



SURVEY ON PRESCRIPTION PATTERN OF EYE DISEASES & EYE RELATED DRUGS

**[A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR
THE DEGREE OF BACHELOR OF PHARMACY]**

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APPROVAL

It is a pleasure to certify that, the Project work, “SURVEY ON PRESCRIPTION PATTERN OF EYE DISEASES & EYE RELATED DRUGS”. Submitted by **ID: 141-29-597** to the Department of Pharmacy, Daffodil International University, is the outcome of the investigations which was conducted under my supervision. The dissertation has been prepared under my guidance, approved as its style and contents and has been accepted as satisfactory in partial fulfillment of the requirement for the degree of Bachelor of Pharmacy (Honors). No part of this Project Report has been or is being submitted elsewhere for award of any Degree or Diploma.

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DECLARATION

I hereby declare that, this project report is done by me under the supervision of **AklimaSupti, Lecturer**, Department of Pharmacy, Daffodil International University, positively fulfillment of the requirements for the degree of Bachelor of Pharmacy.

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Dedicated
To
My Beloved Parents

ABSTRACT

Objectives: To know the pattern of Eye problems and creat awareness among Bangladeshi people.

Place of study: IspahaniIslamia Eye Institute & Hospital, Farmgate , Dhaka.

Period of study:From December 25, 2017 to February 16 ,2017.

Sample selection:In this study, a total number of 40 patients were selected .

Result: This was a cross sectional study conducted among 40 patients . Cataract is the commonest Eye problem in Bangladeshi people according to present study. The second most Eye problem is Glucoma. Males and females are equally affected with slight variations in the nature of problems among both genders. This is due to lesser awareness of Eye diseases among the people.

Conclusion:Good sight vision is essential to improve individual overall health & well-being. I urge to take this information & use it for program planning & advocating for the health of patients.

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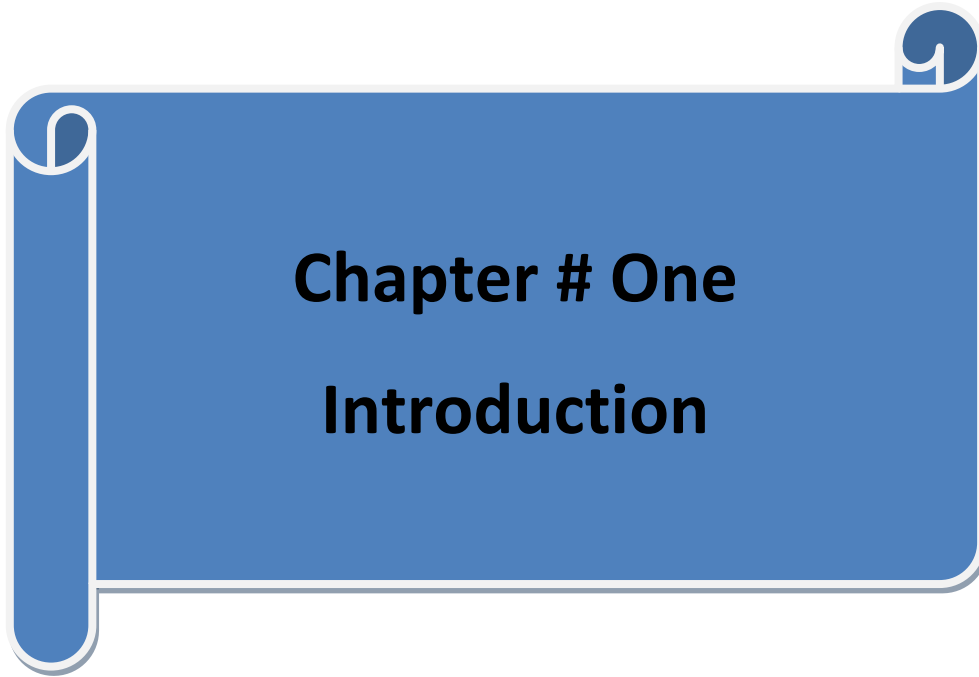
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Chapter # One

Introduction

1.1: Introduction

AN OVERVIEW:

Globally, every 5 seconds one person goes blind and every minute one child goes blind. So, It is the primary advocacy event for Vision 2020: The Right to Sight, a global effort to prevent blindness undertaken by the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB)

In Bangladesh perspective, more than 750,000 people are blind among 30+ population, of which 80% are due to cataract. According to official estimate, approximately 120,000 cataract patients are added every year.

It is a matter of concern that 80% of the visually impaired persons live in rural areas where the treatment facilities are very poor as 90% of the doctors and paramedics are urban-based. The government is working to achieve goals set under Vision 2020. There are separate eye care units in all medical collage hospitals and district level general hospitals. A large number of hospitals in the private and non-government sectors and many international organisations are working to address avoidable blindness in the country and supporting the government in the development of eye care sector.

1.1 : Ophthalmology :

Ophthalmology^[2] is the branch of medicine that deals with the anatomy, physiology and diseases of the eyeball and orbit.^[3] An ophthalmologist is a specialist in medical and surgical eye disease. Ophthalmologists are allowed to medically treat eye disease, implement laser therapy, and perform incisional surgery when warranted.

1.2 Human Eye & its Parts:

The human eye is an organ which reacts to light and pressure. As a sense organ, the mammalian eye allows vision. Human eyes help provide a three dimensional, moving image, normally coloured in daylight.

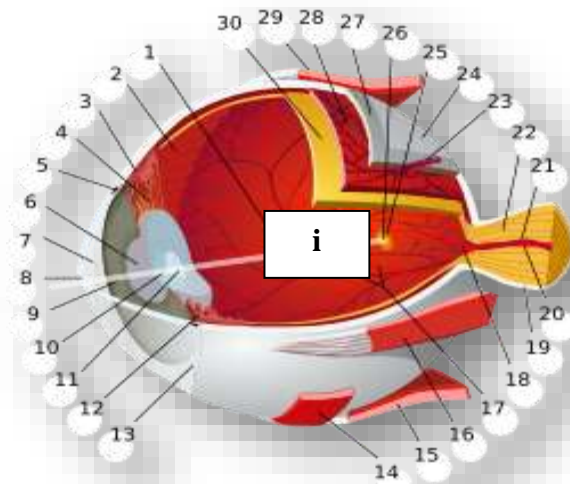


Fig 1.3 :Intersection of human eye & its parts

1. Vitreous body
2. Oraserrata
3. Ciliary muscle
4. Ciliaryzonules
5. Schlemm's canal
6. Pupil
7. Anterior chamber
8. Cornea
9. Iris
10. Iens cortex
11. Iens nucleus
12. Ciliary process
13. Conjunctiva
14. Inferior oblique muscle
15. Inferior rectus muscle
16. Medial rectus muscle
17. Retinal arteries and veins
18. Optic disc

19. Dura mater
20. Central retinal artery
21. Central retinal vein
22. Optic nerve
23. Vorticose vein
24. Bulbar sheath
25. **Macula**
26. Fovea
27. Sclera
28. Choroid
29. Superior rectus muscle
30. Retina

1.4: Human Eye diseases:

1.4.1: Age-Related Macular Degeneration :

Age-related macular degeneration (AMD) is the physical disturbance of the center of the retina called the macula. AMD is a condition that affects the center of the retina, called the macula.

Two different types of AMD:

A. Dry macular degeneration

B. Wet macular degeneration

1.4.1.1: Dry macular degeneration :

About 90% of people diagnosed with AMD have dry AMD. This condition occurs when the tissues of the macula begin to age and thin. Dry AMD is also associated with tiny yellow deposits called drusen that form beneath the retina.

1.4.1.2 :Wet macular degeneration :

Wet AMD progresses far more rapidly than dry AMD, it is responsible for 90% of severe vision loss associated with AMD.

- **Genetic risk factors:**
- age
- family history of AMD
- skin/eye color

- **Symptoms :**
- Blurred vision
- A dark or empty area in the central area of vision
- Distortion of straight lines

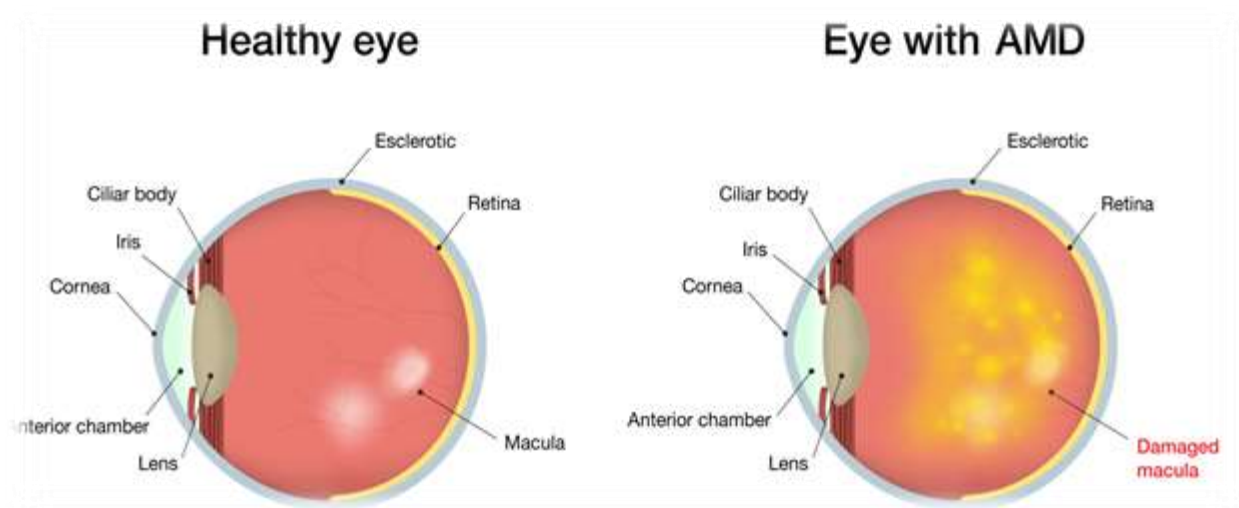


Fig 1.4.1 : Age macular Degeneration

1.4.2: Bulging Eyes :

Bulging eyes, or proptosis, occurs when one or both eyes protrude from the eye sockets due to space taking lesions such as swelling of the muscles, fat, and tissue behind the eye. In extreme cases, bulging eyes can create a large amount of pressure on the optic nerve, potentially leading to vision loss.

- Causes:
- Bulging eyes have been linked to a number of diseases , including glaucoma, hyperthyroidism, leukemia and more.

- The most common cause of bulging eyes is Graves' disease, or more specifically, Graves' Ophthalmopathy – an autoimmune condition where the body's immune system produces an antibody to cells in the thyroid gland causing an overproduction of thyroid hormones.

- Symptoms:
 - Appearance of protruding eyes
 - Excessive dryness in eyes
 - Visible whiteness between the top of the iris and the eyelid

Contact your eye care professional if they are unaware of your bulging eyes and have bulging eyes and experience:

- Loss of vision
- Double vision
- Eye Pain
- Eye redness

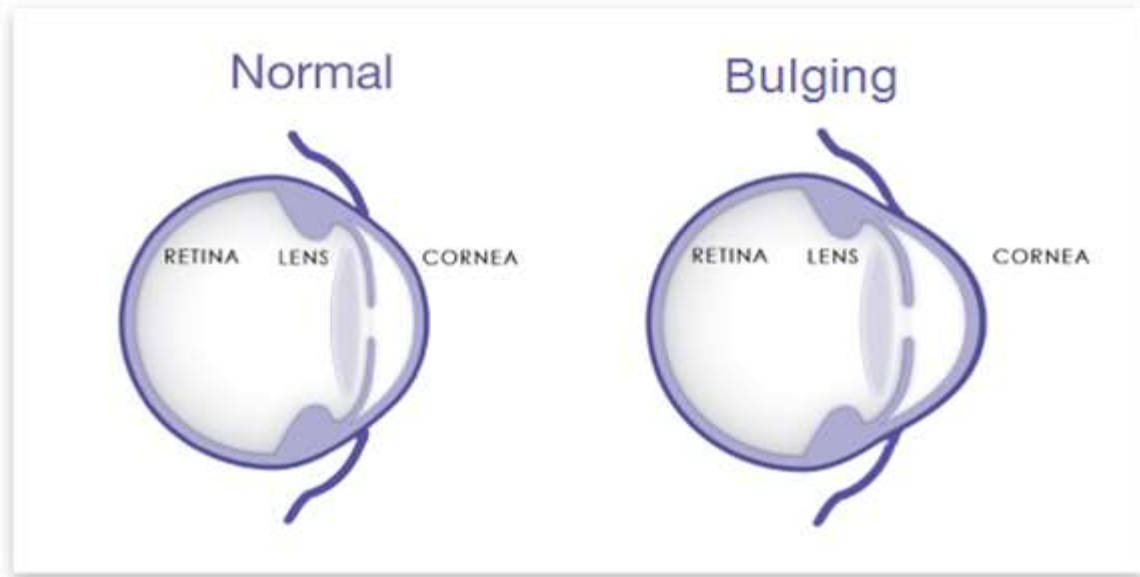


Fig 1.4.2: Bulging Eye (Retinal image)

1.4.3: Cataracts:

Cataracts are a degenerative form of eye disease in which the lens gradually becomes opaque and vision mists over.

Common symptoms of cataracts include:

- Cloudy or blurred vision
- Sensitivity to light and glare
- Frequent prescription changes for glasses or contact lenses
- Poor night vision
- Color vision changes and dimming
- Double vision in a single eye



Fig 1.4.3: Cataract eye

1.4.4: Diabetic Macular Edema

Diabetic macular edema (DME) is a complication of diabetes caused by fluid accumulation in the macula, or central portion of the eye, that causes the macula to swell.

Symptoms:

- Blurred vision
- Wavy vision
- Changes viewing color

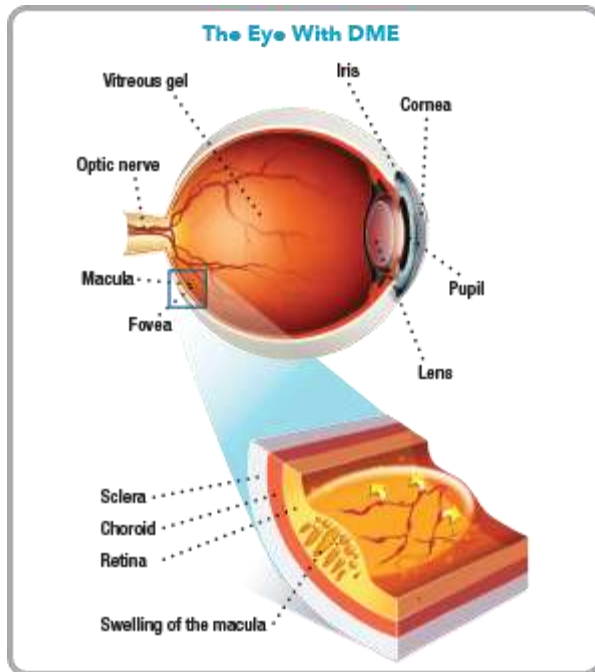


Fig 1.4.4: Diabetic Macular Edema

1.4.5: Glaucoma

Glaucoma occurs when a build-up of fluid creates pressure in the eye, which then damages the optic nerve. The optic nerve is responsible for the transmission of information from your eyes to your brain, and damage associated with it can lead to severe vision loss, and in the worst case, blindness.

Glaucoma surgery improves the flow of fluids from the eye, relieving pressure on the optic nerve.

Symptoms of Glaucoma

Glaucoma often develops with no symptoms, making it impossible for patients to detect until significant (and irreversible) damage has been done.

Symptoms will be sudden and severe, including:

- Blurred vision
- Severe eye pain ,Rainbow haloes
- Nausea and vomiting

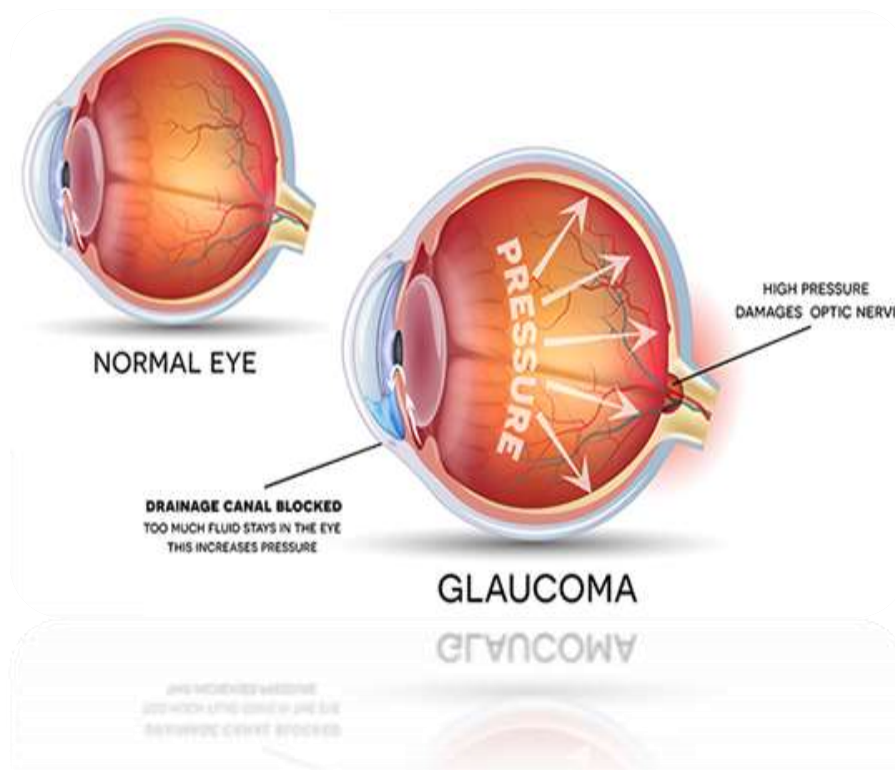


Fig 1.4.5: Glucoma

1.4.6: Ocular Hypertension

Ocular hypertension occurs when the pressure in the eye (known as intraocular pressure) is above the range considered normal (often defined as above 21 mm Hg). It is distinguished from

glaucoma, a more serious eye condition, in that there are no detectable changes in vision, no evidence of visual field loss, and no damage to the optic nerve.

Ocular hypertension is the result of poor drainage of the aqueous humor (a fluid inside the eye). An injury to the eye, certain diseases and some medications may raise.

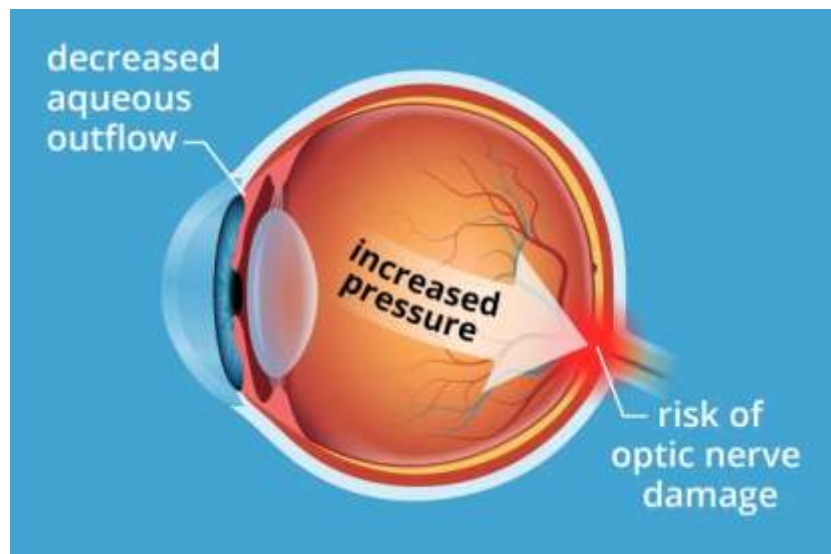
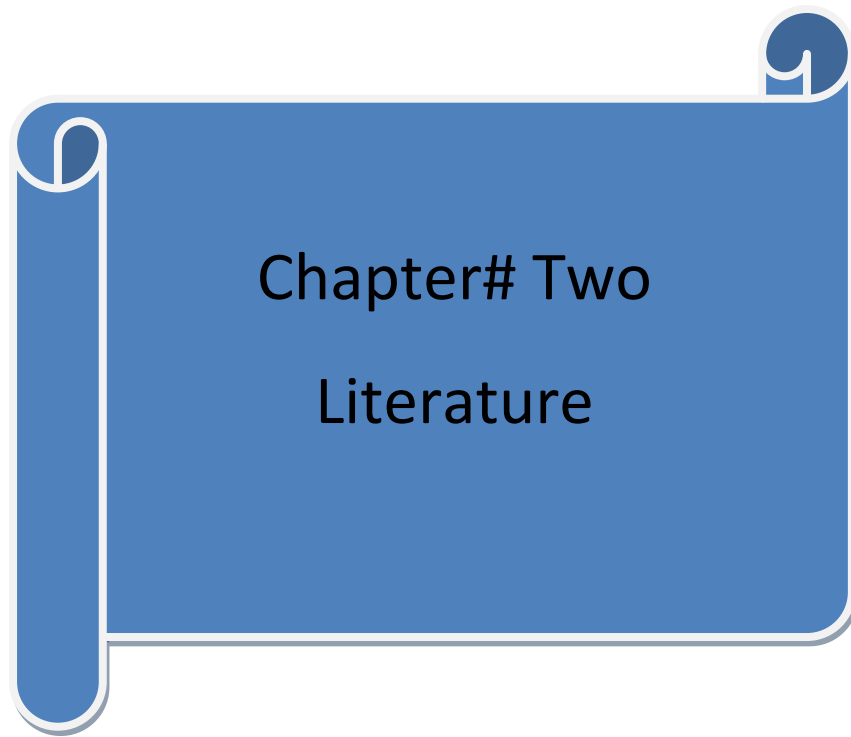


Fig 1.4.6: Ocular Hypertension



Title: A Review on Age Related Eye Diseases and their Preventive Measures.(Srilatha B)

Age-related eye diseases, in many cases are not sudden but tend to develop slowly as a person ages. Of the many age-related eye diseases, there are four major ones that are recognized and that can be detected and treated .

These four age-related eye diseases are Macular Degeneration, Cataracts, Glaucoma and Diabetic .

However there are certain common preventive measures like taking Healthy Diet, avoiding Smoking and managing Health conditions. Other also such as given multivitamins, vision screening & protective lenses .

Title: Pattern of eye diseases at tertiary eye hospital in Sudan (Makah Eye Hospital, Khartoum)

(Khalil A lakho& Atif B Mohamed Ali)

The aim of the study was to determine the frequency and pattern of eye diseases among patients attending the eye clinics of Makah Eye Hospital, Khartoum, Sudan.

A retrospective study involved all the new cases presenting to the outpatient department of the hospital over a 22-month period from January 2012 to October 2013.

A total of 64,529 patients were seen during this period with a male to female ratio of 1:1.1. There were 30,464 males (47.21%) and 34,065 (52.79%) females .The most common eye diseases were cataract, allergic conjunctivitis, infective conjunctivitis, and glaucoma.

Title: Patterns of presentations at a free eye clinic in an urban state hospital

(MB Hassan, SA Olowookere, NA Adeleke, CA Akinleye, EG Adepoju)

There is wide variation of presentation of eye diseases worldwide.

Factors affecting the type of eye diseases include age, sex, residence, socioeconomic, occupation, geographical, racial, dietary, customs, tradition, and the major environmental factors prevalent in that region. Various studies on eye diseases had shown that some eye diseases are common in certain age, sex, and professions or occupations. These studies found that certain eye morbidity was found to be common among welders, Nigerian factory workers, and peasant farmers. .

The World Health Organization (WHO) and the International Agency for the Prevention of Blindness have developed a global initiative for the elimination of avoidable blindness by the year 2020; "Vision 2020: the right to sight". "Vision 2020" includes three major components as target activities: specific disease control, human resource development, and infrastructure and appropriate technology development.

The objective of this study was to assess the pattern of eye diseases presenting in a secondary health care facility. .

Title: Childhood Eye Diseases in Southwestern Nigeria: A Tertiary Hospital Study

(Oluwatoyin Helen Onakpoya and AdenikeOdunmorayoAdeoye)

Eye diseases are important cause of medical consultation in children, with the spectrum varying in different localities & This study aimed to determine the spectrum of childhood eye diseases in a tertiary hospital serving rural and semi-rural communities.

They conducted a retrospective review of all patients less than 15 years old who presented to the eye clinic of Wesley Guild Hospital Ilesa, Nigeria between January 2001 and December 2006.

Also evaluated the reports of 286 children, with a male female ratio of 1:1.1. Children aged 11–15 years made up the largest group ($p=0.013$) & Ocular trauma (21.7%), allergic conjunctivitis (17.8%), infections of the eye and its refractive errors (14.3%) were the most common conditions.

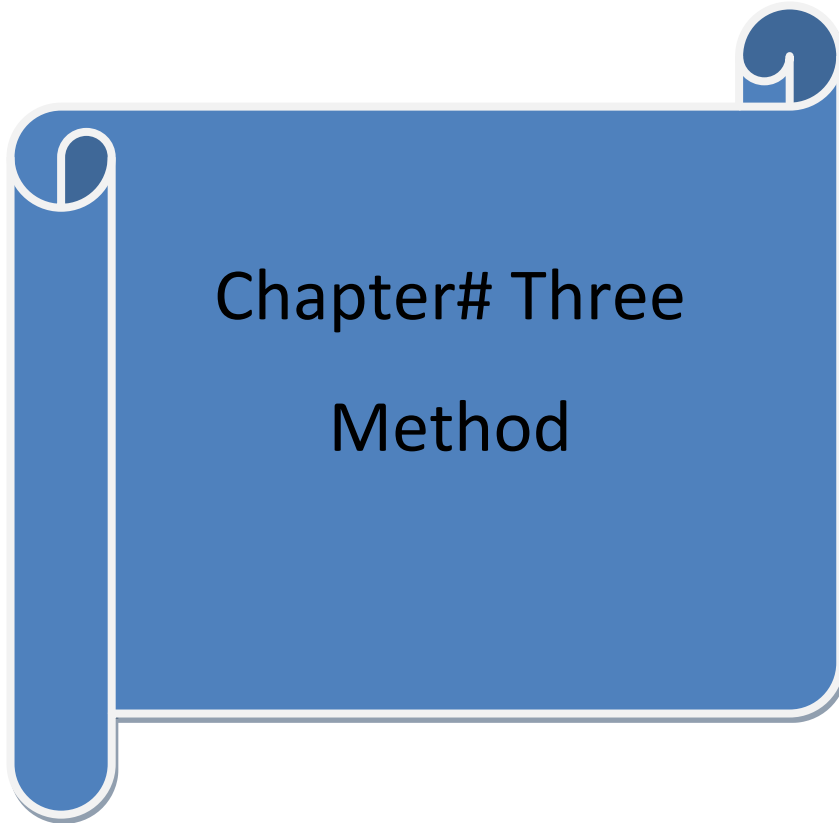
Title: Patterns of Eye Diseases in Children Visiting a Tertiary Teaching Hospital: South-western Ethiopia

(Berhan Solomon Demissie and Ephrem Solomon Demissie)

About 19 million children worldwide live with visual impairments resulting from different ocular morbidities. This study aimed to identify the different causes of eye diseases in children visiting a tertiary eye centre at Jimma University Hospital.

They conducted a retrospective review of charts of patients of <16 years of age who presented to Jimma University, Department of Ophthalmology (JUDO,) between January 1, 2010 and December 31, 2010. Data on age, sex, final diagnosis and treatments were collected and analyzed using SPSS version 16.0. Ratios, percentages and associations were calculated, interpreted and discussed.

Infectious causes of childhood ocular diseases are the major reasons of visits of children seen at the Eye Department.



Chapter# Three
Method

2.1 Study design

Descriptive cross sectional study

2.2 Place of study

IspahaniIslamia Eye Institute & Hospital, Farmgate, Dhaka.

2.3 Sample selection

In this study, a total number of 40 patients were selected from IspahaniIslamia Eye Institute & Hospital.

2.4 Selection criteria

2.5 Inclusion criteria

- The participants were Bangladeshi in origin.
- They were 27-70 years of age.

2.6 Questionnaire development

Questionnaires were developed based on the study of different journal papers to study perception and behavior of the respondents about dental problems. Survey questionnaire form has mainly different parts.

- Personal information
- Disease information
- Symptoms

2.7 Sampling technique

In this study random sampling was followed.

2.8 Study period

The study was started from December 25 ,2017 up to January 16 ,2018

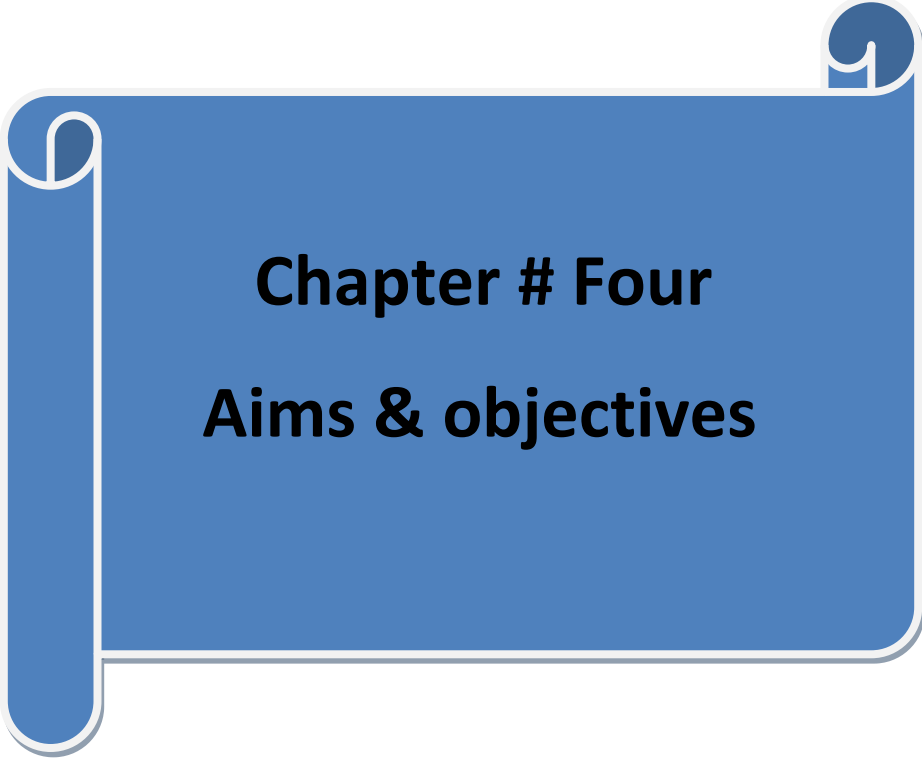
2.9 Data analysis

After collecting, all the data were checked and analyzed with the help of Microsoft Excel 2007. The result was shown in pie and column chart and calculated the percentage of the study

2.10 Questionnaire used for data collection :

For this study , I have to develop some question about the patients like their monthly income, their diagnosis pattern, their lifestyle, pattern of taking drug , their diseases condition , male & female separate history, their family history etc.

Theses questions are included in the last chapter. (Chapter- 9).



Chapter # Four
Aims & objectives

3.1 Aims of this Study:

Eye disease is very common in our country. Cataract, low vision, acute macular degeneration, Glucoma are the common Eye disease. Lack of awareness about the eye disease and improper treatment facilities are the main cause of poor eye condition. Improper awarness among different age group and poor socio-economic status are the main cause of developing eye disease commonly in rural or in urban area also. Apart from some developmental and structural defects, human eye may suffer from losing sight and are lost eventually if proper care and precautionary measures are not employed in due time. Glucoma, is a common cause of Sight loss among children and adults all over the world .

Though Eye diseases are rarely life threatening, they do have an impact on the quality-of-life.

Adequate information on pattern of Eye diseases and to take necessary preventive program to fight against the Eye problems is a burning issue in health sectors.

The aim of this survey was to investigate the number & type of eye diseases, their determinants and eye health related quality of life.

3.2 Specific Objectives

The specific objectives of this survey were:

- To determine the number of selected eye diseases and conditions.
- To determine determinants of eye health condition
- To determine the Eye health related quality of life.



Chapter #Five
Data Presentation

4.1 Area of residence of patients

From the study, it was seen that, among 40, 8% Rural, 12% small city &20% from Urban. So based on 100, 20% patients are living in rural area, patients living in 50% urban area and 30% patients living in small city

Area	No. of patients(%)
Rural	20%
Urban	50%
Small city	30%
Total	100%

Table-4.1: Area presentation of patients

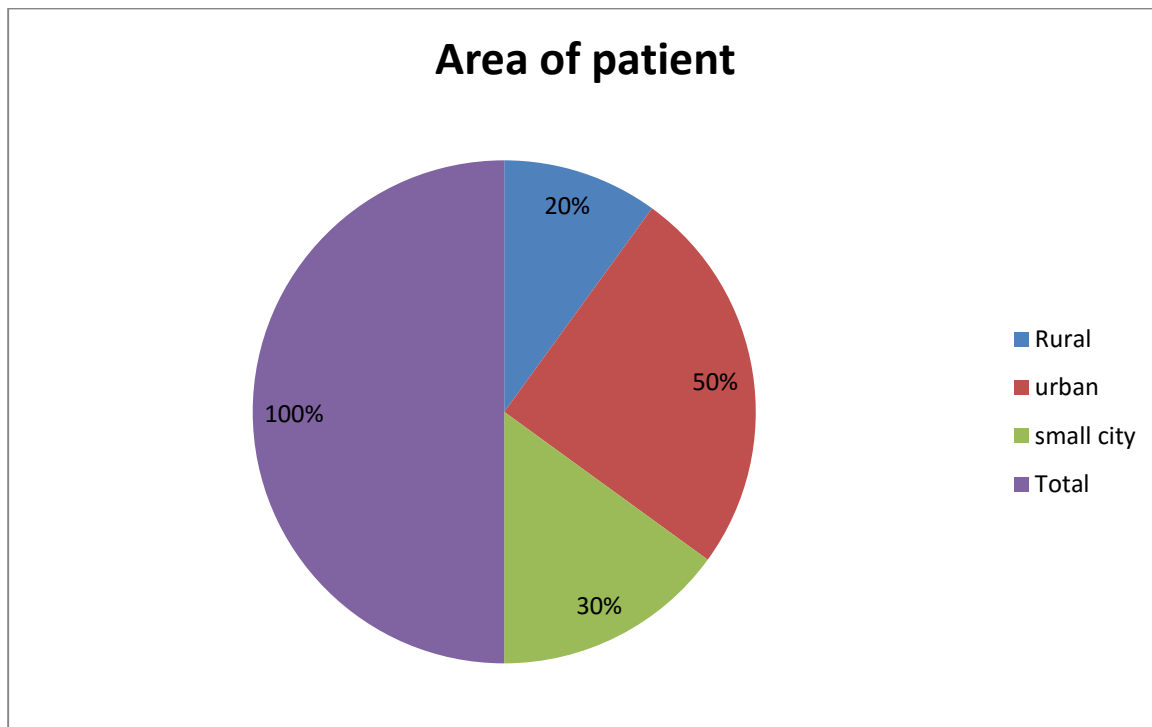


Fig: 4.1 : Graphical representation of patients according to area.

4.2 Gender distribution

From the study, among 40 male have found 24 & Female have found 16. So based on 100 , 60% male & 40% Female have been found.

Gender	No. of patients%
Male	60%
Female	40%
Total	100%

Table-4.2: Gender distribution

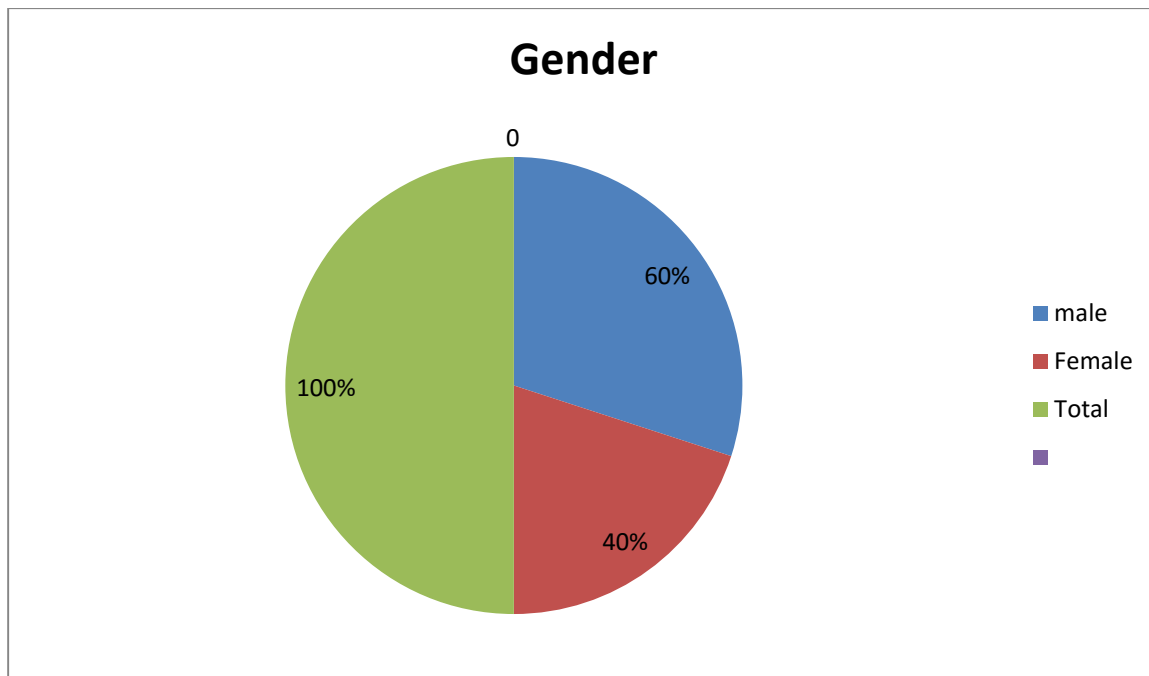


Fig 4.2: Gender distribution

4.3 Age Disrtibution

Age range can be distributed in 4 category. Theses ranges are 36-46, 46-55, 55-63 & 63-70. Among 36-46 (10) , 46-55 (10), 55-63(15) & 63-70 (5). So based on 100,

Age distribution	No.of patients %
36-46	25%
46-55	37%
55-63	25%
63-70	13%
Total	100%

Table 4.3: Age distribution

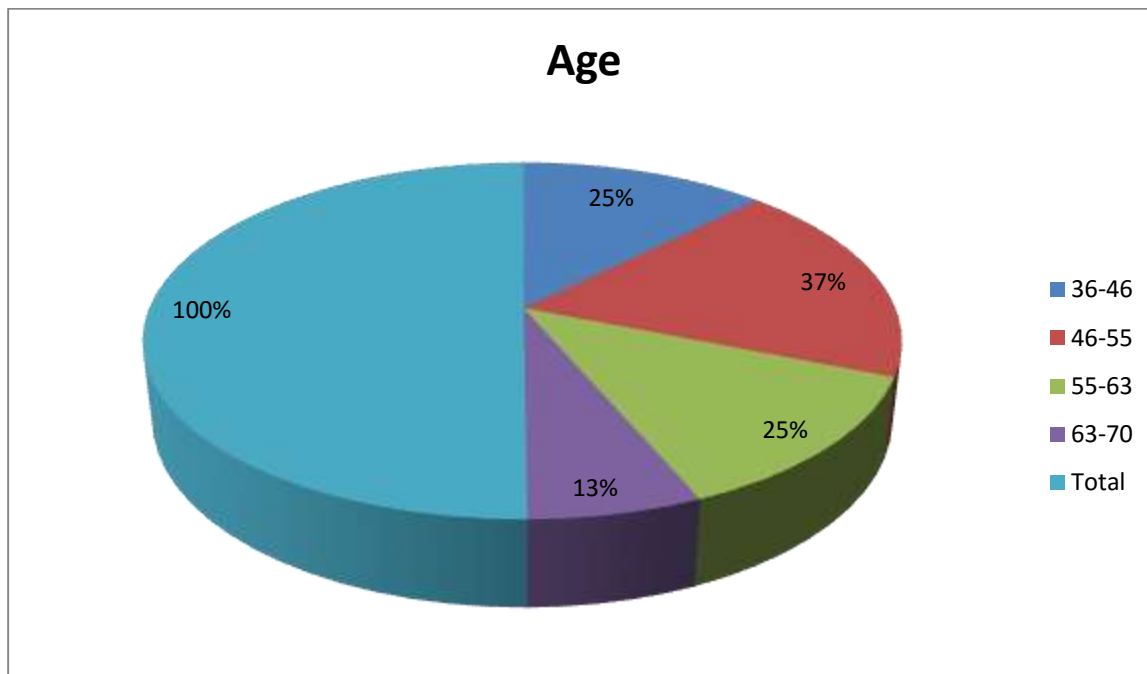


Fig 4.3: Age distribution

4.4 Eye Problems distribution

From the study, among 40 patients, glaucoma patients have been found 20, cataract patients are 12 & 8 patients have AMD. So, based on 100 patients calculation,

Problems	No. of patients (%)
Glucoma	50%
Cataract	30%
AMD	20%
Total	100%

Table-4.4.: Eye Problems

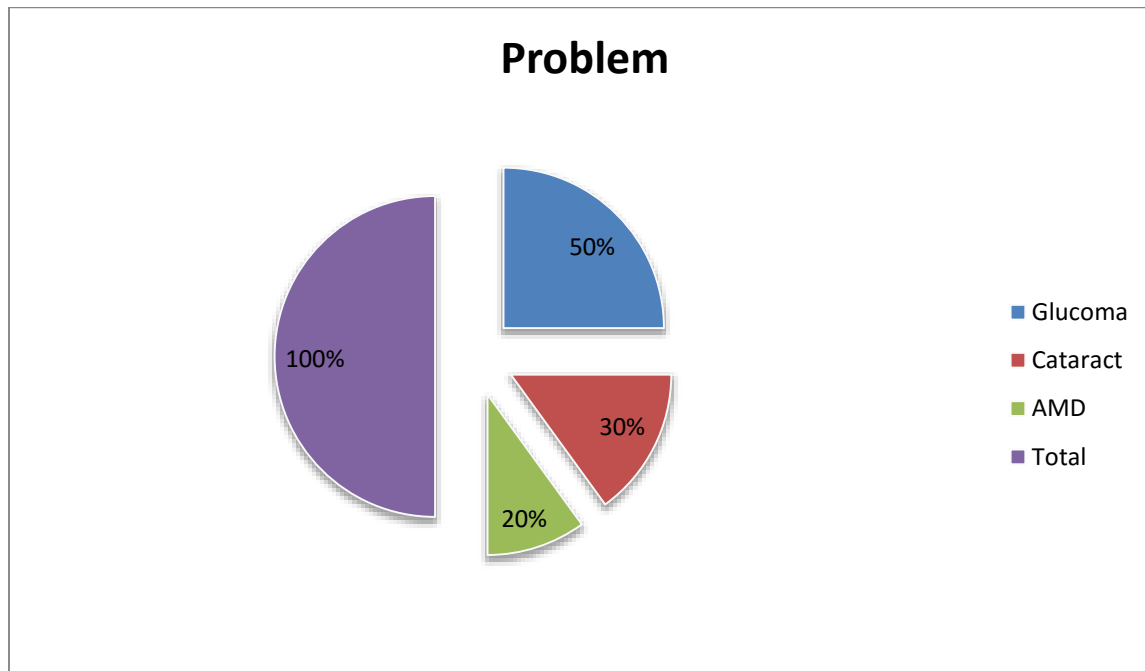


Fig 4.4.: Eye problem distribution

4.5 Age wise problem relation distribution :

Problem	Wide range age	Age problem relation
ADM	27-36 (8)	20%
Glucoma	36-55 (20)	50%
Cataract	55-70 (12)	30 %
Total	40 patient	100 %

Table 4.5:wide range age & age problem relation

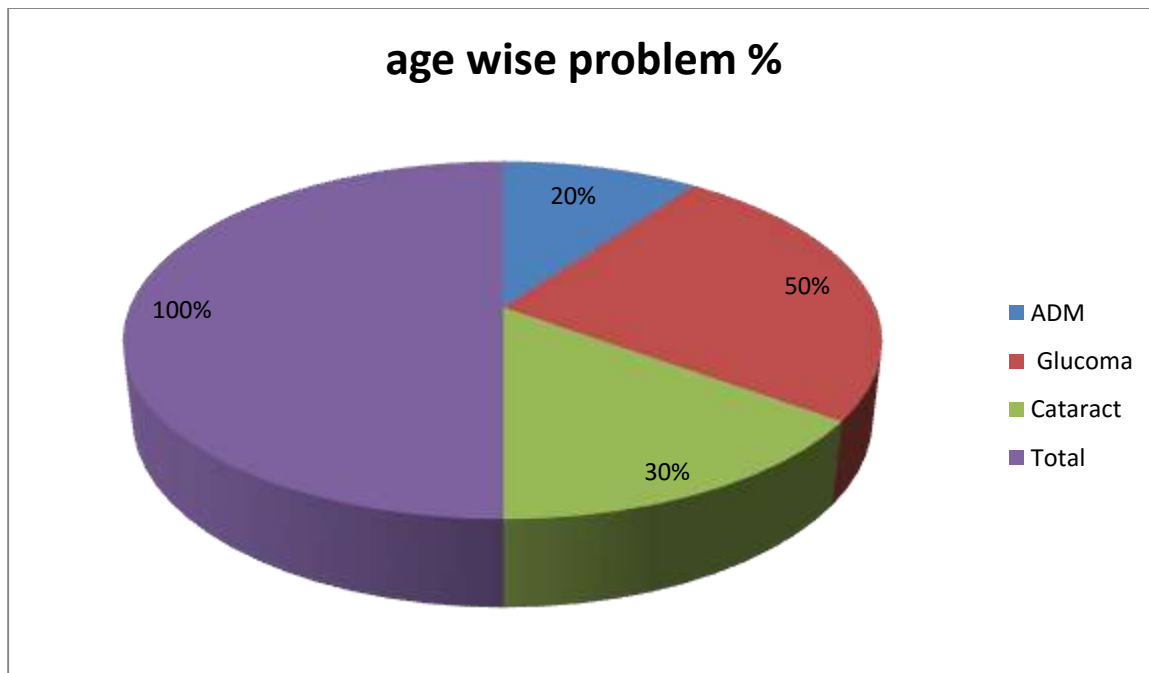


Fig 4.5: Wide range age & age problem relation

4.6 : Widely used Generic drug according to Problem:

4.6.1 For Glucoma:

From 40 patients

20% Glucoma patients have been found & according to their prescription,

Most widely used active was found Latanoprost 12% & other active Acetazolamide was found 8%. So, based on 100 ,

Problem	Generic Name %
	Latanoprost 60%
Glucoma	Acetazolamide 40%
	100%

Table 4.6.1 :Widely used Generic drug for Glucoma

4.6.2 For AMD :

From 40 patients

8% patients have been found, according to their prescription, 6% was Ranibizumab& other active was Aflibercept ophthalmic 2%. So, based on 100,

Problem (%patient)	Generic name
ADM	Ranibizumab 75 % AfliberceptOphthalmi 25%
Total	100%

Table 4.6.2: widely used generic drug for ADM

4.6.3: For Cataract,

Among 40 patients, 12% patients was cataract problem & according to their prescription, 9% use Nepafenac active & other 3% was Glutathione . So, based on 100 patients,

Problem (%patient)	Generic name
Cataract	Nepafenac 75 %
	Glutathione 25 %
Total	100%

Table 4.6.3: widely used generic drug for cataract

According to three table , Ultimate calculation is 100 %.

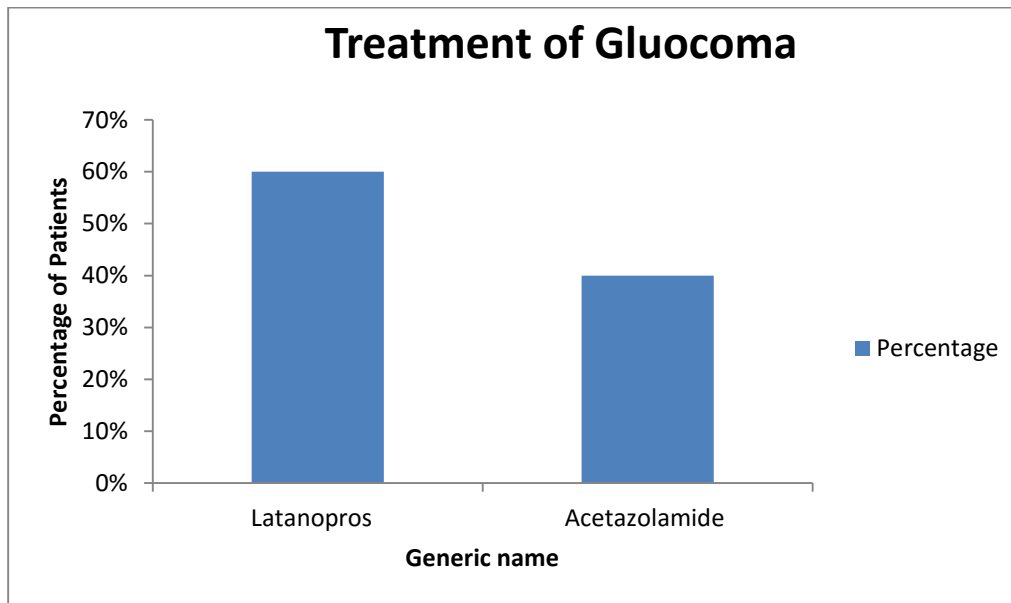


Fig: 4.6.1: Generic Drug distribution for glucoma

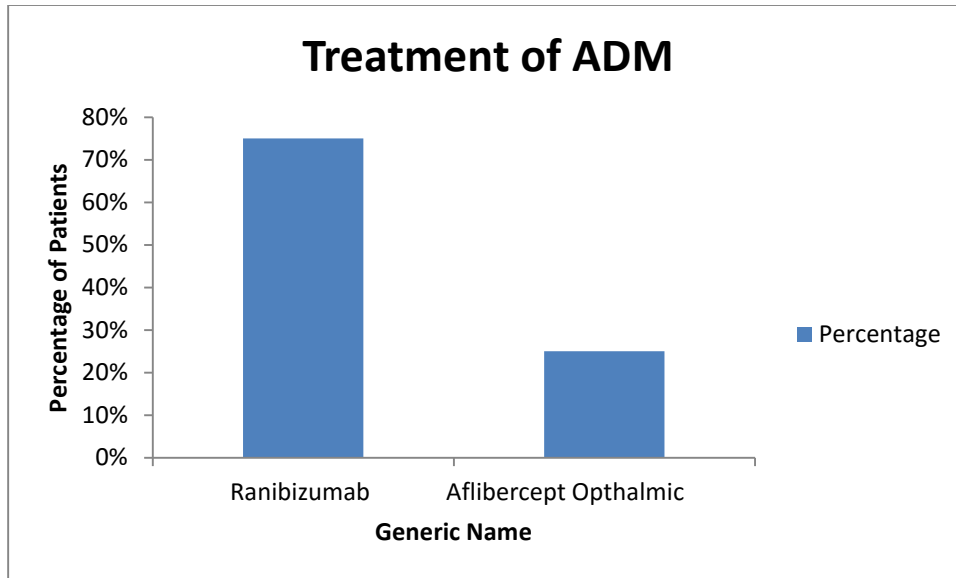


Fig: 4.6.2: Generic drug distribution for ADM

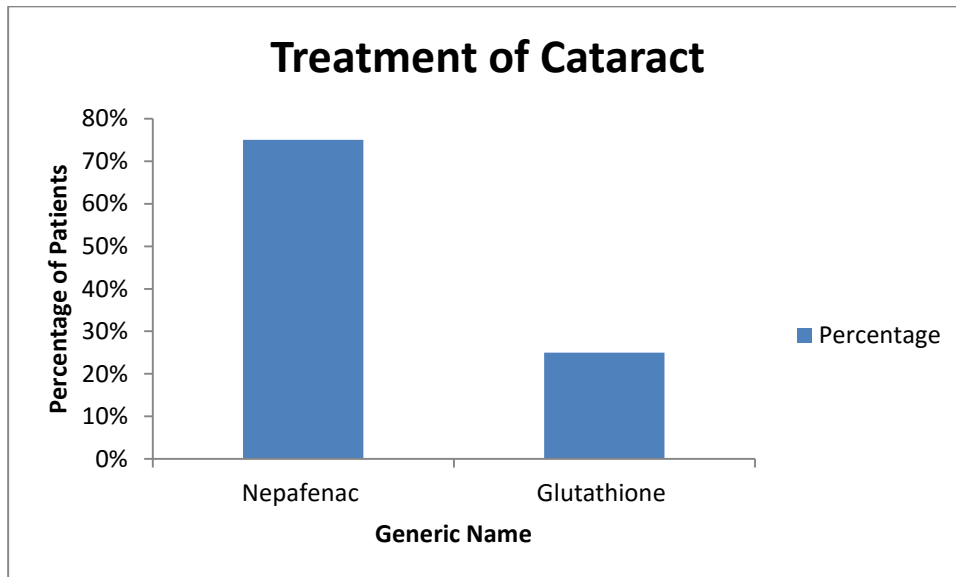
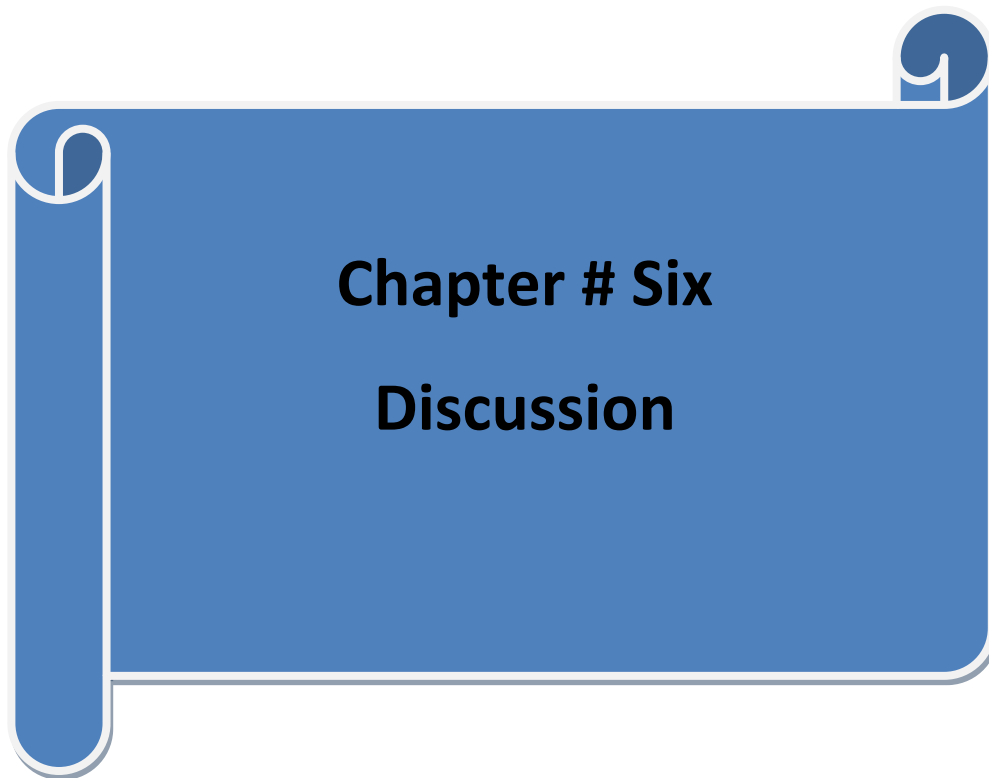


Fig: 4.6.3: Generic drug distribution for Cataract



5.1 Discussion

This study assessed the level of Eye diseases condition of the patients of Bangladesh. The cross-sectional study design took into consideration accessibility to the target group. In our observation 60 % of them were male and 40% of them were female respondents (table-4.2)..

From the study, it was seen that 20% patients are living in rural area, 50% patients living in urban area and 30% patients living in small city as presented at (table-4.1). Various questions were asked regarding the knowledge on diseases condition.

Glucoma was the most common Eye problem encountered. The Glucoma observed in this study was 50% (table-4.5).

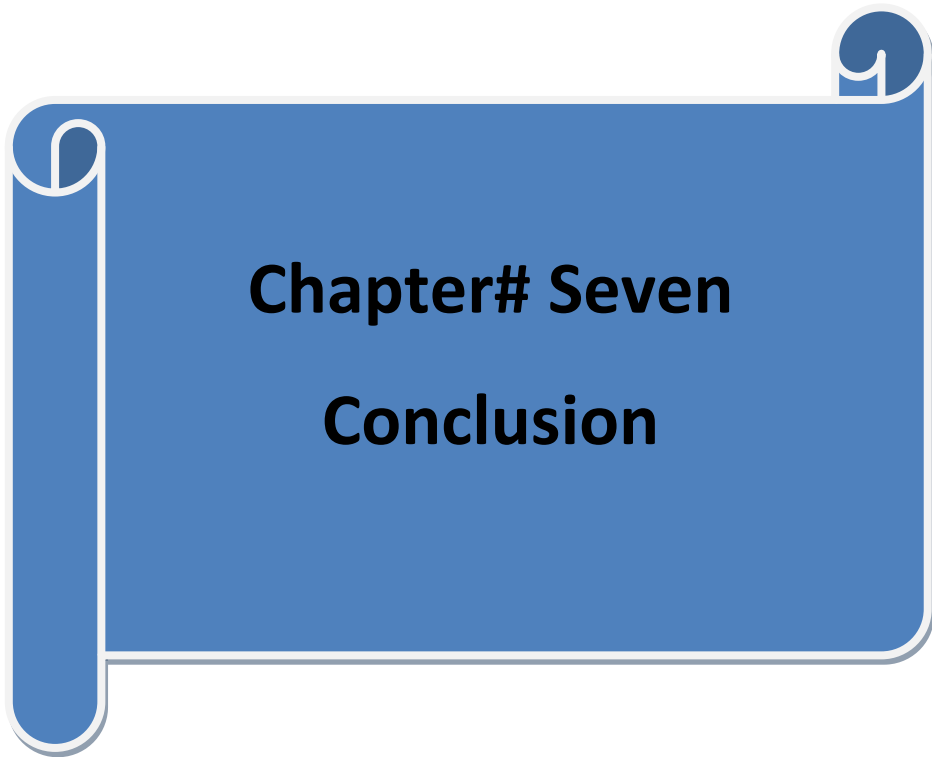
The Cataract observed in this study was 30% (table-4.4.2). Both males and females were equally affected both male & female.

Most widely used generic drug was Nepafenac for cataract, Ranibizumab for AMD & Letenoprost for Glucoma both in male & female(table-4.6, 4.6.1, 4.6.2, 4.6.3) .

Age distribution was 36-46, 46-55, 55-63, 63-70 (table-4.3).

This study presented a comprehensive overview of the Eye diseases condition, knowledge and attitude among the people of Bangladesh. People are not truly aware of Eye diseases.

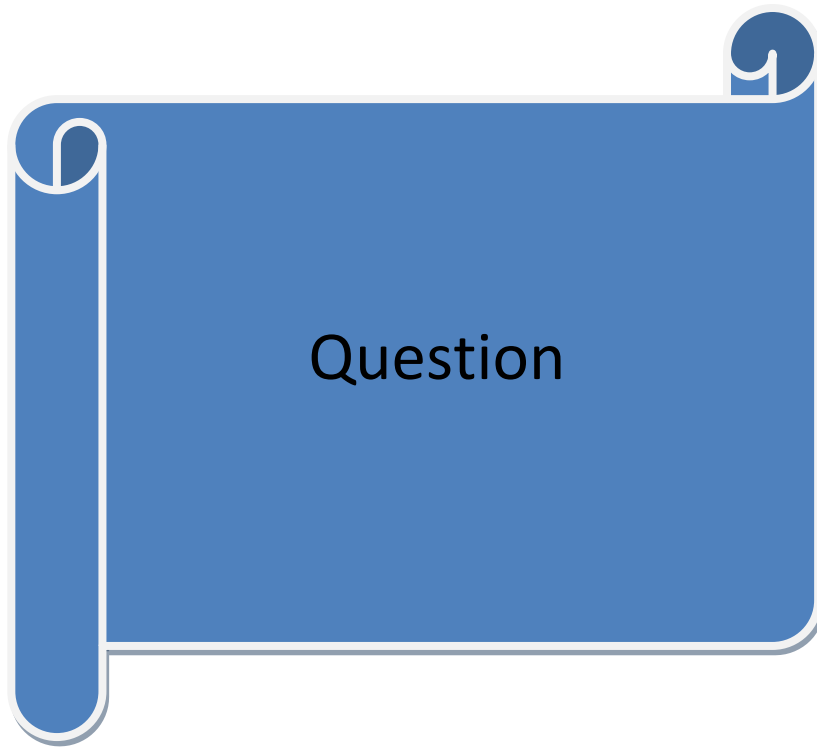
Results of this study showed that Eye diseases knowledge level among the people of Bangladesh is poor and needs to be improved.



6.1 Conclusion

The present survey showed that the levels of Eye diseases knowledge and attitudes were low. Poor quality of life in terms of experience of pain and discomfort from Eye diseases was common in interviewed; however, due to limited access to Eye care most people remained underserved. Ophthalmic visits were infrequent and mostly carried out for emergency care. The multivariate analysis of Eye diseases experience revealed the existence of socio-behavioral determinants of dental health;

cataracts are currently somewhat higher among the non privileged population groups. We should take necessary steps against these problems and create Eye diseases awareness among the people of Bangladesh.



7.1 Questionnaire used for data collection :

1. Name of the patient :

2. Address :

3. Hospital name :

4. Which age group do you belong to?

Infant

Adolescent

Adult

Old age

5. Gender: Male Female

6. Marital Status :

Single, never married

Married

Widowed

Divorced

Separated

7. Do you have any Eye Diseases ? Yes No

If so then let us know what might cause the problem?

- Are you experiencing problems with your peripheral or side vision?
- Do you have to turn your head to see what's to your immediate right or left?
- Do you have blurred vision, nausea, and headaches?
- Do you see "halos" around bright lights?

8. How many years you have been faced this problem?

- 1 year
- 2year
- Long year

9. Do you have been taken any steroid type drug ?

- Yes
- No

10. If yes, then How often you have been taken steroid type drug?

- Yes
- No
- I don't remember

11. During the past three months, have you noticed that doesn't look right?

Yes No

12. Which type of Diagnosis you have been taken ?

1. Eye drop
2. Laser surgery
3. Micro surger

13. If you face any painful condition in your eye ?

Yes
 No

14. Do you think you might have this disease? Yes No

15. Have you ever had treatment for this disease ? Yes No

16. Have you ever had this diseases history in your family ?

Yes
 No

17. When was your last visit to a ophthalmologist?

- Less than six months ago
- Less than one year ago
- Over a year ago
- Over two years ago
- Never

18. What type of ophthalmologist you visited last?

Optometrist

Ophthalmologist

Optician

19. What was the main reason that made you to visit the ophthalmologist ?

Regular check up

Blurred vision

Monthly check up

Others

20. Monthly family income?

Family income below 10000

Family income 11000-30000

Family income 31000-50000

Family income above 50000

21. Do you have face this problem before?

Yes

Sometimes Never

22. What type of Eye problem do you have?

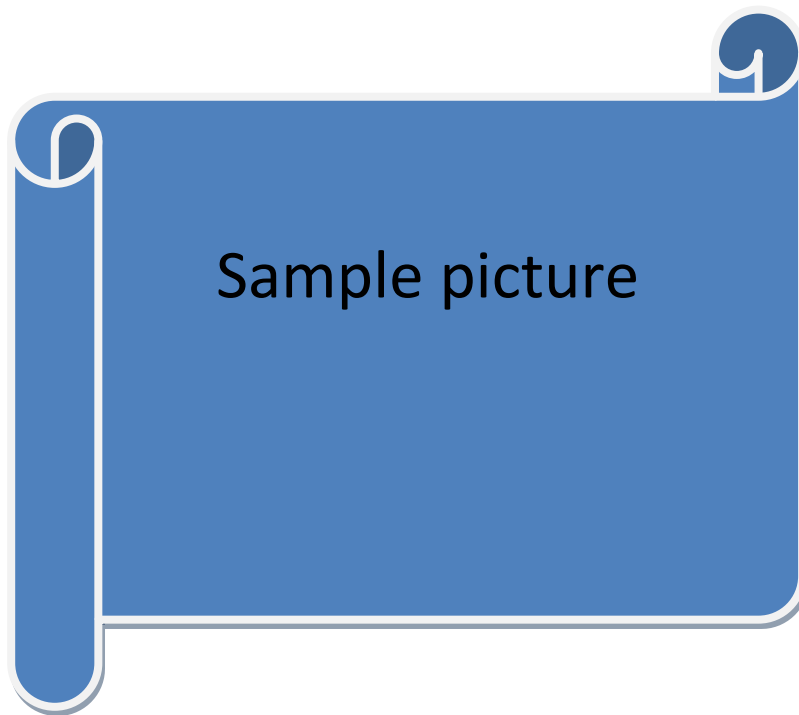
Glucoma

Low vision

Acute Macular Degeneration

Blurring eyes

Cataract





Ispahani Islamia Eye Institute and Hospital
Bangladesh

The Largest and Oldest Specialty Eye Hospital in Bangladesh.
বঙ্গের বৃহত্তম বিশেষায়িত চক্ষু হাসপাতাল

13-1-18

PRESCRIPTION FORM

R-7
19

2427931

Patient's Name: Mr. Sujat Ali Khan

Age: 60

Medical Record:

DATE	EXAMINATION	REMARKS	REFRACTION	PRESCRIPTION
13-1-18	60			

DATE	EXAMINATION	REMARKS	REFRACTION	PRESCRIPTION

1. DATE OF EXAMINATION: _____
 2. DATE OF PRESCRIPTION: _____
 3. NAME OF THE PATIENT: _____
 4. NAME OF THE DOCTOR: _____

NEVER WRITE ANYTHING IN THESE SPACES

Address: Dhaka-1075, Bangladesh. Phone: 880-2-955-1111, 955-1112. Web: www.ispahani.org.bd



Ispahani Islamia Eye Institute and Hospital
Bangladesh

DAY CASE SURGERY
DISCHARGE CERTIFICATE

Admission Reg. No.: 27019 M. R. No.: 217622C
 Patient's Name: Mamata S Shariatpur Age: 55 Sex: F
 Address: do - Syed A 313, Shariatpur
 Admission Date: 09-01-18 Operation Date: 09-01-18 Date of Discharge: 09-01-18
 Systemic Diseases: Diabetes Hypertension Cardiac disease Chest disease

Diagnosis: LOV) ARC R) L

Detail of Operation/Treatment: (R) phaco + PCICL & LA
 Surgeon: Shaif Khan

Anesthetist: _____

Rx

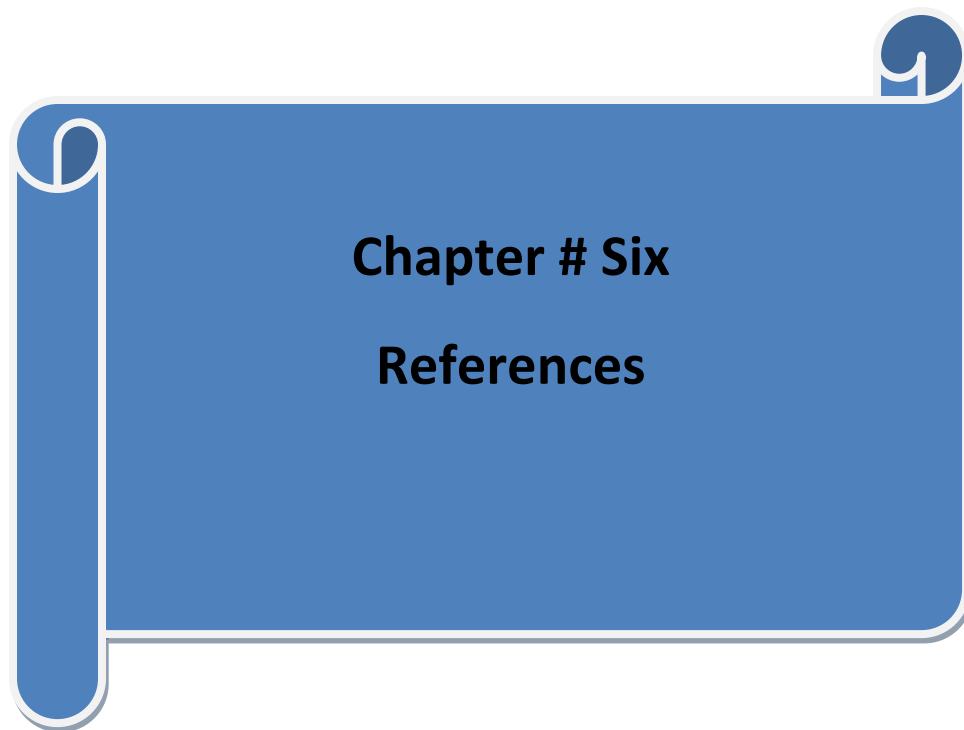
- 1. বিস্কো ব্যবহবে - 18 দিন
- 2. দুই শতাংশ ডিফিউজিভিওন ও ভারী ডিফিউজিভিওন - 18 দিন
- 3. টিনুয় (সিকল) ব্যবহার - 18 দিন
- 4. অপারেশন সফল / বিফল "কে কেস সার্ভাই" ফলোআপের জন্য হাসপাতালে আসবেন এবং (F.O.P.O) / (C-Block) কোয়ার্টারে 11:30 Am -



- 1. TabCap Ace (500 mg)
2+2 খাওয়ার আগে/পরে খাবেন... 2 দিন
- 2. TabCap _____ (_____ mg)
খাওয়ার আগে/পরে খাবেন... _____ দিন
- 3. TabCap _____ (_____ mg)
খাওয়ার আগে/পরে খাবেন... _____ দিন
- 4. TabCap _____ (_____ mg)
খাওয়ার আগে/পরে খাবেন... _____ দিন

অপারেশনাল ঠিকানা সহ আসবেন

স্বাক্ষর ও তারিখ: Dr. Md. Jahan
 (সীলসহ) (রেসিডেন্ট মেডিক) 09 JAN



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THE END