 29 (64%) a dispenser of hearing aids, eight (18%) the practice nurse, 11 (24%) a hearing aid technician and one doctor was in favour of some other unspecified person (more than one person could be selected). Over half the doctors (28/45, 62%) thought that hearing aid prescription could be managed within their current practice system. Twenty doctors indicated what extra facilities would be needed: 10 (50%) would need a technician, nine (45%) a dispenser, one (5%) a secretary/receptionist, four (20%) thought that other staff (unspecified) would be necessary. Two (10%) said that alterations would be needed to their premises. Enquiries elicited the information that 11 had sound treated rooms, 31 definitely did not and three doctors were unsure. Thirteen out of 44 doctors had audiometers. Asked whether they would have the time to