**AIDS and the Eye Care Provider, Conjunctivitis and the Contact Lens Wearer**

In the recent past, health practitioners have experienced an increase in eye-related complications among many patients in the United States and the whole world at large. As a result, health scientists have embarked on intensive researches in an attempt to develop sustainable solution to eye disorders. Among those eye-related complications, majorly involve ocular complications of AIDS and Conjunctivitis are increasingly becoming public health concerns. In light of this, the two disorders have attracted a great deal of interest from various stakeholders in the health sector, which has seen efforts being made in order to prevent and manage the diseases. This essay therefore, attempts to broadly discuss and analyze AIDS alongside the eye care provision for patients and the causes of conjunctivitis for patients who wear contact lenses. The essay will address the impact of HIV/AIDS on the health and wellbeing of individuals through the identification of the ophthalmic conditions associated with low level of immunity.

The Acquired Immune Deficiency Syndrome, AIDS, is a syndrome that occurs in human beings and is caused by the Human Immune-Deficiency Virus (Spitzer & Szurman, 2009). The virus weakens the immune system of the body, resulting to a deficiency of immunity which incapacitates the body’s ability to fight off diseases (Spitzer & Szurman, 2009). As a result, the body is rendered prone to infections which may eventually affect the eye of the patient. In the recent past, AIDS patients have become the subject of eye-related disorders (Omolase et al., 2012). Due to the immunodeficiency condition of the body caused by HIV/AIDS infection, the immune-competence of the various body systems is distorted resulting in poor health outcomes among the patients. One of the systems that are impacted by the immune-compromised state of the body includes the ophthalmic system.

The impact of the disease on the ocular and ophthalmology systems in a patient has led to the manifestation of various eye-related problems in AIDS patients (Spitzer & Szurman, 2009). One of the common eye complications among immune-compromised patients includes HIV retinopathy which is the most prevalent disorder for HIV patients (Martin-Odoom, Bonney & Opoku, 2016). In this case, the virus interferes with the normal blood circulation in the retina which impairs the normal functioning of the eyes (Martin-Odoom, Bonney & Opoku, 2016). HIV retinopathy is characterized by the development of cotton-wool spots on the retina that is caused by loss of integrity of the tiny blood vessels supplying the retina. Apart from HIV retinopathy, another eye-disorder prevalent among most HIV/AIDS patients is cytomegalovirus retinitis that affects the retina (Arcinue et al., 2015). Cytomegalovirus Retinitis is caused by a cytomegalovirus invasion of the retina resulting in the breakdown of the tiny blood vessels supplying the retina. In the management of patient with low count of T-cells, such as HIV/AIDS patients, the symptoms of cytomegalovirus retinitis include the inflammation of the retina, bleeding and loss of vision due to the detachment of the retina. The patients often experience blurred vision over time due to the continued loss of retinal tissues that is caused by the damage of the capillaries that supply the retina with oxygen and nutrients. In the management of cytomegalovirus retinitis lack of a timely intervention could result to the detachment of the retinal, leading to a loss of vision. Other eye-related disorders due to HIV infection include the Kaposi’ Sarcoma, which is a type of tumor that occurs in HIV/AIDS condition. In regard to the ophthalmic tissue, Kaposi sarcoma is characterized by the development of red lesions on the eyelids (Arcinue et al., 2015). Apart from the development of the tumor on the eyelid, the tumors can also develop on the conjunctiva resulting in impairment of the vision.

Consequently, great attention has been shifted to the eye care provision for patients with AIDS. In full realization of the severity of the eye-complication, a lot of emphasis has been laid on the efforts geared towards improving the eye care provision, especially for AIDS patients who are highly susceptible to these complications (Spitzer & Szurman, 2009). Likewise, the need to equip the eye care provider with the necessary knowledge and technology has also been underscored in order to achieve an efficient and effective eye care provision. There are various strategies that have been implemented to enable the ophthalmologists have the capacity to offer quality eyes care for AIDS patients. One of these strategies is early diagnosis (Spitzer & Szurman, 2009). Health scientists and nurses have insisted on the need for early diagnosis of ocular complications in AIDS patients in order to facilitate a timely intervention that will guarantee effective eye care provision (Spitzer & Szurman, 2009). The advantage point of early diagnosis is that it enables the eye care provider to provide eye care with much ease as the severity of the disorder is still manageable. However, late diagnosis of ocular complications increases the complexity of the treatment of the disorder (Spitzer & Szurman, 2009). It makes it increasingly difficult to treat a late diagnosed eye-related disorder as the complications are already in their latter stages of development, making treatment a huge risk. It is therefore the responsibility of the eye care provider, in collaboration with the AIDS patient to facilitate an early diagnosis of the ocular complications. The ophthalmologists should be able to guide the patient on the specific symptoms that he or she should look out for as early warning signs of eye related disorders. Some of these symptoms to be identified include; blurred vision, difficulty with the eye movement, a growth near the eye region, double vision, painful red and watery eyes as well as sensitivity to light. By doing so, the eye care provider is able to diagnose any eye-related disorder during the early stages which makes the treatment of the diagnosed complication much more effective.

However, although early diagnosis has replicated tremendous successes in alleviating the progression of various eye-related disorders, ocular complications still remain to be a major concern among eye-related disorders across the whole world. For this reason, eye care providers are tuning focus of the approach of eye care from a treatment approach to a preventing approach (Spitzer & Szurman, 2009). By preventing ocular complications in HIV patients, the morbidity of eye diseases would significantly reduce. Consequently, eye care providers are encouraging AIDS patients to adopt preventive measures that are geared towards mitigating the possibilities of developing ocular complications (Spitzer & Szurman, 2009). Some of these preventive strategies being implemented include; regular eye check-ups and examinations, prescription of the Highly Active Anti-Retroviral Treatment Therapy (HAART) which reduces the CD4 count to levels that are not threatening, optimal nutrition rich in vitamin A as well as constant vigilance on any symptoms of eye related disorders (Spitzer & Szurman, 2009). In the long run, a preventive approach by the eye care provider would ultimately result to reduced prevalence of ocular complications among AIDS patients. The intervention is important because Acquired Immune Deficiency Syndrome, AIDS, is caused by the Human Immune-Deficiency Virus whereby the virus weakens the immune system of the body, resulting to a deficiency of immunity which incapacitates the body’s ability to fight off diseases.

Moving on from Ocular Complications due to AIDS, another prevalent eye complication is Conjunctivitis especially among the people who wear contact lenses (Azari & Barney, 2013). Conjunctivitis can be described as the complete or partial inflammation of the conjunctiva, a thin membrane in between the eye lid and the eye. The manifestation of Conjunctivitis can be caused either through viral, bacterial or allergic infections (Azari & Barney, 2013). With regards to contact lens wearers, the common form of conjunctivitis is the bacterial conjunctivitis although both allergic and viral infections may also result to the development of conjunctivitis (Shin et al., 2016). Individuals who wear contact lenses are highly vulnerable to bacterial infections that may eventually lead to the development of conjunctivitis. The common symptoms of bacterial conjunctivitis may include pain in the eyes, swelling of the eyelids, redness, unpleasant discharges, blurred vision and sensitivity to light (McVeigh, Vadhani, Tavassoli & Tole, 2017). The process of wearing contact lenses often exposes one to the possibilities of getting different infections due to bacteria and allergens (Brodsky, 2000). This is largely due to the fact that the insertion of the contact lens into the eye is done using fingers which may cause contamination. For this reason, eye care providers have underscored the significance of observing great hygiene practices as a preventive measure of conjunctivitis. Ensuring that the hands are carefully sanitized prior to the placement in the eyes is very important as it alleviates any likelihood of a bacterial infection in the eyes (Brodsky, 2000). Furthermore, the contact lenses themselves should also be stored in aseptic conditions that do not permit the survival of any bacteria, allergens or viruses that may eventually cause conjunctivitis.

The manifestation of conjunctivitis is always an indicator of unhygienic eye care regime. In this case, eye care providers recommend that one should immediately stop wearing contact lenses. Ophthalmologists argue that the use of contact lenses during the manifestation of conjunctivitis can result to the damage of the cornea region of the eye (Brodsky, 2000). This in turn increases the chances of loss of vision. Alternatively, eye care providers suggests that contact lens wearers should resort to wearing glasses in order to pave way for the treatment of conjunctivitis. Treatment of conjunctivitis is usually dependent on the nature in which the complication manifests itself. At times, if a patients stops wearing contact lenses, viral conjunctivitis tends to eventually go away by its own. However, other types of conjunctivitis require medical treatment with an aim of managing the underlying symptoms such as itchiness and swelling (McVeigh, Vadhani, Tavassoli & Tole, 2017). Medical prescriptions of antihistamines are recommended for patients who experience itchiness. Bacterial conjunctivitis is mainly treated using eye drops which wash off the bacteria in the eyes. Within two to three days, bacteria conjunctivitis usually improves. Allergic Conjunctiva is generally treated by ensuring that the allergenic exposure is mitigated (Brodsky, 2000). Eye care providers insist that patients with conjunctiva should observe high levels of the hygiene.

In conclusion, HIV causes impairment of the immune systems through the reduction of the number of t-cells that contribute in the development of defenses against infection. The impairment of the body’s immune system causes opportunistic eye infections and tumors that impair the ophthalmic functioning of the patients. The eye care provider should be aware of the various opportunistic infections that are associated with immunocompromised patients. Therefore the essay affirms the significance of eye care providers in facilitating the prevention, treatment and recovery of patients with eye disorders. As conjunctivitis and ocular disorders due to AIDS increase, the role played by the ophthalmologists is, to a large extent, significant in offering treatment alternatives to patients and also creating a prevention awareness of ocular complications. Additionally, the significance of hygiene in eye care is also emphasized as an ideal strategy to prevent any ocular complications. The care provider involved in the management of immunocompromised patients should ensure that the right interventions are undertaken to effectively promote the health and wellbeing of the patients. In promoting the health of the patients, the care provided should focus on promoting the immunological competency of the patient as well as the treatment of the opportunistic infections.

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