



KEYNOTE

A Nystagmus Care Pathway for All

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In the 1980's, Chris Harris' doctoral and post-doctoral research was in the development of eye movements in healthy infants. In 1989 he moved from New York to Gt. Ormond St. Children's Hospital, London, where he set up an eye movement laboratory for studying abnormal development in numerous clinical conditions, including nystagmus. In 2000, he took up a chair in neuroscience at Plymouth University, and continues his research into modelling of normal and abnormal eye movements, and maintains a clinical collaboration with the Royal Eye Infirmary in Plymouth (www.cmharris.co.uk).

Keynote lecture outline

Nystagmus is a pathological spontaneous oscillation of one or both eyes. Nystagmus is a complex clinical problem with many subtypes and causes, ranging from the acute neurological emergency to chronic visual disorders. It affects about 1.8 million people in the EU (1:400). In addition to any underlying cause, the nystagmus is usually persistent and has a wide range of negative visual, educational, and social impacts. In the UK there are a handful of centres that specialise in the diagnosis and management of patients with nystagmus, but most patients do not have access to them. Nationally and internationally, patients complain of wild inconsistencies across eye clinics and a dearth of information (based on evidence from the UK Nystagmus Network support charity). I will present a Nystagmus Care Pathway (NCP) for patients of all ages with all types of nystagmus to provide a multi-disciplinary, evidence-based, and consistent minimum standard of care. It consists of 7 stages: 1) pathway entry; 2) nystagmus identification; 3) finding underlying associations; 4) management underlying associations; 5) management of the nystagmus; 6) patient support; 7) pathway exit. The NCP would be managed ideally by orthoptists who work in all hospital eye clinics and are overseen by a single governing body (British and Irish Orthoptics Society, BIOS). They have training in oculomotor disorders, spend much time with patients, and typically have contact with social support services. We have instigated the NCP in our clinic in Plymouth, and it is now under consideration by BIOS as a national NCP.