

Contact Lens Update

CLINICAL INSIGHTS BASED IN CURRENT RESEARCH

The significance of eyelid conditions for patients

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Balancing the substantial cost of practice overheads with the time it takes to explain a diagnosis and its management to a patient is a tricky juggling act. On one side, your time is money: get the patients in, examine and diagnose them, send them home with a prescription or instructions for home treatment; on the other side, the eye care field's increasing understanding of ocular physiology, dysfunction and the drive to share what we know with patients.

An issue that's not unique to the field of eye care

The extent to which health care professionals communicate with their patients is a hot topic amongst other health-related fields too, with a wide body of literature around concepts such as "patient empowerment"^{1, 2} and "patient-centeredness."^{3, 4} Studies in these areas report that patients want more information about their conditions than health care professionals think.⁵⁻¹¹ Topics of interest identified by patients include the causes, consequences and prevalence of conditions,⁸ what medications are meant to do^{5, 6} as well as their side effects,^{5, 6, 10} and the ways in which one might need to adapt one's lifestyle during treatment.⁵⁻⁷ Could it be that health professionals underestimate patients' desire for – and ability to cope with – information?⁸

Concerns about non-compliance¹²⁻¹⁹ have grown in the eye care field in recent years, but what is the solution? While some research has suggested that providing patients with more information makes no difference or has negative effects on patient education,²⁰⁻²² and other research has explored the role of patients' communication style and literacy, personal characteristics and demographics when it comes to receiving information²³⁻²⁶ Holmstrom¹ and others^{27,28} have suggested that patients who are active in understanding their condition will manage self-care more effectively. Positive results have been reported in the fields of hypertension,^{11, 29} cancer,^{30, 31} diabetes,³² oral health,²⁶ hormone replacement therapy³³ and eczema³⁴ among others. Edwards et al.⁸ reported that participants with a variety of health conditions were better able to understand how to manage their condition if they understood it, in addition to the ways in which their medications and treatments work.

Communicating with patients about eyelid conditions

The 2011 release of the Tear Film and Ocular Surface Society's report on meibomian gland dysfunction (MGD) has provided inspiration for a focus on eyelid conditions, some of which we have focused on in this and other editions of Contact Lens Update.

- New techniques and technology help us visualize and treat MGD
- How MGD affects contact lens wear
- Demodex is more prevalent than we thought
- We are getting better at differentiating between Demodex and blepharitis

This is great news for patients, but has it had an impact on the ways in which eye care professionals communicate this information?

Unlike many of the conditions affecting ocular health, conditions associated with the eyelids are a little bit more accessible to the average lay person. While conditions affecting vision often rely on an understanding of fairly advanced concepts, patients will have a superficial understanding of topics like “blocked glands”, “crusty eyelids” and even a squeamish response to the thought of parasitic mites living amongst their eyelashes. They might have identified related symptoms and will likely need to play an active role in the management of these conditions.

Given this accessibility in understanding, we’re curious: How do you decide how much information to share with your patients, and what goes into that decision?

Patient handout: meibomian gland dysfunction

As vision science researchers with experience of what happens in clinical practice, we understand that the days of an eye care professional are incredibly busy, and we want to help – by keeping you up-to-date on the latest research and by providing you with the tools to help you communicate some of those details with patients.

We developed our MGD handout (<http://contactlensupdate.com/wordpress/wp-content/uploads/2015/02/ContactLensUpdate.com-Patient-Handout-Meibomian-glands.pdf>) with significant input from the Tear Film & Ocular Surface Society, using its 2011 Report on Meibomian Gland Dysfunction as a guideline and distilling the information into language we believe will speak directly to the average lay person who has been diagnosed with MGD. We designed it to be a reference they can take home with them. It touches on the significance of meibomian glands with respect to maintaining ocular comfort and health, the ways in which these glands might have become problematic, and provides a checklist for busy ECPs to use in outlining the most appropriate home-based treatment.

REFERENCES

1. Holmstrom I, Roing M. The relation between patient-centeredness and patient empowerment: a discussion on concepts. *Patient Educ Couns* 2010;79:167-172.
2. Anderson RM, Funnell MM. Patient empowerment: myths and misconceptions. *Patient Educ Couns* 2010;79:277-282.
3. Saha S, Beach MC. The impact of patient-centered communication on patients' decision making and evaluations of physicians: A randomized study using video vignettes. *Patient Educ Couns* 2011;84:386-392.
4. Zimmermann L, Konrad A, Muller C, Rundel M, Korner M. Patient perspectives of patient-centeredness in medical rehabilitation. *Patient Educ Couns* 2014;96:98-105.
5. Berry D, Gillie T, Banbury S. What do patients want to know: An empirical approach to explanation generation and validation. *Expert Systems with Applications* 1995;8:419-429.
6. Dickinson D, Raynor DK. What information do patients need about medicines? Ask the patients—they may want to know more than you think. *Bmj* 2003;327:861.
7. Berry DC, IR M, T G, M F. What do patients want to know about their medicines, and what do doctors want to tell them? : A comparative study. *Psychology and Health* 1997;12:467-480.
8. Coulter A, Entwistle V, Gilbert D. Sharing decisions with patients: is the information good enough? *Bmj* 1999;318:318-322.
9. Raynor DK, Savage I, Knapp P, Henley J. We are the experts: people with asthma talk about their medicine information needs. *Patient Educ Couns* 2004;53:167-174.
10. Bowden FW, 3rd, Cohen EJ, Arentsen JJ, Laibson PR. Patterns of lens care practices and lens product contamination in contact lens associated microbial keratitis. *CLAO J* 1989;15:49-54.
11. Strull WM, Lo B, Charles G. Do patients want to participate in medical decision making? *Jama* 1984;252:2990-2994.
12. Dumbleton K, Richter D, Woods C, Jones L, Fonn D. Compliance with contact lens replacement in Canada and the United States. *Optometry and vision science : official publication of the American Academy of Optometry* 2010;87:131-139.
13. McMonnies CW. Hand hygiene prior to contact lens handling is problematical. *Contact lens & anterior eye : the journal of the British Contact Lens Association* 2012;35:65-70.
14. Robertson DM, Cavanagh HD. Non-compliance with contact lens wear and care practices: a comparative analysis. *Optometry and vision science : official publication of the American Academy of Optometry* 2011;88:1402-1408.

15. Jansen ME, Chalmers R, Mitchell GL, et al. Characterization of patients who report compliant and non-compliant overnight wear of soft contact lenses. *Contact lens & anterior eye : the journal of the British Contact Lens Association* 2011;34:229-235.
16. Carnt N, Keay L, Willcox M, Evans V, Stapleton F. Higher risk taking propensity of contact lens wearers is associated with less compliance. *Contact lens & anterior eye : the journal of the British Contact Lens Association* 2011;34:202-206.
17. Morgan PB, Efron N, Toshida H, Nichols JJ. An international analysis of contact lens compliance. *Contact lens & anterior eye : the journal of the British Contact Lens Association* 2011;34:223-228.
18. Hickson-Curran S, Chalmers RL, Riley C. Patient attitudes and behavior regarding hygiene and replacement of soft contact lenses and storage cases. *Contact lens & anterior eye : the journal of the British Contact Lens Association* 2011;34:207-215.
19. Jones L, Dumbleton K. Comfort and compliance with frequent replacement soft contact lenses. *Optometry and vision science : official publication of the American Academy of Optometry* 2002;79:259.
20. Lamb G, Heron J, Green S. Can Physicians Warn Patients of Potential Side-Effects without Fear of Causing Those Side-Effects. *Clin Res* 1991;39:A627-A627.
21. Myers ED, Calvert EJ. The effect of forewarning on the occurrence of side-effects and discontinuance of medication in patients on amitriptyline. *The British journal of psychiatry : the journal of mental science* 1973;122:461-464.
22. Howland JS, Baker MG, Poe T. Does Patient Education Cause Side-Effects – a Controlled Trial. *J Fam Practice* 1990;31:62-64.
23. Street RL, Jr. Information-giving in medical consultations: the influence of patients' communicative styles and personal characteristics. *Social science & medicine* 1991;32:541-548.
24. Say R, Murtagh M, Thomson R. Patients' preference for involvement in medical decision making: a narrative review. *Patient Educ Couns* 2006;60:102-114.
25. Jordana J, Buchbinder R, Osborne R. Conceptualising health literacy from the patient perspective. *Health Literacy and Communication* 2010;79:36-42.
26. McQuistan MR, Qasim A, Shao C, Straub-Morarend CL, Macek MD. Oral health knowledge among elderly patients. *Journal of the American Dental Association* 2015;146:17-26.
27. Coulter A. Paternalism or partnership? Patients have grown up-and there's no going back. *Bmj* 1999;319:719-720.
28. Dowell J, Hudson H. A qualitative study of medication-taking behaviour in primary care. *Family practice* 1997;14:369-375.
29. England SL, Evans J. Patients Choices and Perceptions after an Invitation to Participate in Treatment Decisions. *Social science & medicine* 1992;34:1217-1225.
30. Bates AK, Morris RJ, Stapleton F, Minassian D, Dart J. 'Sterile' corneal infiltrates in contact lens wearers. *Eye* 1989;3:803-810.
31. Zeguers M, de Haes HC, Zandbelt LC, et al. The information needs of new radiotherapy patients: how to measure? Do they want to know everything? And if not, why? *International journal of radiation oncology, biology, physics* 2012;82:418-424.
32. Kaplan SH, Greenfield S, Ware JE, Jr. Assessing the effects of physician-patient interactions on the outcomes of chronic disease. *Medical care* 1989;27:S110-127.
33. Connelly MT, Ferrari N, Hagen N, Inui TS. Patient-identified needs for hormone replacement therapy counseling: a qualitative study. *Annals of internal medicine* 1999;131:265-268.
34. Thompson DL, Thompson MJ. Knowledge, instruction and behavioural change: building a framework for effective eczema education in clinical practice. *Journal of advanced nursing* 2014;70:2483-2494.