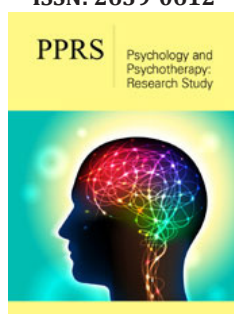


The Importance of the Study of Psycho-Ophthalmology in Ophthalmological Medical Education

Julio Cesar Souza-Silva*

Faculty of Medicine, Federal University of Goiás, Brazil

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***Corresponding author:** Julio Cesar Souza-Silva, Faculty of Medicine, Federal University of Goiás, Brazil

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Introduction

Studies of psychological disorders within the context of ophthalmic diseases are of paramount importance for the humanistic training of ophthalmologists. On several occasions, the ophthalmologist is faced with situations of established blindness or diseases with the potential for irreversible blindness, and which require adequate management to communicate with the patient and/or family members. There is a gap in the training of ophthalmologists so that they can adequately manage ocular diseases that may have affective, cognitive and behavioral psychological repercussions. There is a gap in the literature that addresses this relevant topic in ophthalmic medical education.

Opinion

Ophthalmology is a medical specialty with a very wide and very specific amount of knowledge. In medical graduation, only a small workload is devoted to ophthalmological teaching, which means that the real ophthalmological learning takes place in medical residency and in the subspecialty internship (Fellowship). The ophthalmology resident is bombarded with new technical terms, techniques, knowledge, exams, procedures, surgeries, surgical instruments, diagnostic equipment and procedures. There is a tendency for the resident/fellowship physician to adopt a technical attitude that can weaken the recognition and management of psychological illnesses and situations that can be potentially harmful to the mental and physical health of the patient and/or their family members [1]. It is recommended that the ophthalmologist understand the importance of considering the impact of ophthalmological diseases on the psychological dynamics of the person assisted, so that signs of affective, cognitive and behavioral changes are always evaluated so that they are referred for appropriate treatment. Psychological alterations within the context of ophthalmological diseases should always be investigated in ophthalmological consultation.

In the case of childhood blindness, there is a possibility of conflict between the expectation of receiving a child without any disability and the shocking reality of visual loss. The ophthalmologist has to be very careful in communicating childhood blindness so as not to further traumatize parents and family members, worsening a situation that can lead to anxiety and reactive depression [2]. psychological repercussions on parents is retinoblastoma. This is the ocular cancer that is the most frequent in childhood and that can pose a potential risk to the child's life or potentially stigmatizing outcomes (enucleation, evisceration, etc.). In the case of strabismus, affective behavioral alterations may be associated with escaping the aesthetic standards established by society or with the loss/limitation that may be associated with the condition of strabismus. Generally depression and anxiety and limitation in the establishment of social and affective relationships may be present. Retinitis pigmentosa and Glaucoma may be associated with vision and visual field impairment. In the case of blindness from glaucoma,

depressive and anxious symptoms may be present. Whatever the ophthalmologically based disease, the ophthalmologist must have a minimum of knowledge about affective-behavioral psychological changes so that he can correctly manage the case and avoid loss of productivity, tension in social and affective relationships and outcomes. such as suicidal ideation and suicide.

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