

THE GLAUCOMA PATIENT

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GLAUCOMA FACTS

- **FOUR KEY FACTS**
 1. A Leading cause of Blindness- approx 10% of patients receiving care will go blind
 - 2nd Leading cause of blindness worldwide after cataracts in African Americans
 2. Everyone can get it!
 - Hispanic, African American, White
 - Men and Women
 - Senior patients and children
 3. There is no cure
 4. There can be no symptoms
 - 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

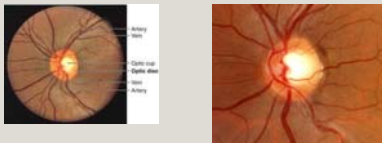
- Blindness was the patient's 3rd major fear after cancer and heart disease
- 80% of patients thought Glaucoma could be cured and there were symptoms
- 50% had heard of Glaucoma but did not know what it as
- 30% had NEVER heard of Glaucoma

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



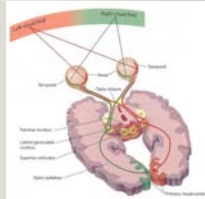
PATHOGENESIS

- 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



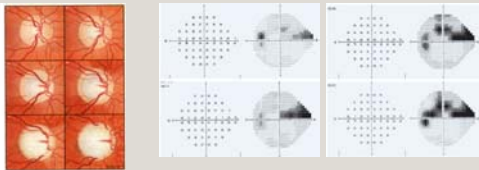
PATHOGENESIS

- Optic nerves are the "SEEING" part of the brain
- Your view of the world is your "Visual Field"
- Optic Nerve damage = Visual Field Loss



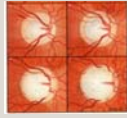
PATHOGENESIS

Glaucomatous Damage
Optic disc cupping



YOUR PATIENT- NO TREATMENT

- IOP=25
- 20/20
- No pain
- IOP=30
- 20/20
- No pain
- IOP=35
- 20/20
- No pain
- IOP=45
- 20/30
- "My vision feels blurry"

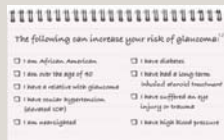


HOW DO WE HELP?

- 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
- EYE TRAUMA



CLINICAL RISK FACTORS

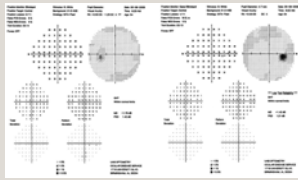
- THIN CORNEA
- HIGH IOP
- OPTIC NERVE CUPPING
- OTHER EYE CONDITIONS
 - Pigment Dispersion
 - Pseudoexfoliation

SEEING THE DOCTOR

- CAREFUL HISTORY
 - VISION
 - IOP
 - GONIOSCOPY
 - VISUAL FIELD TEST
 - OCT
- 50 YO FEMALE
 - IOPS = 35
 - STEROID EYE CREAM DAILY X 5 YEARS!



VISUAL FIELD TESTING

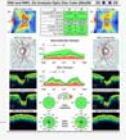


OCT TESTING



Normal OCT

- Bimodal curve (2 humps - superior and inferior)
- Colors represent demographics
 - Green = normal
 - Yellow = caution
 - Red = bad
- Nerve thickest superior and inferior

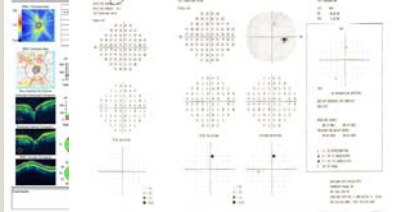


DIAGNOSIS

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

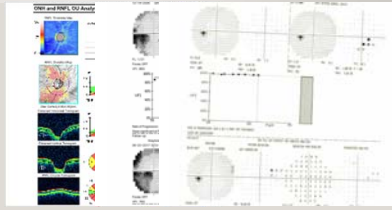
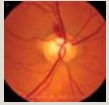
CASE #1

- 42YO WHITE MALE
- IOP = 42
- PIGMENT DISPERSION



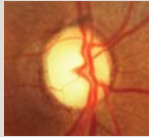
CASE #2

- 48 YO HISPANIC FEMALE
- IOP = 18
- MIGRAINES
- DISC HEME



CASE #3

- 65 YO WHITE MALE
- ALREADY ON DROPS
- IOP = 16



CASE #3

- 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

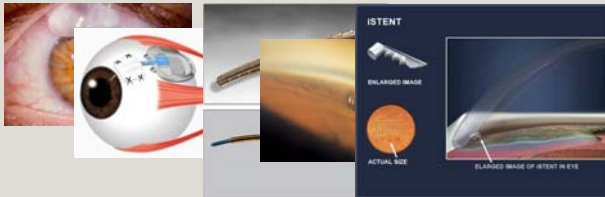


TREATMENT

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



SURGERY



HOW DO YOU PARTICIPATE

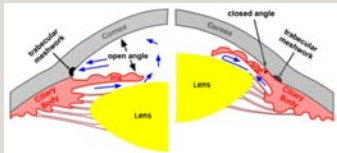
- Compliance is CRUCIAL
 - In patient
 - Home Health
 - Assistance with Appointments
 - Patients succeed only with the HELP and DEDICATION of their Caretakers!
- Two most common reasons for Non-Compliance
 1. Forgetfulness
 2. Inadequate dosing

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!!

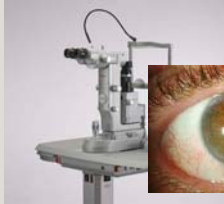
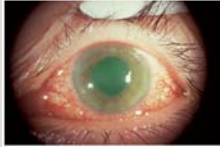
IS GLAUCOMA AN EMERGENCY?

- ACUTE ANGLE CLOSURE
GLAUCOMA is an emergency!
- Signs
 1. Abrupt onset eye pain, foggy vision
 2. Headache and Nausea
 3. Pt may be in ER
 4. IOP = 70!



TREATMENT

- OPHTHALMOLOGY STAT
- NEVER DILATE!



CONCLUSION- GLAUCOMA MYTHS

- ITS AN OLD PERSON'S DISEASE
- IT CAUSES PAIN AND DETECTABLE VISION LOSS
- ITS CURABLE
- ITS 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
