

Editorial Comments: Nigerian Journal of Ophthalmology, January–April 2023

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Welcome to this edition of the Nigerian Journal of Ophthalmology comprising four original articles and four case reports. The articles present a wide range of interesting topics covering different ophthalmic subspecialties, which we believe will be of interest to our readers.

The first article titled Determinants of Eye Disorders in Patients with Rheumatoid Arthritis (RA) and Systemic Lupus Erythematosus (SLE) by Muhammad *et al.* reviewed 100 patients attending the rheumatology clinic. The authors found eye disorders in 42% of the cases with dry eyes, refractive error, and cataract accounting for 38, 18, and 16% of the disorders, respectively. Significant determinants of eye disorders were patients with longer disease duration, higher disease activity, and older age (in RA only) while gender and drug therapy were insignificant. Their assessment of disease activity using Routine Assessment of Patient Index Data 3 (RAPID3) revealed that patients with moderate to severe disease activity had more eye disorders compared to those with low activity. In view of the common occurrence of eye disorders in these groups of patients, the authors recommended comprehensive eye examination at diagnosis and at regular intervals during follow-ups. Patients with eye complaints should also have a prompt referral to the ophthalmologist for evaluation and treatment.

Aniemeka *et al.* in a retrospective study covering 2017 to 2019 estimated the number, available human resources, and funding of cataract surgeries performed in 40 government-owned hospitals across 30 states including the Federal Capital Territory of Nigeria using an online survey. The importance of this study is that the number of cataract surgeries performed per million population in any country is an indicator of the cataract surgical services and resource availability for health care delivery.^[1] The study found that a total of 70,792 cataract surgeries were performed,

with the North–West geopolitical zone performing 47.7% of the surgeries. State-funded hospitals performed a higher proportion (61.3%) of cataract surgical procedures compared to the federal government–funded institutions (38.7%). Small incision cataract surgery (82.5%) was the predominant cataract surgical technique performed, and lower fees were associated with increased surgical volumes. They highlighted the need to improve existing strategies to increase cataract surgical numbers, increase advocacy for funding for eye care services, and conduct frequent outreaches to underserved communities. Cataract surgical services through community outreach programs have been established to be a major bridge to the gap between eye caregivers and the community.^[2] A major limitation of the study included the incomplete coverage of all institutions in the country, forming a bias against how representative of the national situation their findings are. However, they emphasized the need for further research to provide a comprehensive list of all eye surgical service providers in Nigeria. The need to focus on monitoring cataract surgical outcomes, set audit standards, and look for predictors of poor outcomes to drive quality improvement was also emphasized.

Another interesting article was on the prevalence of low vision and barriers to uptake of low vision services in an adult population of Southwest Nigeria by Okwudishu *et al.* Low vision and low vision services require more attention in Nigeria. The Nigerian National Blindness and Visual

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impairment survey estimates that approximately 800,000 individuals have functional low vision.^[3] The authors' focus was on obtaining data for proper planning of low vision services. Glaucoma was the leading cause (32%) of low vision in the 419 participants, followed by age-related macular degeneration (ARMD) (16%). Functional low vision was strongly associated with older age ($P = 0.019$), and the main barriers to utilization of low vision services were lack of awareness of the services and financial constraints. The authors recommend regular community-based surveys in other parts of the country to aid in proper planning of low vision services in the host communities and the country as a whole. This article draws the attention of all stakeholders to do the needful in addressing this challenge of functional low vision.

Direct health care cost of glaucoma is a cogent and relevant study in our environment where out of pocket forms the bulk of health care financing. This is the focus of the study carried out by Bello *et al.* in a hospital-based cross-sectional study of 150 consecutive glaucoma patients to estimate the direct health care cost of glaucoma in patients. The study was conducted using a structured interviewer-administered questionnaire, which investigated the patients' monthly income, the method of funding glaucoma treatment, and cost of treatment of glaucoma. They found out that majority of the patients (98.6%) were on antiglaucoma medications and 38% on two medications at once. A total of 91.7% of the patients fund their treatment out of pocket, and only 9.3% patients were subscribers of the National Health Insurance Scheme (NIHS). Subscribers of NIHS were only among the skilled and professional. Ironically, the unskilled and unemployed who were not linked to the NIHS were worst hit as they had monthly direct costs above their average monthly income. The study highlights the fact that out-of-pocket payment is not compatible with universal health coverage. They recommend that stakeholders should devise sustainable ways of providing health risk protection to

teeming Nigerians who cannot afford to fund their glaucoma care and other aspects of health care out of pocket.

There are four different case reports on some novel observations to sensitize ophthalmic practitioners to the possibility of these unusual case presentations. The first reported three cases of ocular surface squamous neoplasia treated with 5-fluorouracil drops with good outcome. From the Republic of Niger, a case series on Retinal Degenerative Disease (Retinitis Pigmentosa) Associated with Nonocular Abnormalities equally presents a detailed and good read. All patients are children from first-degree consanguineous marriages with no history of blindness or eye disease in each family. This case series demonstrates the variability of systemic associations with RP and its occurrence in consanguineous marriages. The third case report was Ocular Hypotony Causing Choroidal Detachment Following Scleral Fixation of Intraocular Lens and the last on Glaucomatocyclitic Crisis in a Nigerian Child. It is hoped that perusing these case reports will spur larger and more rigorous research studies on these cases.

The readers are encouraged to explore these articles in the current edition of the Nigerian Journal of Ophthalmology. I would like to thank our contributing authors, reviewers, and our dedicated editorial staff across the world.

REFERENCES

1. Wang W, Yan W, Fotis K, *et al.* Cataract surgical rate and socioeconomics: a global study. *Invest Ophthalmol Vis Sci* 2016; 57: 5872–81.
2. Olokoba L, Mahmoud O, Adepoju F, Olokoba A, Durowade K. Evaluation of the community cataract surgical services of a university teaching hospital using cataract surgical coverage in Nigeria. *Ethiop J Health Sci* 2016; 26: 109–16.
3. Entekume G, Patel J, Sivasubramaniam S, *et al.* Prevalence, causes, and risk factors for functional low vision in Nigeria: results from the national survey of blindness and visual impairment. *Invest Ophthalmol Vis Sci* 2011; 52: 6714–9.