THE GLAUCOMA PATIENT

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GLAUCOMA FACTS

1. A Leading cause of Blindness- approx 10% of patients receiving care will go blind
2. 2nd Leading cause of blindness worldwide after cataracts in African Americans
3. There is no cure
4. There can be no symptoms
5. 3 million people in the US have glaucoma right now but only half of them know it!

WHAT YOUR PATIENT KNOWS

2002 PREVENT BLINDNESS AMERICA SURVEY

- Blindness was the patient’s 3rd major fear after cancer and heart disease
- 80% of patients thought Glaucoma could be cured and there were symptoms
- 50% had heard of Glaucoma but did not know what it is
- 30% had NEVER heard of Glaucoma
WHAT DOES THIS MEAN!

You will educate the patient
Your knowledge will be their way to better care
You will help guide the patient to get medical help

WHAT IS GLAUCOMA

- Optic nerve disease, progressive, very slow loss of optic nerve tissue that is irreversible

ANATOMY
PATHOGENESIS

- Average Eye Pressure (IOP) in the population is 18-22
- Chronic resistance at the Trabecular Meshwork causes IOP elevation, pressure on the nerve fibers, damage and visual field loss

PATHOGENESIS

- Optic nerves are the “SEEING” part of the brain
- Your view of the world is your “Visual Field”
- Optic Nerve damage = Visual Field Loss
YOUR PATIENT - NO TREATMENT

- IOP=25
  - 20/20
  - No pain

- IOP=30
  - 20/20
  - No pain

- IOP=45
  - 20/30
  - "My vision feels blurry"

HOW DO WE HELP?

- EARLY DIAGNOSIS = KEY TO SUCCESS
- Know the risk factors
- Refer Early
- Stress Regular Follow-up
- Compliance is Everything

RISK FACTORS

- RACE
  - African Americans and Hispanics
  - Asians

- FAMILY HISTORY

- AGE

- HX OF STEROIDS

- DIABETES and HTN

- SEVERE MYOPIA OR HYPEROPIA

- EYETRAUMA
CLINICAL RISK FACTORS

- Thin Cornea
- High IOP
- Optic Nerve Cupping
- Other Eye Conditions
  - Pigment Dispersion
  - Pseudoexfoliation

SEEING THE DOCTOR

- Careful History
- Vision
- IOP
- Gonioscopy
- Visual Field Test
- OCT

VISUAL FIELD TESTING
OCT TESTING

DIAGNOSIS

- ELEVATED IOPS
- OPTIC NERVE CUPPING
- THIN CORNEA
- OCT DAMAGE
- VISUAL FIELD DAMAGE

CASE #1

- 42YO WHITE MALE
- IOP = 42
- PIGMENT DISPERSION
CASE #2
- 48 YO HISPANIC FEMALE
- IOP = 18
- MIGRAINES
- DISC HEME

CASE #3
- 65 YO WHITE MALE
- ALREADY ON DROPS
- IOP = 16
- VISION = 20/40
- PT quit his volunteer job and stopped driving
  - “I am going blind”
- Our Treatment?
  - He had severe cataracts
  - 20/20 2 weeks post surgery
  - IOP also came down with combined treatment to 12
  - 20/20 10 years later
GLAUCOMA

TREATMENT
- Change External Causes
- Eye drops
- Laser Therapy
- Surgery

SURGERY
HOW DO YOU PARTICIPATE

• Compliance is CRUCIAL
  • In person
  • Home Health
  • Assistance with Appointments
  • Patients succeed only with the HELP and DEDICATION of their Caretakers!

• Two most common reasons for Non-Compliance
  1. Forgetfulness
  2. Inadequate dosing

WAYS TO INCREASE COMPLIANCE

• Always identify a person who will be responsible for the medication
• Journal, reminder cards, Alarms
• Facilitate caretaker if needed
• Never allow Rx to expire, always communicate with Dr's office in timely fashion
• Appointments are ONLY way to monitor Glaucoma- NEVER MISS!!

IS GLAUCOMA AN EMERGENCY?

• ACUTE ANGLE CLOSURE
  GLAUCOMA is an emergency!

• Signs
  1. Abrupt onset eye pain, hazy vision
  2. Headache and Nausea
  3. Pt may be in ER
  4. IOP = 30!
TREATMENT

- OPHTHALMOLOGY STAT
- NEVER DILATE!

CONCLUSION- GLAUCOMA MYTHS

- IT'S AN OLD PERSON'S DISEASE
- IT CAUSES PAIN AND DETECTABLE VISION LOSS
- IT'S CURABLE
- IT'S NEVER EMERGANT
- THE PROGNOSIS IS BLEAK

CONCLUSION

- RECOGNIZE RISK FACTORS
- KEY TO PREVENTING DAMAGE = EARLY DETECTION
- WE PLAY A ROLE IN COMPLIANCE
- MANY NEW TECHNOLOGIES ARE AVAILABLE
- RECOGNIZE THE RARE EMERGENCY