

Short Communication
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Myopia in Tanzania-My Approach

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Received: November 02, 2023; **Accepted:** November 07, 2023; **Published:** November 13, 2023

Childhood myopia is now an emerging issue in Tanzania. Today, billions of people around the world are struggling with the condition of myopia. This number is only expected to increase in the future and Africa is no exception. In Tanzania, due to increasing usage of smart phones and Visual Display Units (VDUs) there is an emerging Myopia in children as well as in adults. Data that documents the effects of visual impairment due to refractive error across the country is scant, however. Admittedly there exists a lack of lack of Ophthalmic /Optometry services leading to uncorrected refractive error that is a cause of vision impairment. Increases in life expectancy in Tanzania, and decreases in time spent outdoors, coupled with increased time spent staring at screens each day plays a part as well.

Myopia management is coming to the forefront of in my optometry clinic with the guidelines of AOA (American Optometric Association). In my clinic, I follow a specific process to manage myopia. Always investing in equipment to help me diagnose eye problems. Further, during consultation, the patient's medical history is very important. Family history, time on VDU or Smart devices & general health are also key factors must be considered. When examining the patient routinely and if found with Myopia, I always perform additional tests like Retinal Photography, Intraocular Pressure (IOP) to assess the Fundus and Optic discs. In children I also perform the dilated fundus examinations and cycloplegic refraction. If any of the parents are myopic, seemingly the patient has a heightened risk of myopia onset.

An interesting observation I have determined is that older patients work on the screens significantly show greater refractive error than individuals of a similar age group and may also be at higher risk as well. I sometimes see children with myopia who have visited for the first time, and are not wearing any spectacles - which is very common in our part of the world. To determine the risk of progression in these younger patients who are higher risk for myopia progression, I suggest 6 months interval for eye examination. Myopia treatment can vary though. The patient is also counselled on usage screen time or change the lifestyle with more outdoor activity.

Other factors also play into determining the strategy as well; the risk for progression, the refractive error, and the patient's lifestyle. More so, eye care services are not too developed in Tanzania and in many village eye camps that I have visited over the years I

have observed children with myopia are sometimes wearing the same prescription given to them with drastic changes in Myopia.

As standard practice in my clinics, to choose the best course of action for managing myopia, correcting them with spectacles is the first choice, as Contact Lenses are expensive as well not easily available. Orthokeratology unfortunately has also been difficult here due to non-compliance by patients at times. During the last 40 years in my career, I have seen many young children with Myopia, and I have always advocated for Bifocals and more recently Progressive lenses with a minimum addition to help in reducing strain while reading and slow down the progression, in-line with guidelines from the American Optometric Association on Myopia.

Follow-up after initial consultation is paramount in my clinic with regular visits to assess how well the treatment method is working. For a few contact lenses patients, especially first-time wearer, the patient is informed of handling of lenses. Visits may include updates to the patient's medical history and tests for visual acuity, pupil dilation and IOP. If myopia progression is not slowing, a consultation with an Ophthalmologist is advised as well to determine other issues. In Tanzania fortunately the Optometrists work hand in hand with Ophthalmologists and this is a good trend in cooperation for patient safety.

Our aim has always been to slow down the progression of myopia from young age and there has been very positive feedback by our patients who have started wearing spectacles at young age and visiting us regularly. An interesting case study amongst many that has been inscribed in me is a case of a young boy of 6 years with - 8.00 in both eyes and never having any spectacles. Upon extensive history taking and full eye examination I prescribed Bifocal lenses then with a low addition and advised him upon usage of his eyes with regular eye tests with retinal assessment. He is now 24 years old with hardly any changes occurring in his prescription and initially continued use of Bifocals helped him a lot. He recently had LASIK procedure done, and his vision is good, and he is happy. That is my happiness as well to be part of his journey to have good vision!

With the growing population, especially in younger age groups, there needs to be lot done in Tanzania to combat eye problems and especially in children in Villages where there are no eye services. I only hope we have more NGOS and service minded people to join

hands and assist us in this journey to combat visual impairment and blindness in Tanzania. Indeed, it is gratifying to note that IAPB together with its members successfully championed the first United Nations General Assembly resolution: VISION FOR EVERYONE. We at Vision plus pledge to be in the forefront to support this initiative in July 2023.

Husseinali Dato is an Optometrist in Tanzania and has 5 clinics.

He is an active social worker and pioneer of Village eye camps since 1984.

An active member of local Optometric fraternity and is a Board member of Optometric Council of Tanzania.

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