David Bradley

David Bradley’s 15-year contribution to improving the eye health of Aboriginal and Torres Strait Islander communities started in Alice Springs.

‘In the early days, the focus was very much on treating conditions such as trachoma and cataracts, while now the prevailing issues relate to diabetic eye disease and hypertensive retinopathy,’ he said.

Mr Bradley, a Brisbane optometrist who is a director of Optometry Queensland/Indigenous and remote work features prominently but optometrists were also recognised for behavioural optometry, and their work helping the homeless and people in Bangladesh.

Mr Carozzi said.

‘It can be confronting to meet people in these communities, work he finds extremely rewarding.

These experiences have inspired his research and teaching work at Flinders University School of Health Sciences associate lecturer, Ben Hamlyn, has spent much of the past four years visiting and providing eye care and treatment to remote communities in South Australia, the Northern Territory and Papua New Guinea.

‘After graduating I became involved in optometrist outreach services in the Northern Territory through the Fred Hollows Foundation and worked in about 25 communities,’ he said.

Since then he has continued to provide support to local health authorities in remote communities, work he finds extremely rewarding.

Mr Hamlyn has been working on developing a retinopathy screening program for remote areas and hopes a screening

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Check every Indigenous patient for trichiasis

OPTOMETRISTS should check all Indigenous patients for trichiasis, according to a health promotion officer from the University of Melbourne’s Indigenous Eye Health Unit.

Professor Robert Merrington said it was important for optometrists to ask all Indigenous patients if they have ever lived in remote and dusty areas. She said that Indigenous people up to the early 1970s who had trachoma as a child might present to an optometrist in later stages of the disease, with trichiasis.

“They may have been born or lived in a desert environment in remote, dusty outback areas but they could have since moved all over Australia and be living in urban or regional areas now,” she said.

“Optometrists could simply ask: ‘Have you ever lived remotely or in the outback?’ and use clinical examination to look for scarring under the eyelids, contracture of the lid margins, corneal opacification and eyelashes contacting the cornea.’

“We are encouraging eye check-ups to be a part of Aboriginal health exams and appropriate referral when eye problems are identified. To identify trachoma you need to think of it, then use good illumination to see the dark lashes against the dark irides and good illumination to see the dark irides. You need to think of it, then use your thumb to pull the lid away from the lashes against the dark irides and good illumination to see the dark irides.

“Check every Indigenous patient for trichiasis.”

FROM PAGE ONE

Eye Health Heroes tell their story

PM lauds eye care workers

PRIME MINISTER Tony Abbott applauded community members working to prevent avoidable blindness in a pre-recorded video message at a Parliamentary Friends Group dinner organised by Vision 2020 Australia leading into World Sight Day.

The event on 30 September was attended by 35 parliamentarians and government representatives, including Assistant Minister for Health Fiona Nash and Shadow Minister for Health Catherine King, as well as 40 sector representatives.

Optometry Australia president Andrew Harris and CEO Genevieve Quilty met with other members of the Parliamentary Friends Group for informal discussions and networking.

Mr Abbott also recognised the work of Vision 2020 Australia, Dr Barry Jones, and congratulated Amanda Vanstone on her appointment as the new chair.

Ms Vanstone said Australia used the dinner to launch an ‘Eye Health Hero’ theme for World Sight Day, which occurred on 9 October.

Nominated

A nomination nominated nine eye health heroes from around Australia and promoted their work through case study posters at the event.

Through social media, it encouraged Australians to share the cases studies and to nominate their own eye health heroes.

Optometrist Susan Kalff of Optometry Australia for her work to support disabled patients.

Press Club address

Ms Vanstone said that for every decade over the age of 40 years, the prevalence of blindness and vision impairment doubled.

Estimates that by 2020 more than a million Australians will be living with vision loss and 100,000 of those will be blind,” she said.

Optometry Australia hosted two tables at the event and invited representatives from the Department of Health, the Department of Veteran Affairs, the Pharmacy Guild, the Consumer Health Forum and OCA NZ to attend.

Much of the large decrease was due to giving azithromycin to children with trachoma and all people with whom they had had contact, but screening and promotion of the ‘clean faces—strong eyes’ campaign had also contributed markedly.

This included providing food and hand washing facilities at schools, preschool services, clinics and sporting facilities, and hygiene promotion.

Flipping the eyelids and seeing five or more follicles under the lid meant they had trachoma and should receive antibiotics, along with all personal contacts, she said.

Ms Lange said that health promotion in communities must work across settings, sectors and disciplines to eradicate trachoma in the next six years.

‘I think trachoma will be eliminated provided all disciplines keep working together and the ongoing challenge will be hot-spots where it will flare up and local delivery of services and campaigns can be adopted,’ she said.

Currently in some small remote communities, 37 to 40 per cent of children have trachoma, she said.

Ms Lange said that 11,000 children were at risk of trachoma in the Northern Territory, a further 6,000 in Western Australia and 2,500 in South Australia.

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