

## Harrowing Blindness and Ocular Morbidity in a Himalayan Village

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Cataract and glaucoma account for 62.2% and 5.9% of blindness in Nepal, [1] and for 33.4% and 6.6% of blindness worldwide [2]. In a Himalayan country already devastated by the 25 April 2015 earthquake, we have observed that the inhabitants of the very remote village of Pelmang in the mountainous region of the Solukhumbu District, have been ravaged by blinding ocular morbidities. The majority of people who attended a recent four-day health camp sought eye care. A total of 362 people aged 4 months to 92 years, median age: 51.8 years, had an eye examination. The most common ocular morbidity was cataract, affecting 199 subjects, all of whom had either moderate visual impairment or worse, followed by glaucoma suspect in 138 subjects. Using the World Health Organization [WHO] definition of visual impairment, which includes blindness also [3] almost 70% of those with cataract were blind.

Concerning refractive error, a major cause of visual impairment, [2] there was a bias towards hypermetropia (mean error of +1.7 Diopters). While myopia is a significant growing burden worldwide, [4] we found only two subjects with myopia. Interestingly, exophorias for near, and myopic refractive error which are very common in urban areas were disproportionately scanty. Four children (age range, 7 to 16 years) were found to be amblyopic (mean error of +6.8 Diopters), but were unaware of their reduced vision. Fourteen blind adults improved their acuity to 6/12 just with spectacle

correction. The fact that these people lived regrettably many of their productive years with avoidable blindness shows the inadequate condition of our eye health care services.

The majority (72%) of the males were the porters for mountaineering expeditions to Mount Everest, the highest mountain on Earth, and 23% of them reported they could not continue their work owing to their eyesight problems, thus rendering them economically unproductive. Losing employment due to avoidable visual impairment is a hard reality in a country like Nepal, where finding a stable source of income can be at best challenging.

Sadly, avoidable blindness and possibly treatable glaucoma suspects prevailed in 55.5% and 38.1% respectively. We believe such demand for eye care services exists in many other remote places across the country, as there are no eye care facilities in the entire mountainous region of Nepal [1].

To address this terrible situation, we propose the following solutions: in the short term, conduct regular eye health camps with appropriate management locally. In the long term, to strengthen primary eye care and integrate it into general health, by training primary health care workers in primary eye care (more specifically assessing visual acuity) establishing adequate referral channels. Currently, unfortunately, much of eye care service delivery remains centered on the district headquarters and accessible places, with other remote regions

left unattended. We hope our report will awaken all concerned to the dire need for equitable eye care across the country.

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The author declares that he has no financial or non-financial potential conflicts of interest.

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