

## How can you encourage medicines optimisation to improve eye health?

In this article, **Hayley Berry** complements the information in the medicines optimisation briefing on eye health.

*These briefings have been developed for pharmacists and pharmacy teams working in England and Wales.*

Medicines optimisation is all about supporting patients so that they get the best possible outcomes from their medicines. It means using effective consultation skills (see: [www.consultationskillsforpharmacy.com](http://www.consultationskillsforpharmacy.com)) in talking and engaging with individuals to understand their beliefs and concerns about their medicines and what they would like their medicine to achieve. It also involves ensuring that the medicine chosen for the patient is clinically appropriate, safe, effective and will help them to achieve their goals. It is about supporting the patient to continue to use their medicines in a way that fits with their lifestyle.

The medicines optimisation briefings we have produced are for pharmacy professionals working in all sectors of healthcare. We believe that, as experts in medicines and their use, pharmacy professionals are well placed to support patients to get the best outcomes from their medicines.

### Eye health

The briefing distributed with this issue of *The Pharmaceutical Journal* focuses on how pharmacy professionals can work with patients to improve eye health. This is one of a series of briefings that complement and build on each other. The content is not intended to be exhaustive; the aim is to improve your understanding and approach to eye health.

### Supporting people with eye medicines in community pharmacies

Here are some ideas for how pharmacy teams can help patients with eye conditions to support medicines optimisation, in addition to those in the briefing. As you will see even if you do not specialise in this topic there are still plenty of opportunities to make a difference.

- Ensure that there is no therapeutic duplication of drugs in eye drops, with combination preparations and single medicine drops; for example, at the time of writing there are five combination preparations containing timolol, two containing brimonidine and two containing carbonic anhydrase inhibitors.
- Advise the patient to list their eye medicines on admission to hospital and take them with them to ensure that treatment continues if admitted.
- Check the patient medication record (PMR) for comorbidities. Sometimes a long-term eye condition is secondary to drug use, for example, dry eyes due to anticholinergic use, or another illness, for example, if diabetes is not managed properly it can lead to loss of sight.
- Review the PMR to check if patients are collecting their eye medicines at the correct intervals as this could highlight patients who would benefit from a review of how to use their eye medicines.
- Ensure the patient and their carer are aware of the correct administration process for eye drops, and advise on the importance of washing their hands before and after use. Punctal occlusion is the term used for pressing gently on the inner corner of the eyelid for three minutes, which will help stop the solution draining into the nose and throat and reduce the systemic absorption of the eye medicine.
- Be confident in discussing the correct administration technique and ensure that you check the patient's understanding of this each time they collect eye medicines. Don't assume that someone else has already discussed this with the patient.

- Ensure that eye drops are included in medicines use review (MUR) consultations and think holistically about the patient as their eye condition may be linked to other health problems.
- Familiarise yourself with the preservative-free versions of drops and know where to source them from if presented with a prescription.
- Consider developing your own checklist relating to eye medicines to ensure that you give the best advice to all patients.
- Ensure that the patient understands the duration of their eye treatment, and if it is for long-term treatment work with them to establish administration of their drops as part of their normal daily routine.
- As a pharmacy professional you should be able to give the following advice:
  - the dose of eye preparations
  - either one drop or 1 cm of eye ointment
  - administer the drops/ointment on the side of the eye nearest the ear by pulling down the lower lid to form a sac
  - punctal occlusion
  - the frequency of administration
  - timing (for example, some eye drops are administered in the morning, others at bedtime)
  - the order of use: gels/ointments should be administered after aqueous solutions with an interval of at least five minutes between preparations.
- Be aware of the variety of administration aids for eye drops and be confident when advising patients about which dropper bottles fit into specific aids.
- Encourage patients to have regular eye examinations.
- Be aware of the role of eye tests in preventing eye disease and encourage your patients to have regular tests. Optometrists recommend most people should have their eyes tested every two years; however, in some circumstances this could be more frequent, for example, in children, those with diabetes, those over 70 years old or those over 40 years old with a family history of glaucoma. Some people are entitled to free NHS eye tests.
- Familiarise yourself with common eye conditions, including glaucoma, dry eye, age-related macular degeneration and cataracts so that you can understand their treatment and are confident when answering patients' questions.
- Be aware of the need to inform the Driver and Vehicle Licensing Agency (DVLA) about eye conditions and advise patients that by not following the correct process they could be breaking the law and invalidating their insurance.
- Participate in and publicise eye health awareness campaigns such as Glaucoma Awareness Week in June and National Eye Health Week in September.
- Stock a range of leaflets on eye health or be able to signpost to resources effectively.
- When selling over-the-counter (OTC) products for suspected eye infection, for example, propamidine isetionate or chloramphenicol eye drops, advise the patient to avoid using eye make-up and contact lenses until the infection has cleared.
- Be aware of the different types of contact lenses and the various contact lens care products available so that you can respond to patient queries appropriately.
- Always ask if people wear contact lenses when they request OTC treatment for possible eye infections. Encourage them to see an optician so that the eye can be checked for physical damage or potential infection due to incorrect cleaning techniques.

## Lifestyle messages

It is important to be aware of lifestyle advice relating to eye health. Here are some of the main messages:

- Eating a healthy, balanced diet including oily fish and green leafy vegetables is important for good eye health. Eating plenty of vegetables and fruit will benefit people's overall health and may help protect against some conditions such as cataracts and age-related macular degeneration.
- Strong sunlight can damage people's eyes and may increase the risk of cataracts so advise people to wear peaked caps and/or sunglasses with a UV filter.
- Offer advice on smoking cessation, as in addition to the other significant health benefits, stopping smoking will reduce the risk of conditions such as cataracts and age-related macular degeneration.
- Encourage people to maintain a healthy weight and exercise regularly.

## Signposting patients

There are many websites containing useful information for people with eye conditions. Tailor the advice and signposting to the individual and their circumstances. Here are some useful websites you may want to signpost people to:

- [Blind Children UK](#)
- [DVLA website](#) and specifically [Driving with a disability or a health condition](#)
- [Eyecare Trust](#)
- [Guide Dogs](#)
- [International Glaucoma Association](#) (includes guides on drop administration and dispensing aids, and posters for Glaucoma Awareness Week are available free of charge. There is also a [shop stocking administration aids and magnifiers](#) that would be useful for patients.)
- [Macular Society](#) (leaflets are available from this site)
- [NHS Choices](#)
- [Sense](#)
- [SeeAbility](#)
- [Thomas Pocklington Trust](#)
- [RP Fighting Blindness](#) (leaflets are available to download from this website)
- [Royal National Institute of Blind People](#)
- [Vision 2020](#) (this includes useful links to patient support groups)
- [Vision Matters](#) (this website mainly promotes National Eye Health Week)

## Support groups

There are several national support groups for various eye conditions which are highlighted in the briefing and on the list above. It is important to keep their contact details to hand and have leaflets on display so that you feel confident when referring your patients.

## Signposting pharmacy professionals

- Familiarise yourself with the [National Institute for Health and Care Excellence \(NICE\) guidance](#) relating to eye health: NICE clinical guideline 85: *Glaucoma: diagnosis and management*.
- [UK Ophthalmic Pharmacy Group](#)
- [College of Optometrists](#)
- [Clinical management guidelines](#)
- [Royal College of Ophthalmologists](#)
- [Ash factsheet on smoking and eye disease](#)
- Centre for Pharmacy Postgraduate Education (CPPE)
  - [Pharmaceutical care of the eye programme](#)
  - [Consultation skills for pharmacy professionals](#): taking a patient-centred approach

### Case study

Linda Smith, a 36-year-old lady, presents at the pharmacy. She tells you she has been experiencing grittiness and burning in both of her eyes. On examination both eyes appear red and irritated. The symptoms started the previous morning and she thinks they are getting worse. Linda is not taking any other medicines, does not wear contact lenses, has not tried any treatment yet and her eyes were stuck together this morning. Her vision has been slightly blurred but this clears on blinking and she has no photophobia. She is worried about what this could be as she has not had any problems with her eyes previously but she did notice that her friend had a sore eye when they met up last week.

You recommend chloramphenicol eye drops for Linda as you believe that she has bacterial conjunctivitis. You advise her to use one drop every two hours for the first 48 hours while she is awake, then every four hours for the remainder of the five-day course. You also advise her that if symptoms don't improve within 48 hours she needs to see her GP. You emphasise the importance of not sharing towels or pillows to avoid spreading the infection to others. Linda has not used eye drops before so she is uncertain of how to make sure they stay inside her eye. So you sit her down and show her how to administer the drops. You ask her to come back to the pharmacy with any questions and advise her to store the drops in the fridge and complete the five-day course.

### Case study

Emily Bennett, a 65-year-old lady with asthma, requests an emergency supply of a salbutamol inhaler as she has run out and cannot get an appointment to see her GP. You notice from her PMR that she last received a salbutamol inhaler two weeks ago. During the consultation, Emily tells you that she has needed to use her salbutamol inhaler more often over the last few weeks but she doesn't know why. She cannot recall any specific environmental reason and she has not had a cold, but she explains that she went to see a consultant about her glaucoma recently and received some different eye drops which she collected from a pharmacy near the hospital. She cannot remember the name of them so you ask her to phone you when she gets home.

Later that day, Emily phones you to let you know the drops are timolol. You explain to her that these drops may be the reason she has needed to use her inhaler more than usual but that there are several alternatives you will discuss with her GP. You phone Emily's GP and inform him of the situation, advising that beta-blockers, even topically, may cause bronchospasm, and he agrees to prescribe an alternative. You phone Emily to let her know that her new eye drops are ready to collect and ask her to bring the other drops back for safe disposal. You discuss the dose for the new eye drops with her and offer some information about her glaucoma. You explain that it is essential that she continues using the drops and has regular check-ups. You also explain to Emily that devices are available to help her administer her eye drops if she is struggling.

**Hayley Berry** is regional manager East of England at the Centre for Pharmacy Postgraduate Education.

**Correspondence to:** Heidi Wright (email: [heidi.wright@rpharms.com](mailto:heidi.wright@rpharms.com))

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