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April 25, 2006

Dear trachoma colleagues,

Please find below the abstract and synopsis of an article by Dr. Kevin Frick and colleagues on trichiasis and disability in men and women. If you would like a copy of this article please let us know.

We would welcome comments on the abstract, synopsis, and article.

Paul Courtright, DrPH
Co-Director



Trichiasis and disability in a trachoma-endemic area of Tanzania

Frick KD, Melia BM, Buhrmann RR, West SK.
Archives of Ophthalmology 2001;119:1839-44.

Abstract

Objective: To measure limitations in the daily activities of village life associated with having trichiasis for individuals with and without visual acuity loss.

Methods: Men and women 40 years and older in 6 randomly chosen rural villages in the Kongwa district of Tanzania had visual acuity measured and were examined by an ophthalmologist. Subjects indicated the degree of difficulty with daily activities of village life and whether the difficulty was related, in any way, to vision. Limitations were scored using an indicator of "any difficulty" and using a 4-point scale ranging from "no difficulty" to "unable to do". Scores of individuals with and without trichiasis were compared separately for men and women.

Results: Among men, trichiasis was associated with excess functional limitation only for those with visual acuity loss (adjusted difference in proportion of tasks [AD] compared with men with neither trichiasis nor visual impairment, 0.35; 95% confidence interval [CI], 0.23-0.47). For women, trichiasis alone was limiting (AD, 0.15; 95% CI, 0.08-0.22) similarly to visual acuity loss alone (AD, 0.09; 95% CI 0.06-0.13), and the combination led to greater limitations (AD, 0.32; 95% CI 0.26-0.39).

Conclusion: The burden of trichiasis is likely greater than previously estimated, especially in women for whom trichiasis alone was disabling.

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Synopsis prepared by Dr. Kevin Frick (lead author)

Using data from Tanzania, Frick and colleagues found that men with visual acuity impairments and trichiasis had greater functional limitation than men with visual acuity impairments only, although men with trichiasis and no visual acuity impairment were not functionally limited in comparison with men with neither visual acuity impairment nor trichiasis. In contrast women with trichiasis and no visual acuity impairment were more functionally limited than women with neither condition. In addition, and similarly to men, women with trichiasis and visual acuity impairment were more functionally limited than women with visual acuity impairment only. This set of findings has two important implications.

First, for at least a portion of the population, trichiasis prior to visual acuity impairment can lead to a loss of functionality and possibly personal productivity. Even for individuals who do not work for pay this can be quite important as they will be less able to provide for themselves and may require greater assistance from others, thereby limiting the productivity of other individuals. When evaluating the benefits from expansion of the provision of trichiasis surgery, improvements in the productivity of those without visual acuity impairment should be considered a benefit in addition to the prevention of future visual acuity loss or greater visual acuity loss than the patient had already suffered.

Second, women appear to be more affected than men. While there would be little justification for exclusion of men from receiving a service, efforts to encourage the utilization of trichiasis surgery prior to visual acuity impairment might particularly focus on women as they seem to be affected more at this stage of the condition.