

Smoking Causes Sight Loss

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On behalf of Smoking and Eye Health steering group
members –Gerry Bleakney, David Tumilty, Margaret
McMullan and Raymond Curran

Aim

To use optometrists to educate patients and clients about the risks of smoking and provide brief intervention advice to promote eye health, prevent sight loss and reduce the burden of eye disease.

DEP Objective 1: Organisations will collaborate with other organisations to deliver on the aims set out in '*Fit and Well-Changing Lives (2012-2022)*' and other related strategies, in order to contribute to the promotion of good eye health and prevent eye disease.

DEVELOPING EYECARE PARTNERSHIPS

Improving the Commissioning and Provision of
Eyecare Services in Northern Ireland



October 2012

Issues

- Brief interventions for smoking cessation highly cost effective
- Recommended by NICE and professional bodies
- Poor population awareness of the links between smoking and sight loss
- Smoking prevalence 22% (320,000 people)
- UK ophthalmology services under severe pressure (10% of all outpatients)
- Expensive treatments
- Fear of blindness as potential motivating factor to modify behaviour
- Tobacco Strategy for Northern Ireland

Smoking and sight loss

Age related macular degeneration –X4

Cataract

Diabetic retinopathy

Thyroid eye disease

Stopping smoking can halt or reverse damage eye damage

Subgroup

- Task group 5 Promotion of Eye Health (Developing Eyecare Partnerships Implementation)
- Public Health Agency Tobacco Team
- Optometry HSCB



Methods

- Free educational session offered to optometrists
- 2 hour Session—smoking and sight loss, and brief intervention training
- Professional accreditation obtained
- 9 optometrists attended training
- Evaluation surveys post event, repeated at 3 months

THE IRISH TIMES

Thu, May 12, 201

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Ireland > Irish News | State Papers

Delays continue at Irish airports after heavy fog in UK

British Met Office issues another fog warning for Monday night, Tuesday morning

© Mon, Nov 2, 2015, 07:25 | Updated: Mon, Nov 2, 2015, 15:35

Aoife Carr



A British Airways plane on the ground at Heathrow Airport Terminal 5, as dozens of flights have been cancelled at the airport due to thick fog. Photograph: PA

Passengers intending to fly to UK airports are continuing to experience delays



Public Health Agency

Improving Your Health and Wellbeing

Results

- Training evaluation surveys
 - Immediately post event
 - 3 months post event
- Impact evaluated against learning objectives on communication, professional conduct, ocular disease
- Training was helpful
- Provided skills, confidence and need to deliver BIT
- Patients and clients unaware of links between smoking and sight loss
- Costs were minimal

Q1 Do you feel the Brief Intervention Training has allowed you to: Identify patients that smoke and ask about their smoking status?

Answered: 7 Skipped: 0



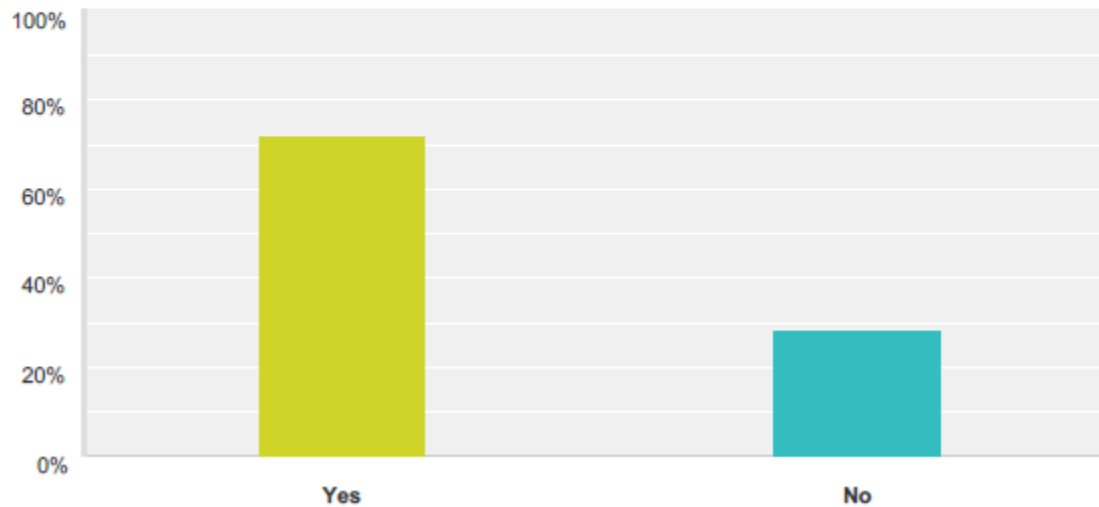
Q2 Do you feel the Brief Intervention Training has allowed you to: Raise awareness with patients regarding smoking and visual welfare?

Answered: 7 Skipped: 0



Q5 Have you offered brief opportunistic advice to any patients since the training?

Answered: 7 Skipped: 0



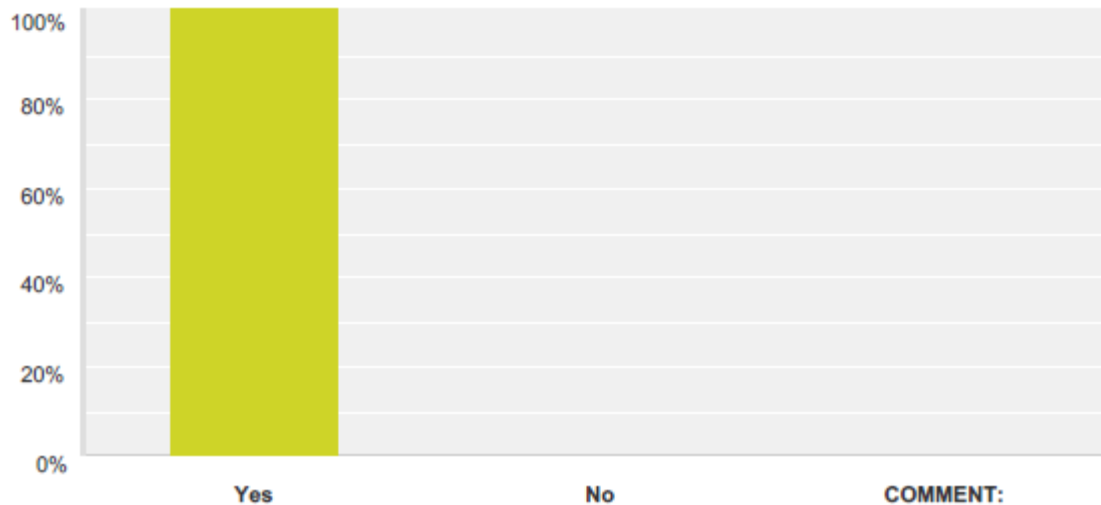
Q10 Has the training allowed you to respond to patients respectfully in offering advice and guidance in relation to the patients readiness to quit, whether it is a referral to a stop smoking service or an offer of support when the patient is ready to discuss their smoking status further?

Answered: 6 Skipped: 1



Q11 Has the training allowed you to respond to patients respectfully in linking brief opportunistic advice to patients that smoke with ocular disease?

Answered: 6 Skipped: 1



Q16 Do you feel that the brief intervention training has contributed towards your eye care provision?

Answered: 7 Skipped: 0



Optometrist A.....

“ I really feel the brief smoking cessation session was highly beneficial. It allowed me to enhance my knowledge of effects of smoking and the eye but most importantly how to signpost patients willing to stop to appropriate services. Before the session I had only asked Macular patients about their smoking status but now I ask all patients and advice on risks. I had some awareness of the limited public knowledge of smoking and link with vision. The smoking cessation session allowed me to feel more confident in approaching this subject with patients. Most patients have seemed interested to learn about the impact of smoking on their vision and are receptive to learning more about this link. Personally I feel I am enabling patients to make a more informed decision on their smoking and feel better equipped to help patients looking to stop. For some patients smoking is the only modifiable risk factor for their eye condition and I am happy to be able to help patients on the road to stopping.”

Optometrist B.....

“ I was maybe slightly hesitant to get involved in something that required me to ask a patient about their ‘personal habit’. However, I feel it is important to keep an open mind on new approaches to things and was interested to attend the training. It was delivered in an interesting way, with facts about the content of cigarettes, what makes them addictive, the process & phases that a smoker experiences when confronting an addiction, and how this can be supported. In my opinion, it was well worthwhile attending this session and I would recommend it to colleagues .”

Discussion

Partnership approach, optometrists willing to engage in delivering brief intervention for smoking cessation

Challenges with uptake of training –professional duty, commercial interest, concerns about raising issue, confidence to discuss sensitively

Challenges with tracking patients and measuring outcomes

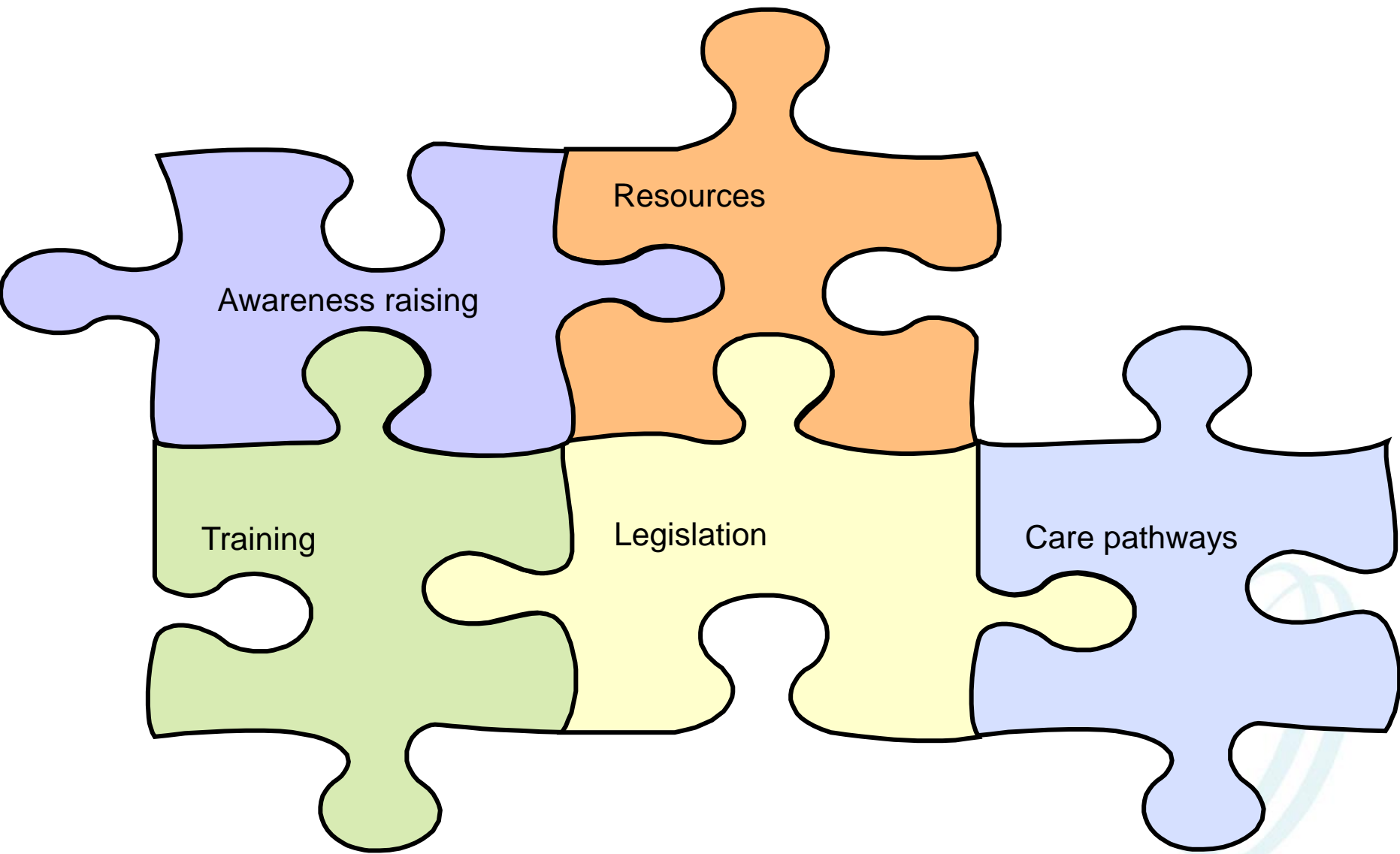
Low cost approach v high costs of providing eyecare (estimated £57 million in 2011/12¹)

1DHSSPS. Developing Eyecare Partnerships. Improving the commissioning and provision of eyecare services. 2012

Training –Next steps

- Discussed at Optometry Training Day
- Further BIT session for optometrists-June 2016
- Sessions for hospital optometrists
- Undergraduate training





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Smoking is harming your vision – stub it out!

Thursday, 9 October 2014 – Health and Social Wellbeing Improvement

Smokers are at significantly greater risk of losing their sight than non-smokers, yet awareness of eye damage from smoking is worryingly low according to the Public Health Agency (PHA).

Fewer than 10% of smokers realise that smoking can affect their eye health. This compares with 92% associating smoking with lung cancer and 88% identifying a link between smoking and the risk of heart disease.

To coincide with World Sight Day on 9 October, the PHA is highlighting the damage that smokers could be doing to their eyes and urging them to stop smoking.

Dr Jackie McCall, Consultant in Public Health at the PHA, said: "Smoking is the single greatest cause of preventable illness, premature death and health inequality throughout Northern Ireland. Not only does smoking increase your risk of developing smoking-related illnesses such as coronary heart disease, stroke and many cancers, but it can significantly increase your risk of sight loss and poor vision.

"Toxic chemicals in tobacco smoke can damage the delicate surface and the internal structure of the eye. It can damage blood vessels inside the eye and interfere with tear production and the health of the cornea. This can lead to an increased risk of many eye conditions including age-related macular degeneration (AMD), nuclear cataracts, thyroid eye disease, dry eye and poor colour vision.

"It is not as simple as saying that by stopping smoking you will see your eye health improve. It's more that if you do choose to smoke, you are seriously adding to the risk that your eyesight could be affected as you grow older and sadly the point at which you will notice the change in your vision is usually after the damage has been done, therefore we are urging smokers to think seriously about their vision and use it as an incentive to give up smoking.

"The sooner you give up, the sooner you will halt the damage being caused to your eyes by smoking."





Cardiovascular (heart and circulatory) disease

of starting to smoke, your heart rate begins to rise and it could increase by as much as 30% within the first 10 g.

ised risk of developing a cardiovascular disease even with very light smoking. The following are examples of disease:

- **Stroke:** the average smoker is twice as likely as a non-smoker to have a heart attack.
- **Coronary heart disease:** ex-smokers have a reduced risk of coronary heart disease compared with current smokers.
- **Arterial disease:** smoking makes you 10 times more likely to develop arterial disease, which causes blockage of the arteries. This can lead to fatal heart attacks, strokes or gangrene of the leg, which often requires amputation.
- **Cardiovascular disease** can damage delicate blood vessels in the eye, leading to sight loss.
- **Stroke:** the risk of a smoker taking a stroke is twice that of a non-smoker.

Eye disease

People who smoke more than double their risk of developing macular disease, which is the most common cause of severe sight loss. With macular disease, damage to light-sensing cells at the back of the eye results in the loss of central vision. Some forms of this disease cannot be treated.

Smoking is also linked to the development of cataracts. Cataracts are a clouding that develops in the lens of the eye. People with cataracts can only see with reduced clarity and the condition will lead to blindness if left untreated.

Respiratory disease

Lung cancer was almost unheard of before the smoking of manufactured cigarettes became popular.

There are approximately 800 lung cancer deaths in Northern Ireland each year.

Of these, it can be estimated that approximately 700 are caused by smoking.

The risk of getting lung cancer is 15 times greater for a smoker than a non-smoker.

The risk of lung cancer accumulates over time and is related to both daily cigarette consumption and duration of smoking.

Chronic obstructive pulmonary disease (COPD)

Legislation-package warnings



Thank you

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PHA

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Margaret McMullan, Optometric Advisor, Integrated Care, HSCB

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Anne O'Brien, smoking cessation specialist, BHSCT

Developing Eyecare Partnerships Task group 5 – Promotion of Eye
Health

Tobacco Strategy Implementation Steering Group (TSISG)