

cause of childhood blindness, accounting for 46.3% in total. Corneal scarring was not a major cause of blindness, accounting for only 12.4% of all cases, but it was found more frequently in children aged 11–16 from provinces other than Ho Chi Minh City.

Rehabilitation services were limited; there was no psychological support or vocational training outside of that provided in the national curriculum.

A survey of disabled schools gives a biased view of the main causes of blindness and, ideally, a population-based survey would need to be done. The fact that ROP is present in a larger proportion of younger children than older children could indicate an increase in this condition over time; this may warrant further investigation. ROP appears to be the most important single cause of childhood blindness in children from Ho Chi Minh City, and it should therefore be a priority for intervention. In addition, more direct support should also be given to blind children in schools for the disabled.

The prevalence of presbyopia and the feasibility of community distribution of near spectacles in adults in Zanzibar, East Africa



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Presbyopia, the age-related inability to focus at near distances, is a relatively neglected field of study, particularly in disadvantaged populations where literacy rates are low. This study aimed to assess the prevalence of presbyopia, its impact on quality of life, and people's willingness to pay for presbyopic correction in Zanzibar, East Africa.

A nationally representative sample of 400 people aged 40–50 years with distance visual acuity $>6/18$ was selected from a RAAB survey being conducted in Zanzibar. Visual function and quality of life questionnaires were administered, followed by clinical assessment by an optometrist. Near visual acuity (defined as the ability to read N8 at 40 cm using a logMar E chart) was assessed with and without distance correction. Participants requiring a simple near addition were given free ready-made spectacles. They were asked about barriers to the uptake of services and their ability and willingness to take part in a community scheme to distribute near vision spectacles.

The overall prevalence of presbyopia was 89.2%. Of those who needed correction, only 17.7% had spectacles. Barriers to accessing services included 'not considered a priority' (33%) and 'lack of money'



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Testing visual acuity. ZANZIBAR

(30.6%). Participants were, on average, prepared to pay US \$2.13 for a pair of spectacles (spectacles distributed during the survey cost US \$2.00) and 79.3% of those asked were willing to participate in the distribution scheme if it were introduced in their village. After adjusting for age, presbyopia, and presenting visual acuity, there was an association between 'having difficulty with near tasks' and living in a rural area, being female, and being illiterate. Lower quality of life scores were associated with being older, being female, living in a rural area, and being illiterate, after adjusting for occupation, presenting visual acuity, and presbyopia.

In conclusion, there is a need to increase the availability of affordable spectacles for near correction in Zanzibar, especially for women and those living in rural areas. Further research is needed to assess the use of and satisfaction with spectacles provided during this study and to measure changes in quality of life and visual function. A large proportion of participants were willing to take part in the distribution scheme (79.3%), which justifies further research into the feasibility of such a scheme.

The characteristics of patients presenting with advanced proliferative diabetic retinopathy in Shanxi Eye Hospital, China



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In Shanxi Eye Hospital, approximately one-third of diabetes patients who come to

the retinal eye clinic are in an advanced stage of diabetic retinopathy (DR), a diabetes complication. They are said to have advanced proliferative DR. In nearly all cases, the vision of patients with advanced proliferative DR could not be restored, even after they had received complex vitreo-retinal surgery.

The aim of this study was to explore the socioeconomic characteristics of patients presenting with advanced proliferative DR and who hadn't yet received laser treatment for proliferative DR. It also explored the barriers to eye care. It is hoped that this study will be a first step in addressing prevention of blindness from advanced proliferative DR in this region.

One hundred and fifty-eight consecutive diabetes patients were recruited from the retinal outpatient clinic of the hospital: all were attending for the first time and had never received laser treatment before. The patients' socioeconomic status was recorded and ophthalmic examinations were performed. Patients presenting with advanced proliferative DR were also invited to either in-depth interviews or focus group discussions to determine barriers to eye care.

Of the 158 patients recruited for this study, 24.7% presented with advanced proliferative DR. Late presentation was significantly associated with education, occupation, health insurance, family size, and presenting complaints. However, the only variable independently associated with late presentation was education. The main reasons were lack of awareness and not having been referred to eye specialists by their physicians.

It is recommended that physicians in Shanxi province be informed about the risks of DR in patients with diabetes. In addition, a hospital-based screening programme among diabetes patients will serve to both identify early-stage DR and educate patients about this complication.