Malaysian Family Physician 2010; Volume 5, Number 2
ISSN: 1985-207X (print), 1985-2274 (electronic)

Online version: http://www.e-mfp.org/

EDITOR'S NOTE

The low frequency of diabetic retinopathy screening in primary care is a perennial problem. The National Health and Morbidity Survey III in 2006 reported that 55% of diabetic patients never had an eye examination, and only 14% had eye screening within the past year.[1] The reasons for this under-performance are many, among them, lack of physician and patient's awareness, inadequate or lack of access to ophthalmologist or fundus photography, and lack of skills in using direct ophthalmoscope.

Does the use of PanOptic ophthalmoscope (an expensive instrument that is said to be easier to use and allow a wider field of view of the retina) able to improve the detection of diabetic retinopathy? An evaluation of PanOptic ophthalmoscopy conducted among family physicians in Delaware, United States, reported that these family physicians could correctly identify 87% of diabetic patients requiring eye referral.[2] In this issue of *MFP*, Tan AK *et al.* evaluated PanOptic ophthalmoscopy and failed to show an improved detection of sight threatening retinopathy when this instrument was compared with direct ophthalmoscopy. Interestingly, they also found PanOptic ophthalmoscope to be more difficult to use than direct ophthalmscope.

Perhaps the lower detection rate of sight threatening retinopathy with PanOptic ophthalmoscope is confounded by the skillful use of direct ophthalmoscope by the study investigators (who are ophthalmologists)?

References

1. Goh PP, Omar MA, Yusoff AF. Diabetic eye screening in Malaysia: findings from the National Health and Morbidity Survey 2006. *Singapore Med J*. 2010;51(8):631-4.
2. Gill JM, Cole DM, Lebowitz HM, *et al.* Accuracy of screening for diabetic retinopathy by family physicians. *Ann Fam Med*. 2004;2(3):218-20.

CL Teng
Chief Editor