UDC 617.735:614.2
https://doi.org/10.31612/2616-4868.3.2026.02

STUDY OF THE ATTITUDES OF GENERAL PRACTITIONERS–FAMILY MEDICINE PHYSICIANS TOWARDS THE MANAGEMENT OF PATIENTS WITH GLAUCOMA

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Abstract

Introduction. Glaucoma is the leading cause of irreversible vision loss. According to forecasts, the number of people with glaucoma will increase to 111 million by 2040, making it a significant medical and social problem. It is essential to determine the place and role of the general practitioner–family medicine (GP/FM) physician in the system of care for patients with visual pathologies to prevent irreversible blindness. The responsibility of a family physician should begin with early diagnosis of eye diseases, timely referral of the patient to an ophthalmologist, monitoring their condition, and ensuring adherence to the ophthalmologist's prescriptions. Preventing glaucoma through health education and timely detection among high-risk patient groups remains a relevant task for GP/FM physicians.
Aim. To analyze the motivational-value component of general practitioners–family medicine physicians regarding the prevention of glaucoma development among the population.
Materials and methods. The study materials comprised data from a survey of general practitioners–family medicine physicians. Bibliographic, medical-statistical, and analytical methods were used in the research.
Results. The sociological survey of GP/FM physicians revealed a need for knowledge about the organization and provision of ophthalmological care to improve the ophthalmological health of the population (95% of respondents); 85.3% expressed the need for knowledge about risk factors, prevention of glaucoma, and its complications. Nearly 89% of respondents rated their knowledge of organizing ophthalmological care and preventing ophthalmological diseases as 1-3 points on a 5-point scale. It is evident that GP/FM physicians lacked sufficient knowledge gained during their studies at higher educational institutions and internships in the specialty of «General Practice–Family Medicine» regarding the organization of ophthalmological care (only 7.4% and 10.3% of respondents rated their knowledge as 4). Almost 90% of the physicians had patients with glaucoma, yet they demonstrated low awareness of their condition and treatment outcomes. Additionally, a lack of attention from GP/FM physicians toward glaucoma prevention was identified.
Conclusions. The progressive spread of glaucoma among the population encourages the broad involvement of general practitioners–family medicine physicians in providing ophthalmological services, particularly for groups at risk of glaucoma development. Strengthening the focus on teaching future family physicians about the diagnosis, prevention, and treatment of ophthalmological pathologies, including glaucoma, remains essential.

Keywords: **public health, glaucoma, family physicians, sociological survey, prevention**

INTRODUCTION

The United Nations Resolution «Vision for Everyone» (2021) states that 1.1 billion people worldwide live with visual impairment, and by 2050, this number will increase to 1.8 billion. This document, aimed at combating preventable vision loss, established eye health as part of the UN Sustainable Development Goals. The strategic plan of the International Agency for the Prevention of Blindness (IAPB), «2030 IN SIGHT,» which is a logical continuation of the «VISION 2020» program, emphasizes the importance of increasing accessibility to ophthalmological services for the entire population, including through primary health care involvement. Among the causes of vision loss worldwide, cataracts, refractive errors, and glaucoma are the most common, with glaucoma being the leading cause of irreversible vision loss [1]. If the number of people with glaucoma worldwide was 76 million in

2020 (of which 8 million suffered from moderate and severe visual impairment and blindness), forecasts indicate that this number will rise to 111 million by 2040 [2]. The successful reduction of blindness worldwide has been achieved thanks to the WHO «VISION 2020» campaign, particularly through the widespread use of cataract surgery and the provision of glasses to the population, rather than preventive measures. Therefore, the prevention and treatment of glaucoma will be a critical topic at the Global Eye Health Summit in 2026. The most common type of glaucoma is open-angle glaucoma, which affects approximately 2% to 4% of individuals aged 40 and older and about 10% of individuals aged 75 and older [3]. The main risk factors for developing all types of glaucoma include age, certain diseases (such as diabetes, hypertension, and heart disease), prolonged use of corticosteroids, and family history [4], information about which is best known to the family physician, who can initiate referral of the patient to an ophthalmologist. Adherence to the treatment regimen can prevent the progression of glaucoma [5]. Poor adherence to therapy among patients with glaucoma contributes to disease progression and increases the rate of complications [6]. Therefore, it is essential to determine the place and role of the general practitioner–family medicine physician in the supervision of patients with visual pathologies to prevent irreversible vision loss and the development of blindness. The responsibility of the family physician should begin with the timely referral of the patient to an ophthalmologist based on a professional assessment of the clinical picture of eye disease and extend to monitoring the patient's adherence to the ophthalmologist's prescriptions. However, a relevant task for GP/FM physicians remains the prevention of glaucoma through hygienic education of the population and timely identification of high-risk patients, as accessible and free prevention can become an alternative to expensive, primarily surgical, and not always successful treatment of patients with glaucoma.

AIM

To analyze the motivational-value component of general practitioners–family medicine physicians (GP/FM) regarding the prevention of glaucoma development among the population.

MATERIALS AND METHODS

A self-designed questionnaire was used as a tool for the study. The study materials consisted of data obtained from a survey of GP/FM physicians. Bibliographic, medical-statistical, and analytical methods were applied in the research.

RESULTS

To assess the role and capabilities of GP/FM physicians in organizing ophthalmological care and preventing ophthalmological diseases among the population, particularly glaucoma, a comprehensive assessment of the results of a sociological survey was conducted. The survey involved 68 GP/FM physicians from one of the family medicine clinics in the Kyiv region. The respondents were predominantly individuals under 35 years old (50.0 ± 6.0%), those aged 36-60 years constituted 39.7 ± 5.9%, and those of retirement age (over 60 years) accounted for only 10.3%. The sample was predominantly female (83.8 ± 4.5%). Nearly half of the respondents (48.5 ± 6.1%) had a total medical experience of up to 10 years, while 35.3 ± 5.8% of the participants had between 11-30 years of experience, and 16.2 ± 4.5% of physicians had more than 30 years of experience. Regarding their experience as GP/FM physicians, 42.6 ± 6.0% of respondents had been working in this specialty for up to 10 years, 39.7 ± 5.9% for 11-30 years, and only 2.9 ± 2.0% had been working for over 30 years. According to the survey data, 80.9 ± 4.8% of the physicians worked in public medical institutions, while 10.3 ± 3.7% were employed in private clinics. About 67.6 ± 5.7% of the physicians had been working at their current workplace for up to 10 years, 25.0 ± 5.3% for 11-30 years, and only 7.4 ± 3.2% for more than 30 years. It is worth noting that 35.3 ± 5.8% of the physicians did not have a qualification category, possibly because 22.1 ± 5.0% had a total medical experience of up to 5 years. The percentage of physicians with second, first, and highest qualification categories was 25.0 ± 5.3%, 19.1 ± 4.8%, and 19.1 ± 4.8%, respectively.

Table 1

Assessment of General Practitioners–Family Medicine Doctors' Need for Knowledge Regarding Glaucoma in Their Professional Practice (Number of responses per 100 respondents, n = 68)

No.	Question Content	Response Option		
		Yes	Partially	No
		abs., (%)	abs., (%)	abs., (%)
	Assessment of General Practitioners–Family Medicine Doctors' Need for Knowledge:			
1	of the organization and provision of ophthalmological care to improve the ophthalmological health of the population	44 (64.7±5.8)	23 (33.8±5.7)	1 (1.5±1.5)
2	of glaucoma prevention and risk factors for its development	58 (85.3±4.3)	8 (11.8±3.9)	2 (2.9±2.0)
3	regarding the treatment of patients with glaucoma	36 (52.9±6.0)	24 (35.3±5.8)	8 (11.8±3.9)
4	regarding the prevention of glaucoma complications	58 (85.3±4.3)	8 (11.8±3.9)	2 (2.9±2.0)
5	regarding the detection of glaucoma complications	44 (64.7±5.8)	21 (30.9±5.6)	3 (4.4±2.5)

As seen in Table 1, 64.7 ± 5.8% of GP/FM physicians acknowledge or partially acknowledge (33.8 ± 5.7%) the need for knowledge in organizing and providing ophthalmological care to improve the population's ophthalmological health. A total of 85.3 ± 4.3% of physicians responded affirmatively to the question about the need for knowledge regarding risk factors for glaucoma and its complications. However, 11.8 ± 3.9% stated that they do not need knowledge about glaucoma treatment, possibly considering it the responsibility of ophthalmologists. Overall, 77.9 ± 5.0% of respondents indicated that they lack or sometimes lack (14.7 ± 4.3%) knowledge in providing ophthalmological care and preventing ophthalmological diseases.

The obtained data align with the results of a survey involving 63 Canadian family physicians, which indicated the need for additional training in the field of ophthalmology. Continuous training courses were considered necessary by 96.8% of respondents. Additionally, 82.5% believed that family physicians should take a leading role in diagnosing vision disorders, although 17.5% of family physicians believed this function should be performed by optometrists [7].

An interesting aspect was the analysis of GP/FM physicians' self-assessment of their knowledge of organizing ophthalmological care and preventing ophthalmological diseases (Table 2). The level of knowledge gained at medical universities during the pre-graduate stage was rated as «good» (4 points) by only 7.4 ± 3.2%, and during training in the internship program in the specialty «General Practice–Family Medicine» by 10.3 ± 3.7% of respondents. It is surprising that only half of the respondents (51.5%) highly rated (4-5 points) the importance of acquiring this knowledge by future GP/FM physicians during the internship stage. Only 11.8 ± 3.9% of respondents considered their knowledge in providing ophthalmological care and preventing ophthalmological diseases to be unsatisfactory, which seems paradoxical. The impact of this knowledge level on the quality of work of GP/FM physicians is unfortunately underestimated, as its importance was rated at 4-5 points by only 41.2% of respondents.

Table 2

Assessment by General Practitioners–Family Medicine Doctors of Certain Aspects of Their Own Knowledge Regarding the Organization of Ophthalmological Care and Prevention of Ophthalmological Diseases (Number of Responses per 100 Respondents, n = 68)

No.	Question Content	Score on a Scale from 1 to 5 (1 – Lowest Level, 5 – Highest Level), abs., (%)				
		1	2	3	4	5
1	Satisfaction with Own Level of Knowledge in the Organization of Ophthalmological Care and Prevention of Ophthalmological Diseases: Obtained at the Higher Medical Education Institution at the Pre-Graduate Stage					
		13 (19.1±4.8)	19 (27.9±5.4)	31 (45.6±6.0)	5 (7.4±3.2)	-
2	Obtained during internship training in the specialty «General Practice–Family Medicine»					
		27 (39.7±5.9)	17 (25.0±5.3)	17 (25.0±5.3)	7 (10.3±3.7)	-
3	The importance of acquiring this knowledge by future General Practice–Family Medicine doctors during the internship stage					
		9 (13.2±4.1)	9 (13.2±4.1)	15 (22.1±5.0)	18 (26.5±5.4)	17 (25.0±5.3)
4	Self-assessment of knowledge level in organizing ophthalmological care and preventing ophthalmological diseases					
		10 (14.7±4.3)	21 (30.9±5.6)	29 (42.6±6.0)	8 (11.8±3.9)	-
5	The impact of the level of this knowledge on the quality of work of a General Practitioner–Family Medicine doctor					
		5 (7.4±3.2)	8 (11.8±3.9)	27 (39.7±39.7)	21 (30.9±5.6)	7 (10.3±3.7)

According to a survey of Brazilian physicians, only 19.1% believe they have sufficient knowledge about major eye diseases. At the same time, 71.3% of doctors reported being able to manage emergency ophthalmological conditions. However, only 44.3% of respondents were able to recognize acute glaucoma [8].

The relevance of increasing GP/FM physicians' attention to patients with glaucoma is evident from the fact that nearly 90% of respondents reported having patients with glaucoma under their supervision (Table 3). Among these patients, 17.6 ± 4.6% had no blindness. A total of 44.1 ± 6.0% of patients did not undergo surgical treatment, but according to GP/FM physicians, 47.1% of operated patients managed to completely or partially normalize intraocular pressure and stabilize vision. 8.8 ± 3.4% of GP/FM physicians reported having patients with pseudoexfoliation syndrome, but 19.1 ± 4.8% of respondents answered «partially,» indicating a low level of diagnosis of this condition. It is known that pseudoexfoliation syndrome is responsible for 25% of cases of secondary acute-angle glaucoma [9].

The quality of medical care provided in institutions where GP/FM physicians work, according to their self-assessment, was mostly satisfactory (41.2 ± 5.9% of responses), standard (33.8 ± 5.7%), or average (19.1 ± 4.8%).

Table 3

Awareness of General Practitioners–Family Medicine Doctors about the Presence and Condition of Patients with Glaucoma among All Patients (Number of Responses per 100 Surveyed, n = 68)

No.	Question Content	Response Option		
		Yes	Partially	No
		abs., (%)	abs., (%)	abs., (%)
1	Are there patients with glaucoma among your patients?	61 (89.7±3.7)	2 (2.9±2.0)	5 (7.4±3.2)
2	Are there patients with pseudoexfoliation syndrome among your patients?	6 (8.8±3.4)	13 (19.1±4.8)	49 (72.1±5.4)
3	Are there patients who are blind in both eyes due to glaucoma among your patients?	18 (26.5±5.4)	38 (55.9±6.0)	12 (17.6±4.6)
4	If so, have these patients undergone surgical treatment for glaucoma?	26 (38.2±5.9)	12 (17.6±4.6)	30 (44.1±6.0)
5	Was it possible to normalize intraocular pressure and stabilize vision in the operated patients?	18 (26.5±5.4)	14 (20.6±4.9)	36 (52.9±6.1)

The vast majority of GP/FM physicians believe that the quality of healthcare delivery to the population, including ophthalmic patients, depends on the resources and material-technical base of the institution, 44.1 ± 6.0% – on the organization of work, and the same percentage – on the physician's level of qualification. More than a third of respondents (35.3 ± 5.8%) consider salary levels important. 29.4 ± 5.5% of respondents agree that the quality of work depends on the individual characteristics of the physician and 27.9 ± 5.4% on communication with the patient. According to GP/FM physicians, the quality of healthcare provided to patients, particularly those with ophthalmic conditions, is least dependent on the performance of duties by nursing staff (10.3 ± 3.7%) and on the legislative framework (19.1 ± 4.8%).

The insufficient attention of GP/FM physicians to glaucoma prevention is highlighted by the fact that 32.4 ± 5.7% of them did not monitor changes in the scope of preventive measures over the last 10 years, and one-third of respondents found it difficult to answer. Only 14.7 ± 4.3% believe that the scope of prevention has decreased during this period, or simply has not changed (16.2 ± 4.5%).

DISCUSSION

Early detection of glaucoma is crucial for preventing progressive vision loss in patients. Improving access to ophthalmological services requires involving primary healthcare providers to ensure continuity, sustainability, and comprehensiveness of overall patient care [10]. However, primary eye care services must be properly integrated with the main primary care provider for the patient – the GP/FM physician. Currently, ophthalmology is not clearly divided into primary, secondary, and tertiary levels, considering the specificity of patients or specialists providing care. «First-contact care…» can be provided to varying degrees by different specialists – ophthalmologists, GP/FM physicians, optometrists, internists, orthoptists, ophthalmic nurses, and sometimes with significant duplication of efforts. Therefore, it is incorrect to consider primary eye care as an exclusive domain of a single group of specialists [11].

Unfortunately, GP/FM physicians do not always have a sufficient level of theoretical knowledge and practical skills, or the necessary equipment for timely early diagnosis of glaucoma, which would allow for early and potentially successful treatment. There are also certain discrepancies between physicians' perceptions of their role in glaucoma treatment and their actual diagnosis and treatment practices. More than 90% of Israeli family physicians recognize the role of primary care in the early detection of glaucoma, promoting adherence to treatment, and encouraging patients to regularly visit their ophthalmologist. However, only 30% of respondents asked glaucoma patients about their family history, and 64% discussed treatment adherence. Of the respondents, 87% regularly issued repeat prescriptions, but only 35% explained to patients the correct usage regimen. The reason for such discrepancies lies in the fact that 60% of physicians believe they did not acquire sufficient knowledge and competencies during their residency training. In practical work, they are hindered by a lack of time (43%) and a lack of knowledge regarding treatment and recommended follow-up (46%) [12].

An important aspect is not only the concordance of the GP/FM physician with the patient, especially in terms of adherence to a rather long-term treatment regimen. It is also crucial to establish communication with the ophthalmologist on all issues – prevention, diagnosis, and treatment of eye diseases, including glaucoma. In countries such as Australia, New Zealand, Canada, the USA, and the UK, optometrists are more commonly responsible for glaucoma diagnosis than primary care physicians. The implementation of artificial intelligence (AI) in ophthalmology can enhance the accuracy and efficiency of glaucoma diagnosis by GP/FM physicians and has the potential to reduce the global prevalence of undiagnosed glaucoma cases [13]. AI can also be used in educating patients, physicians, and medical students. However, there are significant obstacles and challenges to be addressed along the way, including external testing, ensuring high quality, cybersecurity, and medical-legal implications [14].

In the field of glaucoma prevention, it is necessary to create a communication network aimed at early diagnosis and treatment of glaucoma to preserve remaining

vision from further deterioration. In glaucoma, primary prevention involves recognizing risk factors first and then referring patients in high-risk groups or suspected of having glaucoma to specialized ophthalmology centers for examination.

The frequency of recommended screenings depends on the nature of risk factors such as age, race, ethnicity, and family history, as glaucoma is largely a hereditary disease [15]. Surveys of professionals involved in vision-related issues, including GP/FM physicians, indicated the need for testing patients based on old age (57%) and family history (91%). However, physicians' awareness of polygenic risk assessments for glaucoma development using genomic information was low (11%) [16]. Secondary prevention screening programs mostly target individuals aged 40 to 60 and aim for early diagnosis to detect glaucoma at the asymptomatic stage. Given the uneven awareness of the population regarding glaucoma and varying levels of access to healthcare facilities, telemedicine opportunities should be utilized. Furthermore, all those involved in providing ophthalmological services must join forces to support preventive programs, increase patient awareness about the disease, and encourage their adherence to monitoring programs [17].

CONCLUSIONS

The progressive spread of glaucoma among the global population encourages the involvement of a wide range of specialists, including General Practice–Family Medicine (GP/FM) physicians, to provide ophthalmological services to the population, particularly high-risk groups. Timely early diagnosis of glaucoma is seen as crucial for preventing potential complications, especially blindness. A sociological survey of GP/FM physicians demonstrated the need for knowledge in organizing and providing ophthalmological care to improve the ophthalmological health of the population (95% of respondents); 85.3% indicated a need for knowledge about risk factors for glaucoma and its prevention and complications. Almost 89% of respondents rated their knowledge of organizing ophthalmological care and preventing eye diseases between 1 and 3 points on a 5-point scale. Apparently, GP/FM physicians lacked the knowledge obtained during their training at higher educational institutions and internships in the specialty «General Practice–Family Medicine» regarding the organization of ophthalmological care (only 7.4% and 10.3% of respondents, respectively, rated their knowledge as 4). Nearly 90% of physicians had patients with glaucoma under their care, but they demonstrated low awareness of their condition and treatment outcomes. The study established that GP/FM physicians paid insufficient attention to glaucoma prevention. Thus, there is a need to enhance the focus on teaching future doctors in higher educational institutions about organizing the diagnosis, prevention, and treatment of ophthalmological pathologies, particularly glaucoma.

Future Research Prospects. The prevention of blindness and of glaucoma development are relevant issues in Ukraine. Future research on this medical and social problem is planned to include scientific substantiation, development, and systematic implementation of a prevention algorithm for pseudoexfoliative glaucoma at the primary healthcare level. Further study is needed to evaluate the timeliness of receiving ophthalmological care by patients newly diagnosed with glaucoma and the quality of blindness prevention organization in patients with glaucoma.

COMPLIANCE WITH ETHICAL REQUIREMENTS

The study was conducted in accordance with the standards and principles of the Declaration of Helsinki by the World Medical Association, «Ethical Conduct for Research Involving Humans» (2014). The questionnaire used during the study was approved by the Ethics Committee of O. O. Bogomolets National Medical University, Protocol No. 190, dated 23.12.24.

FUNDING AND CONFLICT OF INTERESTS

The authors declare no conflict of interest in conducting the study, authorship, or publication of this article. The source of funding was personal funds.

The research was conducted as part of the scientific project «Scientific Rationale for Improving Organizational Principles of the Healthcare System Under Modern Transformational Changes,» state registration number 0123U101432, registration date 03.03.2023. The organization and conduct of the study did not require additional funding.

AUTHOR CONTRIBUTIONS

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Резюме

ДОСЛІДЖЕННЯ СТАВЛЕННЯ ЛІКАРІВ ЗАГАЛЬНОЇ ПРАКТИКИ–СІМЕЙНОЇ МЕДИЦИНИ ДО НАГЛЯДУ ЗА ПАЦІЄНТАМИ З ГЛАУКОМОЮ

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Вступ. Глаукома є найпоширенішою причиною незворотної втрати зору. За прогнозами, у 2040 році кількість людей з глаукомою зросте до 111 млн. Це стає важливою медико-соціальною проблемою. Важливо визначити місце та роль лікаря загальної практики – сімейної медицини (ЗП-СМ) у системі допомоги хворим з патологією зору з метою запобігання безповоротної сліпоти. Відповідальність сімейного лікаря має починатися із ранньої діагностики захворювання очей, своєчасного скерування пацієнта до офтальмолога, моніторингу стану пацієнта та контролю за виконанням призначень лікаря-офтальмолога. Актуальним завданням лікаря ЗП-СМ залишається профілактика глаукоми шляхом гігієнічного навчання населення та своєчасного виявлення серед пацієнтів груп ризику.

Мета. Проаналізувати мотиваційно-ціннісний компонент у лікарів загальної практики–сімейної медицини щодо профілактики розвитку глаукоми серед населення.

Матеріали та методи. Матеріалами дослідження стали дані анкетного опитування лікарів загальної практики–сімейної медицини. У роботі використано бібліографічний, медико-статистичний та аналітичний методи.

Результати. Соціологічне опитування лікарів ЗП-СМ довело наявність потреби у знаннях з організації та надання офтальмологічної допомоги для покращення офтальмологічного здоров'я населення (95 % опитаних); 85,3 % – у знаннях про фактори ризику виникнення та профілактики глаукоми та її ускладнень. Майже 89 % респондентів оцінили свої знання з організації офтальмологічної допомоги та профілактики офтальмологічних захворювань на 1-3 бали за 5-бальною шкалою. Вочевидь, лікарям ЗП-СМ забракло знань, отриманих під час навчання у вищому навчальному закладі та інтернатурі за спеціальністю «Загальна практика–сімейна медицина» стосовно організації офтальмологічної допомоги (відповідно лише 7,4 % та 10,3 % опитуваних оцінили їх на «4»). Майже 90 % лікарів мали серед своїх пацієнтів хворих на глаукому, але при цьому продемонстрували низьку обізнаність з приводу їх стану та результатів лікування. Також визначено недостатність уваги з боку лікарів ЗПСМ до профілактики глаукоми.

Висновки. Прогресуюче поширення глаукоми серед населення спонукає до широкого залучення лікарів загальної практики–сімейної медицини для надання офтальмологічних послуг населенню, зокрема груп ризику розвитку глаукоми. Актуальним залишається посилення уваги до викладання майбутнім сімейним лікарям питань діагностики, профілактики та лікування офтальмологічної патології, зокрема глаукоми.

Ключові слова: **громадське здоров'я, глаукома, сімейні лікарі, соціологічне опитування, профілактика**

Received: 12.02.2026
Accepted: 02.04.2026