

FP Essentials

Call for Authors – October 2026

Eye Care

We are seeking an author or author group to write a manuscript for this edition of *FP Essentials* on the topic of eye care. This edition will cover four topics:

- Disorders of Refraction and Vision
- Chronic Visual Loss (Glaucoma, Age-Related Macular Degeneration, Age-Related Cataracts, Diabetic Retinopathy)
- Acute Red Eye (Conjunctivitis, Uveitis, Keratitis, Corneal Abrasion, Corneal Ulcer, Corneal Foreign Body)
- Ophthalmologic Emergencies

The main text of the manuscript should be approximately 10,000 words in length, divided into four sections of approximately 2,500 words each, plus an abstract of approximately 200 words for each section. In addition, there should be key practice recommendations, a maximum of 15 tables/figures total, and up to 200 references to provide support for all recommendations and factual statements in the manuscript. References must be numbered sequentially by section, with each new section starting over at “1.”

This edition should focus on what is new in each topic and should answer the key questions listed for each section. Each section should begin with an illustrative case, similar to the examples provided, with modifications to emphasize key points; each case should have a conclusion that demonstrates resolution of the clinical situation. The references provided here include information that should be considered in preparation of this edition of *FP Essentials*. However, these should be used only as a starting point in identifying the most current guidelines and references to include in the edition.

Needs Assessment

Family physicians provide care that includes screening, preventive measures, and treatment of acute and chronic conditions. Proper vision and eye health have a profound effect on a patient's quality of life and can impact other health conditions. Familiarity with screening, diagnostic, and treatment options for visual problems is key to a family physician's ability to provide comprehensive care to their patients. This monograph will help physicians effectively care for routine, urgent, and emergent conditions of the eyes.

Section 1: Disorders of Refraction and Vision

Example Case

AA is a ten-year-old brought in to see you by his parents. He recently started attending a new school, and many of his school- and home-based assignments require the use of an electronic device. His parents note that he seems to be squinting more, and he has told them that he cannot see the smartboard in school if he sits in the back of the classroom. They wonder if he needs vision testing, and if the use of electronic screens has contributed to this problem.

Key Questions to Consider

Background, Epidemiology, and Impact

- How does normal refraction and vision occur? *This should be a brief review, not a major focus of this section.*
- How common are disorders of refraction and vision? Include myopia, hyperopia, astigmatism, presbyopia, refractive amblyopia, and strabismus. How are these conditions defined? Are any of them becoming more common? At what age do they commonly present or are detected?
- Are there established risk factors (eg, genetic, environmental) for developing visual disorders? What are the impacts of developmental delay, autism, prematurity, and genetic syndromes?
- What are the main impacts of visual disorders on individuals, including children (language development, learning) and older adults (social isolation, impairment of driving or self-care)?
- What barriers exist in underserved communities to identify and treat these conditions? How can these barriers be overcome? What resources are available (such as InfantSEE)?

Diagnostic Evaluation

- What are the components of a vision assessment? What are the differences among assessments done in a family physician's, optometrist's, and ophthalmologist's office? What types of vision testing should be done routinely in a family physician's office? What vision screening tools are appropriate for young children who cannot read an eye chart? When is retinal screening warranted, such as in patients with significant myopia and an increased risk of retinal detachment?
- Which patients should be screened for refractive disorders? How often should screening be done? How effective are school and community vision screenings? Does vision testing for driver's licensure improve safety?
- How can refractive disorders be distinguished from other causes of vision impairment?
- Can vision screening be done remotely (ie, utilizing telemedicine)? How does it compare to an in-person assessment?

Treatment

- What are the different roles for an optometrist and an ophthalmologist in evaluation and treatment? When should a family physician refer to a pediatric ophthalmologist (for children) or an adult ophthalmologist?
- What are the treatment options for refractive disorders? How effective are these treatments?
- What are the indications for patching and visual therapy? How effective is it?
- What is low vision and what resources are available for it?

Prognosis

- What is the natural history of refractive disorders? What are the consequences of delayed diagnosis and treatment in children?
- Does correction of these disorders improve other aspects of health and quality of life?

Initial References to Consider

- Gervasio KA, Peck TJ. *The Wills Eye Manual Office and Emergency Room Treatment of Eye Disease*. 8th ed. Lippincott Williams & Wilkins;2021.
- Jacobs DS, Afshari NA, Bishop RJ, Keenan JD, Lee J, Shen TT, Vitale S; American Academy of Ophthalmology Preferred Practice Pattern Refractive Management/Intervention Panel. Refractive Errors Preferred Practice Pattern®. *Ophthalmology*. 2023 Mar;130(3):P1-P60.
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Section 2: Chronic Visual Loss (Glaucoma, Age-Related Macular Degeneration, Age-Related Cataracts, Diabetic Retinopathy)

Example Case

BB is a 71-year-old with a history of hypertension and dyslipidemia. Although previously well controlled, his blood pressure has consistently been above target on his home blood pressure readings. When you ask him about medication compliance, he tells you that he has been having difficulty reading the pill bottles, and he's not sure which pills he is actually taking.

Key Questions to Consider

This section will address open angle glaucoma, age-related macular degeneration, age-related cataracts and diabetic retinopathy. Please address the key questions for each condition.

Background, Epidemiology, and Impact

- How common is each condition?
- What are the risk factors for developing these conditions? What common medical comorbidities exist with these conditions?
- How do these conditions affect vision, quality of life, independent living, and the ability to manage other chronic conditions?
- Have any lifestyle interventions or supplements been shown to reduce the risk or delay the onset of these conditions? How effective are UV-protective glasses/sunglasses for preventing cataracts?
- What barriers exist in underserved communities to identify and treat these conditions? How can these barriers be overcome?

Diagnostic Evaluation

- What is the usual presentation of each condition? What is the usual pattern of vision loss?
- Is screening asymptomatic patients for chronic vision loss recommended in a family medicine practice? If so, who should be screened, how should screening be done, and how often?
- What are the typical physical examination findings for each condition? Are there any specialized tests that should be performed to aid in diagnosis?

Treatment

- Which of these conditions can be treated with pharmacotherapy and which ones require surgical intervention?
- How effective are the available treatments? What complications from treatments should family physicians be aware of?

Prognosis

- What is the natural history of these conditions? Do they progress, recur, or remain controlled with treatment?
- How does each of these conditions impact a patient's ability to drive?

Initial References to Consider

- Gervasio KA, Peck TJ. *The Wills Eye Manual Office and Emergency Room Treatment of Eye Disease*. 8th ed. Lippincott Williams & Wilkins;2021.

Glaucoma

- Stein JD, Khawaja AP, Weizer JS. Glaucoma in adults—screening, diagnosis, and management: a review. *JAMA*. 2021;325(2):164-174.
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Age-Related Macular Degeneration

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Age-Related Cataracts

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Diabetic Retinopathy

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Section 3: Acute Red Eye (Conjunctivitis, Uveitis, Keratitis, Corneal Abrasion, Corneal Ulcer, Corneal Foreign Body)

Example Case

CC is a 42-year-old with a past history of asthma and allergic rhinitis. She tells you that her right eye has been watery and red for the past few days, which she attributes to her allergies. On examination, her left eye is normal, but her right eye has conjunctival injection and a copious amount of watery discharge.

Key Questions to Consider

This section will address conjunctivitis (allergic, bacterial, and viral), uveitis, keratitis, corneal abrasions, corneal ulcer, and corneal foreign bodies. Please address the key questions for each condition.

Background, Epidemiology, and Impact

- How common is each condition?
- What are the risk factors for developing these conditions? What common medical comorbidities exist with these conditions?
- How do these conditions affect vision and quality of life?
- What barriers exist in underserved communities to identify and treat these conditions? How can these barriers be overcome?

Diagnostic Evaluation

- What is the usual presentation of each condition? How can family physicians differentiate among them? What are the red flag symptoms?
- What are the typical physical examination findings for each condition? Are there any specialized tests that should be performed to aid in diagnosis? *Consider creating a chart to distinguish among the conditions, including symptoms (painful versus painless), timing of onset, and physical exam findings.*

Treatment

- What are the recommended treatments for each condition, including pharmacotherapy and lifestyle modifications? When should patients with the conditions be referred to optometry or ophthalmology and what is the appropriate timing of referral?
- What are the preferred techniques for eye irrigation? When is dilation helpful for symptom relief and when should it be avoided? When are antibiotic or antiviral eye drops indicated for immediate treatment, and which ones are preferred? What is the role of corticosteroid eye drops, and can they be safely used in the primary care setting? Why should patching generally be avoided?
- How effective are the available treatments? What complications from treatments should family physicians be aware of? What considerations should be made for patients who wear contact lenses?

Prognosis

- What is the natural history of these conditions? Do they progress, recur, or remain controlled with treatment?
- Which of the conditions can cause permanent visual loss? Does treatment improve these outcomes?

Initial References to Consider

- Gervasio KA, Peck TJ. *The Wills Eye Manual Office and Emergency Room Treatment of Eye Disease*. 8th ed. Lippincott Williams & Wilkins;2021.
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Conjunctivitis

- Cheung AY, Choi DS, Ahmad S, Amescua G, Jhanji V, Lin A, Mian SI, Rhee MK, Viriya ET, Mah FS, Varu DM; American Academy of Ophthalmology Preferred Practice Pattern Cornea/External Disease Panel. Conjunctivitis Preferred Practice Pattern. *Ophthalmology*. 2024 Apr;131(4):P134-P204.

Uveitis

- Maghsoudlou P, Epps SJ, Guly CM, Dick AD. Uveitis in Adults: A Review. *JAMA*. 2025 Aug 5;334(5):419-434.

Keratitis

- Pasricha ND, Larco P, Miller D, Altamirano DS, Rose-Nussbaumer JR, Alfonso EC, Amescua G. Infectious Keratitis Management: 10-Year Update. *J Clin Med*. 2025 Aug 25;14(17):5987.
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Corneal Abrasion

- Ng SM, Leslie L, Tzang CC, Algarni AM, Kuo IC, Lawrenson AL; supported by the Cochrane Eyes and Vision Review Group. Antibiotic prophylaxis for corneal abrasion. *Cochrane Database Syst Rev*. 2025 Sep 29;9(9):CD014617.
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Section 4: Ophthalmologic Emergencies

Example Case

DD is a 46-year-old who presents to the emergency department with difficulty seeing after a sensation of bright flashing lights. She has a history of migraines and thought at first that this was an aura, but she has not experienced headache, nausea, or vomiting. Now she reports difficulty seeing out of her right eye, “like someone dropped a curtain in front of it.”

Key Questions to Consider

This section will address acute angle closure glaucoma, retinal detachment, and ocular trauma (both blunt and penetrating). Please address the key questions for each condition.

Background, Epidemiology, and Impact

- How common is each condition?
- What are the risk factors for developing these conditions? Are there precipitating events for them? What medications can be associated with these conditions? What common medical comorbidities exist with these conditions?
- How do these conditions affect vision and quality of life?
- What barriers exist in underserved communities to identify and treat these conditions? How can these barriers be overcome?

Diagnostic Evaluation

- What is the usual presentation of each condition? How can family physicians differentiate among them?
- What history or physical exam findings indicate that a patient needs emergent or urgent ophthalmology evaluation?
- What are the typical physical examination findings for each condition? Are there any specialized tests that should be performed to aid in diagnosis?

Treatment

- What should family physicians do for these patients prior to evaluation by an ophthalmologist? How quickly do they need to be evaluated by an ophthalmologist?
- What are the recommended treatments for each condition, including pharmacotherapy and surgical therapies?
- How effective are the available treatments? What complications from treatments should family physicians be aware of?

Prognosis

- What is the natural history of these conditions? Do they progress, recur, or remain controlled with treatment?
- Which of the conditions can cause permanent visual loss? Does treatment improve these outcomes?

Initial References to Consider

- Gervasio KA, Peck TJ. *The Wills Eye Manual Office and Emergency Room Treatment of Eye Disease*. 8th ed. Lippincott Williams & Wilkins;2021.
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Acute Angle Closure Glaucoma

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Retinal Detachment

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Ocular Trauma

- Rho JY, Dryden SC, Jerkins BM, Fowler BT. Management of Eye Trauma for the Primary Care Physician. *J Am Board Fam Med*. 2021 Sep-Oct;34(5):1018-1029.
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