

# Barriers to the Diagnosis and Management of Keratoconus Among Optometrists in Kenya [Letter]

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## Dear editor

We are writing to express our appreciation to Rashid et al<sup>1</sup> for their insightful study on “Barriers to the Diagnosis and Management of Keratoconus Among Optometrists in Kenya”. As medical students in the UK with keen interests in global health and improving patient outcomes, we find the research to be a significant contribution to our understanding of the optometric landscape in Kenya, particularly concerning Keratoconus - a progressive eye condition characterised by the thinning and bulging of the cornea into a cone-like shape, impacting visual acuity and vision-related quality of life.<sup>2,3</sup>

The study has identified challenges such as the need for more access to advanced diagnostic equipment, limited continuous professional development opportunities, and the absence of standardised national guidelines.<sup>1</sup> By highlighting these issues, the research showcases the specific needs of optometrists and also the broader implications for patient care, including prevention, early detection and management.

However, upon reflection of the study's methodology,<sup>1</sup> we propose areas for improvement that could further display the rationale and enrich our understanding and approach to overcoming these barriers. Firstly, implementing focus groups to gather quantitative data would provide a deeper, qualitative understanding of the problems identified in the survey.<sup>4</sup> By engaging directly with optometrists, healthcare providers, education institutions (including students) and patients, researchers could gain in-depth perspectives and understanding of the barriers to Keratoconus management and explore the reasoning behind the suggestions made by healthcare professionals rather than speculating on the reasoning behind a suggestion.

It was great to see Rashid et al's efforts to correlate the barriers with the optometrists' experience and workplace context. However, the survey methodology should be further refined to capture more specific responses, such as using Likert scales to measure the confidence levels of opticians, which would provide a greater understanding of the clinician's perceived confidence levels.<sup>5</sup> Likewise, compiling a detailed list of the diagnostic and management equipment available at each institution could help recognise the level of resource gaps.

Moreover, for future study, undertaking quality improvement projects for each identified barrier and proposing practical interventions, consequently assessing their impact, can lead to evidence-based suggestions on breaking down barriers and improving patient outcomes for Keratoconus and other ophthalmology conditions. Furthermore, a longitudinal study approach would also be invaluable, tracking changes and progress in response to implemented interventions, highlighting the effectiveness of different strategies, and informing ongoing improvements in practice and policy.

In conclusion, once again, we thank Rashid et al<sup>1</sup> for their attention towards improving health outcomes as their study presents essential findings that contribute to our understanding of the barriers to Keratoconus diagnosis and management in Kenya; the suggestions offered here aim to build upon this foundation. By expanding the scope of research, employing a mix of qualitative and quantitative methods, and adopting a longitudinal perspective, we can foster a more holistic and dynamic understanding of the challenges faced and practical actions that can be introduced. Consequently, offering valuable insight nationally and for other regions facing similar issues.

## Disclosure

The authors report no conflicts of interest in this communication.

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