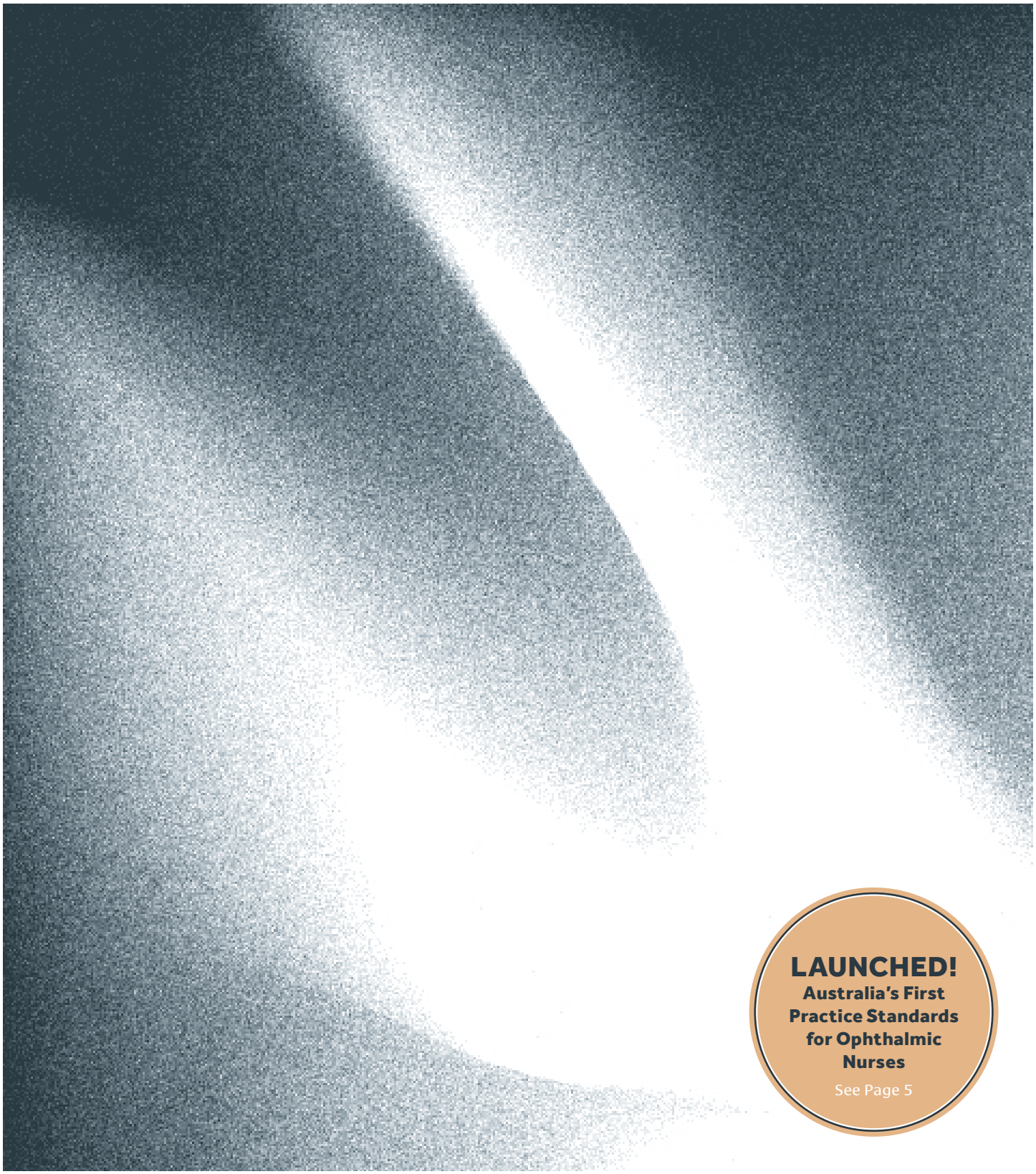
AONA

VISION

NATIONAL NEWSLETTER

OCTOBER 2018



LAUNCHED!

Australia's First Practice Standards for Ophthalmic Nurses

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October 2018

Welcome to the October edition of The Australian Ophthalmic Nurses Association National Newsletter

AONA NSW

President's Report
Jenny Keller & Michelle Remington

AONA NSW held their 36th Annual Conference "Eyes all Over" on 24th June. A great day was had by all. It was a strong program and we received positive feedback from all those attending. We wish to thank the ophthalmic industry for their unflagging support.

The AGM was held at the conference where Jenny Keller announced that she was stepping down as President. Gratitude was expressed to Jenny for her tireless service and dedication over the past 12 years. Jenny was awarded a lifetime membership and gift from the committee and members in recognition for her service.

Joanna McCulloch also stepped down from the committee as Treasurer/Membership secretary/Webpage coordinator. Joanna has also worked tirelessly off and on since early 2000 in her various roles on the committee. Both the committee and its members thanked her for her hard work and dedication. She was presented with the Roberts Outstanding Ophthalmic Nurse Award for 2018.

At the August AONA Planning day the incoming AONA committee voted for following changes to the NSW AONA Executive Committee:

Michelle Remington	President
Cheryl Moore	Vice President /Education
Sandy Smithers	Treasurer / Membership
Narelle Hillman	Secretary
Jenny Keller	Newsletter contact person
Bernie Hanratty	Committee member
Helen Ho	Committee member

The rest of the committee is comprised of:

Julie Bleasdale	Regional Committee member
Suzanne Clifton	Regional Committee member

Joanna McCulloch will continue to be part of the AONA team, working with the Cheryl Moore on the education subcommittee. She will continue her representation for AONA on the Australian Health Commission — Cataract Clinical Care Standard committee and ACI.

For the first time, and it's very exciting, Gabriella Kalofonos and Claire Hafner will become committee observer members learning about the committee — thank you ladies for your enthusiasm.

The next clinical day is September 8th 2018, it will be held at the new premises of Johnson & Johnson Vision at Macquarie Park. Currently there are not places for the wet lab (Fully subscribed) and if you missed out please use the "contact Us' to go on a waiting list.

J&J Vision has kindly offered another opportunity for this Phaco wet lab to be held again in early 2019. This will be a great opportunity for newcomers to the field of ophthalmology to get some hands on training. Please register your interest to attend using the CONTACT US section for the website aonansw.org.au

The Standards of Practice; for ophthalmic nurses in Australia was launched at the Queensland AONA conference. Go to the AONANC — AONA National Council website where they also officially launched aonanc.com.au. Note you will be able to access the Ophthalmic Standards from this website.

AONA WA

President's Report
Andrea Montague

As the new president of AONA WA this is my first report so I will introduce myself. I am relatively new to Ophthalmology; having been a Registered Nurse for over 30 years but finding this fascinating speciality while taking a break from midwifery only 8 years ago. I began in an injection clinic within the hospital and then moved on to a private practice as well. I love both of my jobs and am fortunate to work within two great teams. I was introduced to AONA by one of my colleagues in the early days and have enjoyed the benefits of the education and networking and I hope to continue this as I work with our current committee.

I would like to thank our previous president Gina Storey for her incredible dedication to the role and to the association for over 12 years. She has left very big shoes to fill and I am feeling more than a little daunted. Fortunately for me the other executive members have remained on the committee. We also now have a new Vice President (Jo Djamil) along with some other new faces and I hope that we can continue to advocate for, inspire and educate our members. I take this opportunity to remind our members that upon application you may be eligible for an educational grant — see details, terms and conditions at aonawa.org.au

Our next seminar "Pathways to Better Vision" is on 8 September. The committee will open the seminar and at the same time provide updates about our new website and some plans for future direction. We will then introduce the Practice Standards for Ophthalmic Nurses in Australia, this is very exciting and we congratulate all those involved in this project. After this there will be talks on "Trends in Cataract and Laser Surgery" "Caring for the Laser Refractive Patient and "Introduction to Cross Linking". The topics chosen have been based on feedback provided by members at our previous seminars.

I would also like to thank members of the National Council for the warm welcome we received at the recent teleconference. Jo and I look forward to our face to face meeting with them in conjunction with RANZCO Adelaide in November later this year.

AONAQ

President's Report
Pene Gill

This year AONAQ celebrates turning 30! What an achievement — the Association has come a long way in that time.

We had another successful conference in August at the Brisbane Convention and Exhibition Centre. It was a wonderful turnout of over 150 Ophthalmic Nurses from all over Queensland and some interstate members. Many topics were presented — from floppy eyelids and sleep apnoea to 3D VR Surgery. Speakers included Ophthalmologists, an Optometrist, an Ophthalmic Nurse, an Inspirational speaker (born with RP — who had many of us in tears and amazed us with his stories and guitar repertoire), and a local father updating us on his journey toward becoming an Ocularist and setting up his own workshop.

Our National Council have been developing Standards specific to Ophthalmic Nursing over the last 10 years. These were launched by Amanda Wylie at our Conference. They are named the Practice Standards for Ophthalmic Nurses, and are a fantastic achievement that will greatly benefit our profession. Thank you to all involved!

Our AGM took place at the Conference and we were happy to welcome 3 new committee members for 2018-19. Sadly however, our committee has lost some of our longstanding members. These ladies have been a part of our AONAQ family for a long time. They are Jane Miles, Fiona O'Sullivan, Janet Storta, Sharon O'Toole and Patti Cay. We thank them for all the expertise, friendship and support they have given us over the years. We look forward to the ideas our new committee members bring to the table and hope that younger members will consider joining our committee in the future.

Finally, our day ended with a cocktail party overlooking the city, celebrating our 30 year milestone with fellow members and sponsors. It truly was a wonderful day and evening. Thank you to our amazing Conference Convenor, Carmen Newman, who coordinated yet another fantastic day for us all.

We have our Christmas meeting booked for Greenslopes Hospital in November. Check out the website closer to the date for more details.

AONAVIC

President's Report
Heather Machin RN MBA

This is the last report I write for you as AONA — National Council Chair. As VIC prepares to hand over the Chair to QLD, and Secretarial duties to WA in November, we reflect — with immense pride, at what has been achieved over the past two years. As both Secretary and Chair, we have seen tremendous change, and positive national collaboration. From the launch of our National Council in 2016, to its website, and of course the Practice Standards, this has truly been a wonderful time, and one that we are humbled and privileged to have been involved in.

While VIC may not have an administrative position nationally for the next 2 years, we will still be involved as representatives, supporting members, and of course working with our State Partners as we forge ahead with implementing the National Standards and preparing for the post-2020 era.

You may recall from my past entry that I attended the World Ophthalmology Congress in Barcelona. As one of — if not, the only nurse presenter at the event, I was struck by the warmth and support I received from our ophthalmological and development colleagues around the world, who are seeking the increased engagement of nurses in global, national and local eye health care.

Closer to home, we have welcomed 9 clinical events across our Tri-State region this year — with the cherry on the top being our AONAVIC-RANZCO Nursing Conference in Adelaide this coming November 18th. We truly hope colleagues from across the country will travel to Adelaide and join us (for a wine or two) — making new friends and opportunities along the way. We've a cracker conference planned for you, with our signature 'majority nurse led' program on the agenda once again. We have presentations from nurses around the Pacific Rim — USA, NZ, Singapore, Fiji, Papua New Guinea and the Solomon Islands, demonstrating the diversity of nurses and the boundless potential within each of us.

We are hoping, that by the time of the conference, we will also have access to the WHO World Report on Vision (which AONAVIC provided draft comment towards). This will be a valuable document for us to examine the direction of the wider sector. We are anticipating a launch day on/around World Site Day (October 11th).

At the time of writing this report for you, I prepare to travel to Hyderabad, India to attend the International Agency for the Prevention of Blindness's Council of Members Meeting. This is an opportunity to examine where we are up to — globally, with eye care in general, and specifically for nurses, determine if and where we could be involved.

AONAVIC Committee 2018-19

In October, I have also been invited to present at the American Academy of Ophthalmology, in Chicago — specifically regarding nursing, within their global program section. This again is an encouraging sign, and I hope to return with new opportunities for you all. I would also like to personally thank AONAVIC for supporting my travel to the Academy meeting, as their 2018 grant recipient (For reference, all AONAVIC members are welcome to apply for a Grant — see information on our webpage, but very rarely do we receive applications. I encourage each of you to look at the grant criteria and consider it in the future).

Closer to home, our committee have been working hard — as always, providing training to our local nurses. That said, as the sector requires more of us, we need more local nurse involvement in local training events. We openly and actively seek nurses across our tri-region to get involved in supporting their own local training needs. You do not need to join the committee — but your assistance with running face-to-face or distance events is invaluable. Global and national strategies are great, but nothing replaces the value of local knowledge and local involvement, and we seek your support in ensuring local training stays on the menu.

These may be busy times, these may be exciting times, but they are, if nothing else OUR TIMES. I hope you will join me and the rest of the AONAVIC and NC committee as we welcome in and throw our support behind our incoming NC leadership, and support our healthcare facilities with their implementation of the new National Standards.

See you in Adelaide on 18th November.
Thank you

NATIONAL STANDARDS

It is with pride, that we share news of our Countries first professional Practice Standards for Ophthalmic Nurses in Australia, launched at AONA-Queensland's 30th Conference in Brisbane on August 25th.

The Standards have been developed to provide individual nurses, employers and the wider eye care sector with a defined explanation of what is expected of ophthalmic nurses, within the contemporary Australian eye-healthcare system.

As we enter a period where there is increased need for nurse engagement and involvement in ophthalmic services, we as nurses need to understand our role, what is expected of us — and how we can support the wider eye care sector to reach the collective national eye care needs. The Framework provides that foundation.

Our development team — spearhead by Queensland Nurse Amanda Wylie, examined ophthalmic nursing frameworks from around the world, and cross-matched them to other nursing sub-specialist professionals in Australia, prior to devising a practice framework that is relevant to nursing and the eye care sector in Australia.

The Standards are designed to sit within the Nursing and Midwifery Board of Australia's Registered Nurse Standards for Practice — Domains of professional practice.

We welcome nurses, healthcare facilities and interested stakeholders to start using the document to guide practice. This invitation is also extended to our colleagues across the seas, who may find the Framework useful to help develop their own local or national version.

The Standards – A brief:

Domain 1: Thinks critically and analyses nursing practice

- Standard 1: Acts to enhance the continual development of individual practice and that of the specialty
- Standard 2: Advancing the specialist body of knowledge in Ophthalmic Nursing

Domain 2: Maintains the capability for practice

- Standard 3: Demonstrates and maintains specialist knowledge in ophthalmic nursing

Domain 3: Engages in therapeutic and professional relationships

- Standard 4: Engages in legal and ethical nursing practice
- Standard 5: Engages in health promotion and education activities

Domain 4: Provision and co-ordination of care

- Standard 6: Manages patient's ophthalmic health care

If you are going to be at RANZCO-Adelaide this year, please consider attending our Nursing Day Conference on Sunday 18th November — where we will expand and discuss implementation of the Framework (follow the event details links on our website aonanc.com.au).

Lastly, we wish to thank the many nurses and stakeholders within Australia and beyond, who participated in the development of this Framework — from concept to launch, over the course of the past 10 years. We dedicate this achievement to each of you — and thank you for the positive contribution you have made to your profession, and those we care for.

To access your copy, visit
aonanc.com.au/index.php/projects-publications

CRITICAL LITERATURE REVIEW **'EYES WIDE SHUT'**

On the Use of Complementary and Alternative Medicines (CAM) and Their Clinical Relevance to Ocular Health.

Paper by Jackie Neu
Student — Post Graduate Certificate in Ophthalmic Nursing
University of Notre Dame, Sydney NSW

Background

In my personal and professional experiences, the ambivalence to usage of Complementary and Alternative Medicines (CAM) by patients and health professionals is widespread and systemic. The purpose of the review is to bring about awareness – a mindfulness of the desired therapeutic effects and the adverse effects of herbal medications and nutritional supplements and its significance to ocular health. A critical review of literature will illustrate the issues, accumulate evidence and provide data of interest to the public and to healthcare providers in effort to educate and provide rationales for more thorough patient history and medication histories and disclosure (Fawcett & Rhynas 2012; Hardy 2013; Jarvis Forbes & Watt 2014). The ironies to me is that health professionals follow evidence-based practice and research; patient-centred grounded theory and actively promote health and wellness; however, we are all underestimating who and how many are consuming CAM as an adjunctive therapy and the desired or adverse effects of CAM (Fraunfelder 2014; NMBA 2016). Thorough and quality documentation and medication history taking dictates that we all ask: *'What medications do you use? List all prescription, Over-the-Counter (OTC) and nutritional supplements you take on a regular basis.'* But we tend not to follow-up what the patient discloses (Jarvis, Forbes & Watt 2014; McHenry 2016; NCCAM & NIH 2008; Reed 2010). My objective is to discover health professionals' and patients' perspectives on CAM and why patients do not disclose usage and why health professionals simply do not ask (McHenry 2016; NCCAM & NIH 2008 reasons; and illustrate examples of the same that may affect our eyes and overall health). Further to this, I will focus on which herbal medicines and nutritional supplements are consumed and for what medicinal (Fraunfelder 2014; NRDIOSE 2018; Reed 2010; Reid et al 2016; VonConrady & Bonney 2017).

Methods of Literature Review

When reading peer-reviewed literature on complimentary and alterative medicines, one must exercise caution and apply critical thinking skills to the purpose of the research and authors' affiliations, experience and reliability, especially when the subject matter arouses strong subjective opinion and controversy (Ellis 2013). With this in mind, I was pleasantly surprised that most interdisciplinary literature was unbiased and all where agreeable on a number factors. These factors are of importance and of clinical relevance to all healthcare providers and the public. CAM herbal and nutritional supplements must be disclosed with conventional pharmaceuticals and medical history to all healthcare providers in order to provide patient with information; ability to make informed decisions; and deliver quality, safe and holistic integrated. Similarities in literature and factors will be explored within this paper.

A wide cast search of peer-reviewed international professional journals was conducted utilising PubMed, CINAHL, Springer and MEDLINE. There are plenty of articles within required search parameters; however, most if not all, articles found provided:

- Very limited and unsubstantiated data on the subject of efficiency of CAM and desired therapeutic effects or effectiveness on ocular disorders and disease; and/or systemic chronic disease. Mostly qualitative data, based on lower research hierarchy criteria, such as website surveys, case series, editorials, commentary and opinion and very small sample sizes (Ellis 2013).
- Qualitative design scientific evidence was more reliable and measurable with questions of how many of the population utilised – which herbal and nutritional supplements - for which health conditions and rationale – known desirable and undesirable adverse effects of popular herbal medicines in ocular conditions (Ellis 2013)
- The American Academy of Ophthalmology (AAO) in conjunction with the Fraunfelder doctors offered the strongest evidence and has been providing published research on this particular research question since 1976. Data is transparent and reliable.
- Research literature from a variety of disciplines and countries (Australia, Canada, India, Netherlands, Norway, UK, and USA) focused on utilisations, perceptions and widespread prevalence of CAM. All the literature and its authors are agreeable and/or concur with one another on the following aspects:
    1. CAMs are defined as *'diverse collection of clinical practices (such as acupuncture, massage therapy and naturopathy) and treatments (such as herbal medicine and homeopathy) not traditionally associated with the conventional medical curriculum'* (Reid et al, 2018 pp1) and are recognised by the public and the medical profession as being whole medical systems that pre-date scientific conventional medicine*

*Cited in Reference list or elsewhere in this paper

2. Any conventional medicine and treatment; and any herbal and nutritional supplements and treatments that are introduced to the human body have the ability to cause adverse pathophysiological effects (FDA 2018; TGA 2018)
3. CAM herbal and nutritional supplements usage is increasing. The majority (>50%) of adults worldwide are currently utilizing CAM to prevent, treat or cure illnesses*
4. The herbal medicine and nutritional supplement market is vast, complex and lucrative. The market worldwide is over-saturated with products and CAM practitioners. By and large, the global market is unregulated; therefore, misleading advertising; unrestricted sales; and unknown actual product quality, integrity and recommended dosages pose huge threats to safety*
5. Safety of the patient and the public is imperative. All health providers must be cognisant of prevalence of CAM usage and possible desired/undesired therapeutic effects. Tertiary education and Continuing professional education (CPD) in all disciplines would be beneficial *
6. Populations are aging and incidence of chronic health diseases is increasing (WHO 2018)
7. Herbal medicines and nutritional supplements are pertinent to ophthalmology*
8. A significant amount of CAM users do not disclose consumption to any healthcare provider or medical specialist*
9. Need for further Research*

Discussion of Findings:

Complementary and Alternative Medicines originate from whole medical systems that are derived from complete systems of theory, belief and practice pre-dating conventional medicine and have evolved separately from conventional medicine (Astbury 2001; Reid et al. 2016). CAM usage is acknowledged by the medical scientific community and ironically medical interventions and pharmaceuticals stem from these rooted discoveries (Burrow 2013; Fraunfelder 2014; Wilkinson & Fraunfelder 2011). But yet, health professionals that rely on empirical data and grounded theory are biased and sceptical. On the other end of the spectrum, there are practitioners and patients of alternative medicines that distrust or feel betrayed by the medicalisation of health and wellness by conventional medicine (Jarvis, Forbes & Watt 2014; McHenry 2016; Reid et al 2016). There are endless perspectives both professional and personal; research both objective and subjective; but the outcome must be for all to mutually accept the theories; the prevalence and the subjective and objective effects of herbal medicines and nutritional supplements (Esmail 2017; Reed 2010; Reid et al. 2016; Wilkinson & Fraunfelder 2011; Witt et al. 2010). Literature asserts that society and as individual health providers from various disciplines, become more receptive and open-minded about all medicinal treatments and interventions in order to provide safe, effective and integrated patient-centred care (McHenry 2016; NCCAM/NIH 2008; WHO 2016).

Presently, more people around the worldwide are accessing CAM, namely herbal medicines and nutritional supplements, to treat chronic and acute disease processes, in an effort to live more holistically and/or prolong life (Esmail 2017; NCCAM 2018; Parikh & Parikh 2011; Reid et al., 2016). In Western communities, the prevalence of chronic disease is rising and our population is aging. With '2 out of 3 of Australians using CAM usage in the past 12 months' (Philpott, 2018 pp40; Reid et al.2016) and of those 2/3; '42%' are attempting to directly treat or manage high priority chronic illness (Reid et al.2016). Further to this, the trade journal *'Ocular immunology and inflammation'* 2009 surveyed a group of ophthalmic patients over 3 month period and found "42% use CAM for the specific purpose of improving their eye condition" (Smith et al. 2009,pp 193). It would be realistic to purpose that a lot of our ophthalmological patients are consuming CAMs and we health professionals are overlooking possible allergy reactions, drug interactions, pathophysiological effects, desired therapeutic effects and adverse events associated with complementary and alternative herbal medicines and nutritional supplements because of time-orientated appointments; negative attitudes and lack of interest and/or persistence when taking full histories (Fawcett & Rhynas 2012; Hardy 2013; Smith et al.2009; Wilkinson & Fraunfelder 2011).

People will go to great lengths to preserve, restore or rejuvenate their health and will try virtually any remedy to ward off the threat of blindness (Astbury 2001). Macular Degeneration (MD), Glaucoma, cataract and Ocular Surface Disorders (OSD) inflammatory conditions are the main ocular conditions that people seek and obtain herbal medicines and nutritional supplements for (Fraunfelder 2014; Smith et al. 2009). In addition, patients that also have co-morbidities like cardiovascular disease, diabetes, auto-immune diseases and arthritic diseases are predisposed to ocular – retinal manifestations and are also substantial CAM consumers (Esmail 2017; Reid et al, 2016; Smith et al, 2009). The most popular CAMs purchased for ocular health and treatment are:

Table I. Herbal medicines commonly used to treat eye diseases

Condition	Herb used
Age-related macular Degeneration	Ginkgo (*Ginkgo biloba*) Bilberry (*Vaccinium myrtillus*) Lutein *Salvia miltiorrhiza* Zeaxanthin
Cataract	Balloon flower (*Ptatycodon grandiflorum*) Bilberry (*Vaccinium myrtillus*) *Euphrasia officinalis* Ginkgo (*Ginkgo biloba*) Marigold (*Calendula an/ensis*)
Diabetic retinopathy	Bilberry (*Vaccinium myrtillus*) Ginkgo (*Ginkgo biloba*) Guar gum (*Cyamopsis tetragonoloba*) Qi Ming granule *Salvia miltiorrhiza*

*Cited in Reference list or elsewhere in this paper

Condition	Herb used
Glaucoma	Bilberry (Vacc/raum *myrtillus*) *Centaurium umbellatum* *Coleus forskohlii* *Euphrasia officinalis* Ginkgo (*Ginkgo biloba*) Jaborandi (*Pilocarpus jaborandi*) *Lobelia inflate* Marijuana (*Cannabis sativa*) *Salvia miltiorrhiza* Vinpocetine (*Vinca minor*) Witchi hazel (*Hamamelis virginiana*)

Fraunfelder 2014 pg.11: Wilkinson & Fraunfelder 2011, pg.2423

WHO Classification:

Canthaxanthine	**Certain:** Crystalline retinopathy
Chamomile	**Certain:** Allergic conjunctivitis
Datura	**Certain:** Mydriasis
Echinacea purpurea	**Probable:** Conjunctivitis
Ginkgo biloba	**Possible:** Spontaneous hyphema, retinal hemorrhage
Licorice	**Possible:** Vasospasm, visual loss associated with migraine-like symptoms
Niacin	**Probable:** Cystoid macular edema
	Possible: Decreased vision, dry eyes, discoloration of the eyelids, eyelid edema, proptosis, loss of eyebrows and eyelashes, and superficial punctate keratitis
Vitamin A	**Certain:** Intracranial hypertension when taken in large doses

Fraunfelder 2014, pg.10; NRDIOSE 2018

Awareness of the published bodies of research of Dr Fritz Fraunfelder and Dr Rick Fraunfelder and co-contributors is essential. Since 1976, Dr Fritz Fraunfelder has been studying how any medication, including herbal medicines and nutritional supplements, affect the eyes (NRDIOSE 2018). The literature is unbiased as it recognises that all medicines have desired and undesired therapeutic effects. The World Health Organisation (2018) works in collaboration with Drs Fraunfelder to educate professionals and the public of drug-related ocular side effects and adverse events in the 'National Registry of Drug-Induced Ocular Side Effects" (NRDIOSE 2018) and their updated "American Academy of Ophthalmology Syllabus" (Fraunfelder 2014). It is easy to download the Syllabus, purchase a more extensive textbook and/or just go to the website and type in the medication in question. The site is actively updated with known side effects and cases found worldwide submitted by practitioners and government institutions. Data clarity and safety advice is readily available at the touch of a button (NRDIOSE 2018).

For safety of the patient, a deeper discussion during patient assessment and history taking is imperative (Burrow 2013; Hardy 2013; Smith et al 2009; Wilkinson & Fraunfelder 2011). Acknowledgement of all treatments and patient perspectives is crucial in order to provide safe and optimal interdisciplinarian patient care plans and beneficial health outcomes (Jarvis, Forbes & Watt 2014; WHO 2016). According to Erin McHenry, in an American study "More than 40% of Americans who use complementary and alternative medicine do not disclose it to their primary care providers" (2016). The reported "Reasons for Non-disclosure was 57% Physician didn't ask — 46% felt Physician didn't need to know — 8% Were discourage or worried of negative reaction from the physician" (McHenry 2016). So it seems the health professionals own approximately 65% of that negative feedback!

Healthcare professionals, including CAM practitioners and pharmacists, should be open and informative as they may be the first source of consultation for patients (Philpott 2018). In addition, patients should be educated about the reality of their disease conditions and treatment options including adjunctive CAM therapies. Including the patient in development of their own treatment plan will increase their health literacy, establish therapeutic relationships and empower the patient to be in control of their health and wellness. Patient education and health promotion will encourage trust, conversation, transparency and disclosure with their multidisciplarian providers (Esmail 2017; Jarvis, Forbes & Watt 2014; Kralik & Van Loon 2011). If this was the standard, I believe shared-integrated care and treatment plans could then be used for measurable empirical research.

Analysis of Literature
Limitations, Gaps & Need for Further Research

- Research designs are limited and focus too similar. These qualitative research reports are readable and applicable; but subjective and retrospective. Need for higher levels of evidence on the research hierarchy with quantitative studies such as 'Interventional (Experimental)' and 'Observational' (Ellis 2013). To convert scientific-based knowledge into evidence-based practice, quantitative designs are desirable as there is less bias, larger cohorts and specific 'cause and effect' data (Ellis 2013).
- If 'western' societies or multicultural countries are increasingly using CAM for chronic health conditions and ocular conditions; is there research or studies available in different languages from countries that are more culturally-driven in their perspectives of health and illness? For example, China, presumably uses Chinese Medicines (and other CAM) and conventional medicine — would their research be more relative and reliable?

Conclusion

Any pharmaceuticals and/or herbal and nutritional supplements and treatments that are introduced to the human body have the ability to cause adverse pathophysiological effects (FDA 2018; Saladin 2014; TGA 2018) and have toxic ocular effects (NRDIOSE 2018). This is important to healthcare; as unless a patient history and physical assessment is thorough and trustworthy; and clinical reasoning cycle is initiated and continued, the public and individual patients will be put in danger. Furthermore; the recommendations are relevant to healthcare professionals in order to elevate their standard of practice. Establishing a therapeutic relationship with the patients will empower them to be involved in their optimal health and make healthy choices. A collaborative healthcare team can create a plan that will encompass and respect everyone's perspectives and offer educated views and choices. Regardless of the lack of evidence and unsubstantiated claims of CAM; the public still have positive perceptions of herbal medicines and nutritional supplements and there seems to be no end to purchasing and consumption. They believe CAM and CAM practitioners provide a more holistic overall health program and feel more empowered to co-manage their health and wellness. Perhaps health professionals should heed their own advice when actively encouraging "Successful-Healthy-Aging" and other health promotion and health literacy programs and acknowledge and support others on their health and illness journey. Maybe then, patients would disclose all their medications and health professionals can utilise their clinical reasoning skills to determine a patient's full medical history and known effects of medications on ocular health and provide patients with holistic, safe care and better health outcomes.

References attached separately. Also available on the website: aonavic.com.au/index.php/news-and-events

CALENDAR OF EVENTS

18th November

AONAVIC Conference
Adelaide Convention Centre

Details on page 4

18th-21st November

RANZCO Adelaide 2018
Adelaide Convention Centre

Details on page 4

24th November

AONA Queensland
Clinical Meeting

Details on page 3

24th November

AONA WA Clinical Meeting
4 – 7pm, Wollaster Conference Centre

Details on page 3