

Audit: Blepharitis Management in

Kingston Health Hull
The Friendly General
Practice Serving the
Community



Primary Care

Hull and
East Yorkshire
Hospitals
NHS Trust

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INTRODUCTION

Blepharitis is a chronic condition and recur multiple times in a patient's lifetime. With this, it is important to review the corresponding management, especially in primary care settings where they often present. The three main aspects to blepharitis management involve lid hygiene, use of antibiotics, and if necessary, secondary care management. Of the three, lid hygiene is continually emphasized in NICE CKS guidelines for blepharitis management as it helps patients reduce symptom burden, while antibiotic use is mainly for the acute management of infection if present. Further management for secondary care may be needed for patients who subsequently develop complications or have bothering symptoms.

NICE CKS Guidance on Blepharitis Management:

- Advise that good eyelid hygiene is the mainstay of treatment
- To consider prescribing a topical/oral antibiotic only if there are clear signs of Staphylococcal infection or Meibomian cyst (chalazion)
 - Chloramphenicol eye ointment as first-line
 - Eye drops if ointment not tolerated
 - Alternative of fusidic acid eye drops if chloramphenicol not tolerated/contra-indicated
 - Consider oral tetracyclines if topical treatment ineffective or in cases with acne rosacea or Meibomian gland dysfunction
- Referral for ophthalmological assessment if symptoms of corneal disease, sudden/gradual onset of visual loss, painful/red eye, persistent localised disease, eyelid deformities, associated cellulitis/disease, unclear diagnosis

AIM

Using NICE CKS standards for blepharitis management, this audit at the Kingston Health Hull General Practice aimed to:

1. Identify whether advice on good eyelid hygiene was given to patients presenting with blepharitis
2. Identify the antibiotics used in the management of blepharitis
3. Investigate the clinical outcomes of blepharitis management

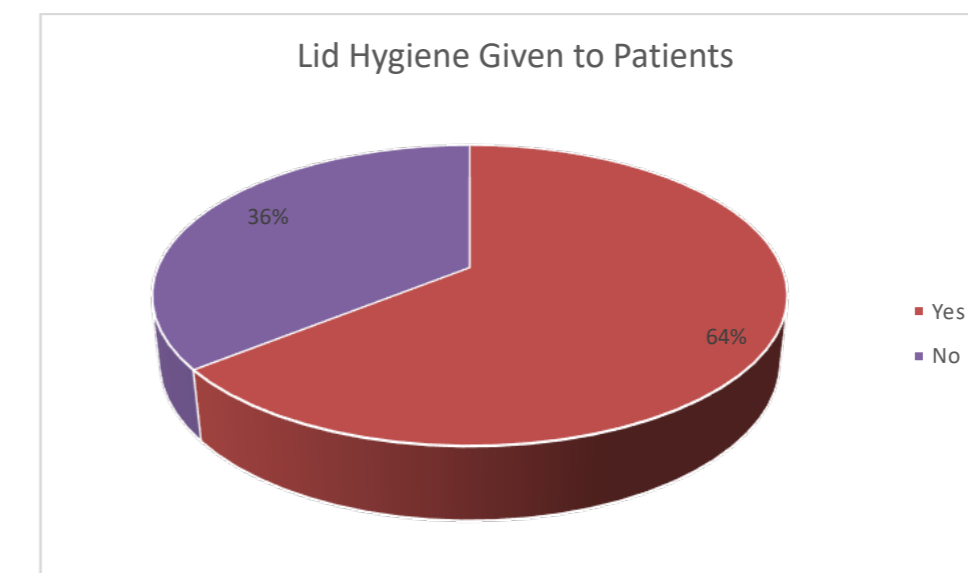
METHODS

The audit was carried out retrospectively on patients from Kingston Health Hull General Practice. Sampling was done via the System One intranet medical records system, using the read code "blepharitis" to identify patients who attended between April 2017 to 2018. Patients under the age of 18 were excluded from the audit and 14 Patients were identified that fit the criteria.

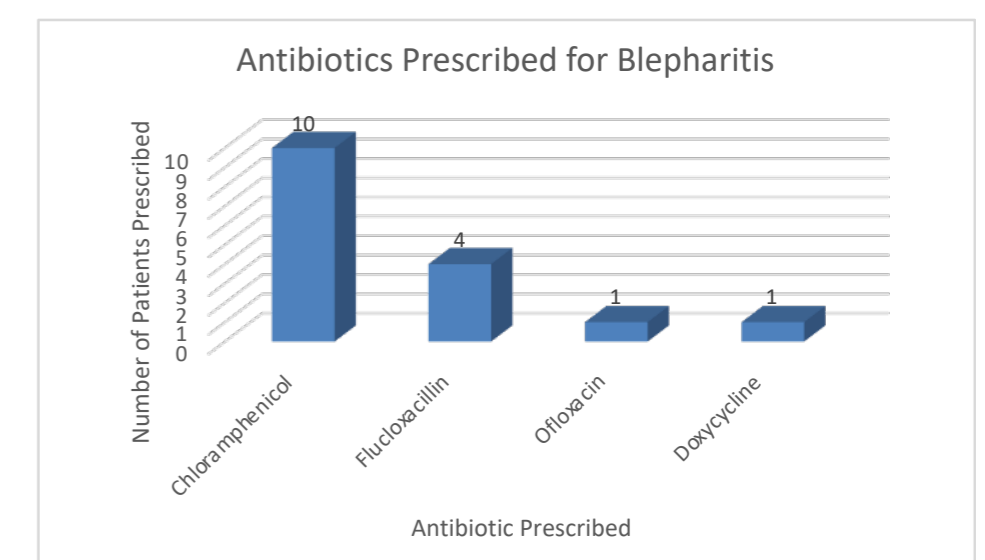
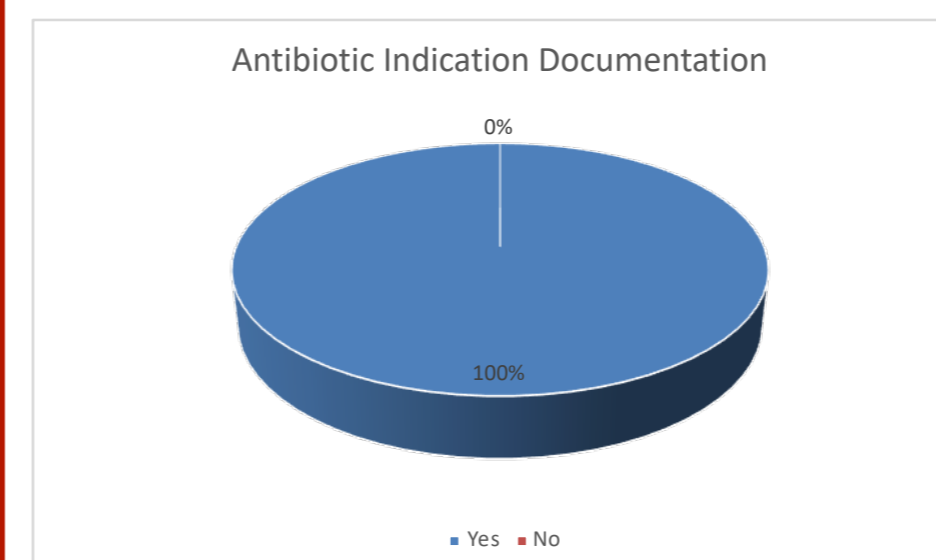
Specific parameters looked at included whether eyelid hygiene was given, whether antibiotics were prescribed and if so, their indications documented and form, as well as whether patients re-attended for the problem or required secondary care referral.

RESULTS

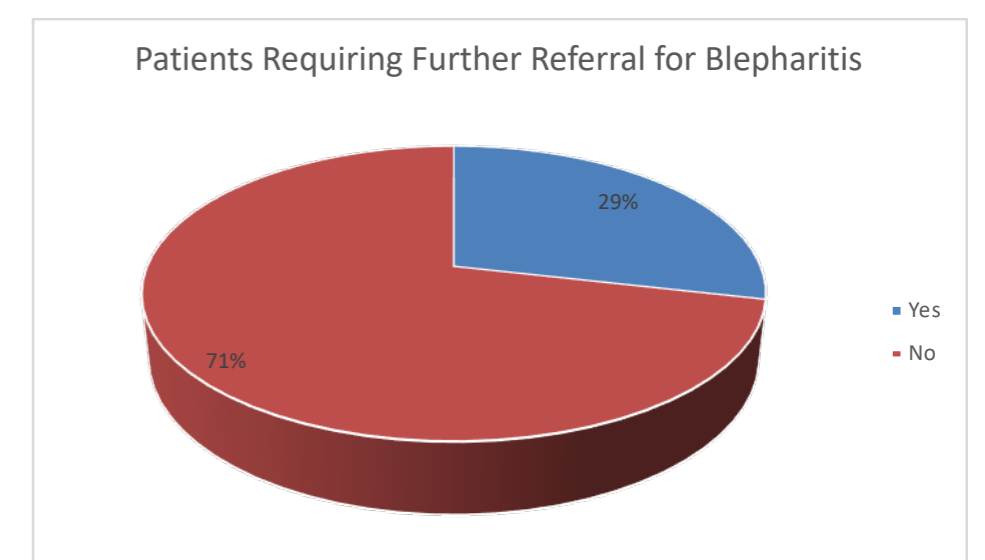
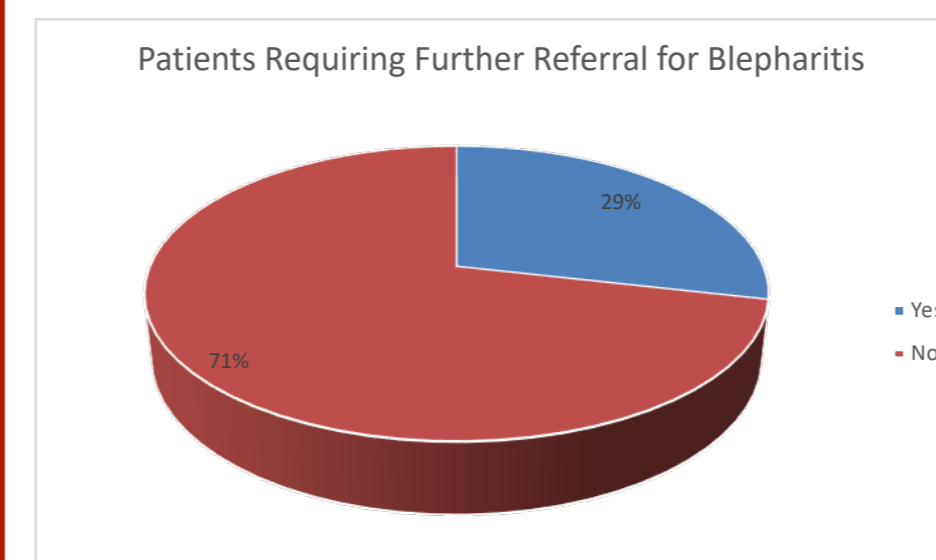
The results showed that only 64% of patients presenting with blepharitis were given eyelid hygiene advice given.



Of the patients that presented, 93% of patients were prescribed antibiotic treatment for symptoms. There was clear documentation of indication for therapy for all of these patients. Of the patients that were prescribed antibiotics, 77% were prescribed the first-line treatment of chloramphenicol as per NICE guidelines, with only 30% of these in the form of eye ointment. It was also noted that 23% of patients were prescribed a combination of antibiotics, including flucloxacillin, ofloxacin, and doxycycline.



Amongst the patients presenting at the practice, 14% required recurrent visits for the same problem and 29% required referral for blepharitis.



DISCUSSION

Overall, this audit highlighted the need for improvement on promoting good eyelid hygiene care and the appropriate use of antibiotics for those with infections. This is reflected from the re-attendance of a proportion of patients, albeit the chronic nature of the pathology itself may also play a part in this. A portion of patients were shown to also require further ophthalmology assessment for management of complications or symptom burden.

To improve the treatment for blepharitis, more effective patient education methods, like written material, could be used for lid hygiene advice as well as clear guidance for antibiotic use. A stepwise approach can be emphasised in the written material as per NICE guidance. A re-audit should be done with a bigger sample size with to further investigate demographic differences as well.

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