

# WORLD COUNCIL OF OPTOMETRY POSITION PAPER

## The Sight Test: Refraction and Examinations of the Eye for the Purpose of Detecting Injury, Disease or Abnormality: The Public Health Case

Early detection of disease and abnormalities that can only be detected through a comprehensive eye examination that includes an ocular health assessment is essential for public health as late detection increases the likelihood that irreversible damage will have occurred<sup>1</sup>.

The World Council of Optometry believes that refraction should not be offered as a 'stand-alone' service even in areas where there are high levels of sight loss through refractive error. The optometric workforce needs to be developed globally, allowing scarce and more expensive ophthalmology resources to be directed at areas where medical intervention is necessary.

Patients who have a 'refraction only' service may assume their eyes have been examined to see if they are healthy. A comprehensive eye examination also includes an assessment of how both eyes work together and a full eye health assessment, as well as refraction. In addition to examining the health of the eyes, this assessment may identify other health issues that include, but are not limited to, injuries, certain neurological disorders, high blood pressure and diabetes.

There is evidence that signs of treatable retinal and posterior pole eye disease are more likely to be detected during procedures conducted as part of a comprehensive eye examination.<sup>2,3,4,5</sup> While some of these diseases may be accompanied by symptoms of visual loss or disturbance others may be symptomless<sup>3,6,6</sup>. It has been suggested that glaucoma detection could be improved by increasing the general population's participation in eye examinations<sup>7</sup>.

Eye health is too important to take any unnecessary risks. The World Council of Optometry believes that safeguards to prevent stand alone refraction would serve patients well and reduce the economic cost of avoidable blindness to individual patients, as well as to society.

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<sup>1</sup> Sinclair A, Hinds A, Sanders R Ten years of glaucoma blindness in Fife 1990-99 and the implications for ophthalmology, optometry and rehabilitation services *Ophthalmic Physiol Optics* 2004

<sup>2</sup> Harrison RJ, Wild JM, Hobley AJ. Referral patterns to an ophthalmic outpatient clinic by general practitioners and ophthalmic opticians and the role of these professionals in screening for ocular disease. *BMJ*. 1988 Nov 5;297(6657):1162-7.

<sup>3</sup> Pierscionek TJ, Moore JE, Pierscionek BK Referrals to ophthalmology: optometric and general practice comparison. *Ophthalmic Physiol Opt*. 2009 Jan;29(1):32-40.

<sup>4</sup> Port MJA. Referrals and notifications by optometrists within the UK: 1988 survey *Ophthalmic Physiol Opt* 1989;9:31-35

<sup>5</sup> Hobley AJ, Woodward EG, Port MJ. Retrospective study of optometric referrals. *Ophthalmic Physiol Opt*. 1992 Oct;12(4):395-9.

<sup>6</sup> Sommer A, Katz J, Quigley HA, Miller NR, Robin AL, Richter RC, Witt KA. Clinically detectable nerve fiber atrophy precedes the onset of glaucomatous field loss. *Arch Ophthalmol* 109:77-83, 1991

<sup>7</sup> Burr JM, Mowatt G, Hernández R, Siddiqui MA, Cook J, Lourenco T, Ramsay C, Vale L, Fraser C, Azuara-Blanco A, Deeks J, Cairns J, Wormald R, McPherson, S, Rabindranath K, Grant A. The clinical effectiveness and cost-effectiveness of screening for open angle glaucoma: a systematic review and economic evaluation. *Health Technol Assess*. 2007 Oct;11(41):iii-iv, ix-x, 1-190.