What is Glaucoma
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Overview

• Define Glaucoma
• Diagnosis that make-up glaucoma
• Patients that are predispose to Glaucoma
• Discuss risk factors associate with Glaucoma
• Treatment
• Patient Education Opportunities

Military Medical New 10 Jan11
 January is Glaucoma Awareness Month
 Nearly 3 million people have glaucoma
 Glaucoma comes without warning symptoms
 Glaucoma is the second leading cause of blindness in the U.S. and first leading cause of preventable blindness
 120, 000 Americans are blind from glaucoma
 African Americans account for 9-12%, 6-8 times more likely than Caucasians...ages 45-65 more likely to go blind from the disease
 Other high risk groups are: diabetics, Fam Hx, people over 60, those severely nearsighted
Definitions

- Glaucoma is an optic neuropathy characterized by a loss of ganglion cells and their axons, in the RNFL. The loss of retinal ganglion cells in glaucoma is irreversible.
- Neuropathy is any disease of the nervous system.
- An eye disease in which the normal fluid pressure inside the eyes slowly rises, leading to vision loss—or even blindness.
- NEI: Glaucoma is a group of diseases that damage the eye’s optic nerve and can result in vision loss and blindness.

Glaucoma Research Foundation

- Glaucoma is a group of diseases that can steal without warning or symptoms a person's vision. Over 3 million Americans have it, only half know it.

http://www.glaucoma.org

Anatomy and Physiology of the Eyeball

3 layers
- Fibrous Layer
  - *Cornea
  - *Sclera
- Vascular Layer
  - *Choroid
  - *Iris body
  - *Vessels
- Nerve Layer
  - *Retina
  - *Macula
  - *Optic nerve

What is the main function of each layer?
Aqueous Chamber

- Manufactured by ciliary body
- Characteristics:
  - Clear
  - Watery consistency (99% H₂O)
- Functions
  - Refraction of light
  - Intraocular Pressure (IOP)
  - Probably nourishes posterior surface of the cornea and the crystalline lens
- Flows from posterior chamber through the pupil into the anterior chamber

How does aqueous flow out of anterior chamber?

Types of Glaucoma

Not curable/but treatable in most cases

- Low-tension/normal tension glaucoma
- Angle-closure glaucoma
- Congenital glaucoma
- Secondary glaucoma

IOP
Low Tension Glaucoma

- Optic nerve damage and narrowed side vision occur in people with normal eye pressure. Lowering eye pressure at least 30 percent through medicines slows the disease in some people. Glaucoma may worsen in others despite low pressure.

- **Potential risk factor:** low blood pressure

Angle Closure Glaucoma

- The fluid at the front of the eye cannot reach the angle and drain from the eye. The angle gets blocked by the part of the iris. People with this type of glaucoma have a sudden increase in eye pressure. Symptoms include severe pain and nausea, as well as redness of the eye and blurred vision.

- Dilating a patient with narrow angles can induce an acute angle glaucoma attack

- **This is a medical emergency, now is the time to act**

- Explain the YAG-PI, why is it necessary

Dilation Hazards

- **Cross Contamination**

- **Narrow anterior chamber angle**

- Potential risk in dilating

- Plan for acute angle glaucoma attack
Congenital Glaucoma

• Children are born with a defect in the angle of the eye that slows drainage of aqueous. The children usually have obvious symptoms such as cloudy eyes, sensitivity to light, and excessive tearing.

• Early intervention could lead to a great outcome

Secondary Glaucoma

• These can develop as complications from other medical conditions. These types of glaucomas are associated with eye surgery or advanced cataracts, eye injuries, certain eye tumors, or uveitis

• Pigmentary glaucoma occurs when pigment from the iris flakes off and blocks the meshwork, slowing fluid drainage

• Neovascular glaucoma is linked to diabetes

Major Risk Factors

• Inter-ocular pressure
• Age
• Race
  — African Americans 6 x
• Family Hx
• Myopia
• Corneal thickness
• Medical conditions
  — Trauma
• Everyone can get it!
• 1 out of 10K babies born in the U.S.
At Risks

- Everyone over 65
- African Americans ages 20-39 should have eye exams every 3-5 years
- People with diabetes
- Family Hx of glaucoma
- Corticosteroid patients
- African Americans are five times more likely
- 15 times more likely to have blindness in 45-64
- Pt with RP

At Risk

- + Hypertension
- Diabetes
- B-12 Deficiency
- Auto-immune disorders
- Playing wind instruments (trumpet)
- Tobacco use
- Sleep Apnea
- Lupus
- Rheumatoid Arthritis
- Tuberculosis
- Females
- Lyme Disease

11 year old girl
Assessment of Glaucoma

- Case Hx
- Optic Nerve Head (ONH)
- Visual function...field testing
- Retinal Nerve Fiber Layer
- Expert interpretation of results
- Corneal thickness...pachymetry avg 500 microns
- Gonioscopy POAG vs CAG
- Trauma
- IOP (asymmetric pressure)
  - Goldmann (industry std)
  - POAG
  - Low Tension
  - Closed or narrow angle

Glaucoma Assessment

- Identify testing procedures associated with POAG
  - IOP Measurements
  - OCT
  - Pachymetry
  - Visual Fields

Optic Nerve Head

- Ophthalmoscope exam
- C/D ratio (middle divot)
- Rim thinning
- Notching
- Excavation
- Requires clear media
- Dilation
- Fundus photography
- Imaging (HRT, OCT, GDx for early detecting!
- Drance hemms on edge of disk

There must be a change in a retinal condition to Dx glaucoma
ONH Inspection

- C/D Ratio
- ONH Color
- Dranz – bleeding around the optic nerve

5 Rules for ONH Evaluations

- Observe the scleral ring to identify the limits and size of disc
- Examine the RNFL
- Look for retinal and optic disc hemorrhages
- Identify size of the neuroretinal rim
- Examine the region of parapapillary atrophy (PPA)

Peripheral Field Loss

- Visual field assessment
- Standard automated perimetry
- Moderate to advanced stages
Retinal Nerve Fiber Layer

- Changes are more common than ONH changes
- Quigley Study
  - RNFL atrophy in 49%
  - ONH changes in 19%
- Airaksinen Study
  - RNFL defects in 83%
  - ONH C/D changes in 42%
- Red-free photography

Imaging cont...

- Provides high-resolution imaging of the retina layers, with detail and precision.
- A range of scan patterns is available to fit the imaging needs for retina pathology.
- These patterns are designed to take advantage of the speed and resolution offered by Fourier-domain OCT technology.

Corneal Thickness

- Thicker corneas overestimate IOP
- Thinner corneas underestimate IOP
- Average 555nm
- African Americans: average corneal thickness (520-540nm)
- White Americans: average corneal thickness (580-600nm)
- False reading due to
Inter-Ocular Pressure

- One risk factor for glaucoma
- Tonometry is used to assess IOP
- The damage threshold varies from person to person
- Ocular Hypertensive vs glaucoma
- Corneal thickness and IOP
- A.M. vs P.M.

What condition is this?

Testing

- DFE
- FDT
- Heidelberg (new technology)
- OCT
- HVF (reduces operator error)
- Threshold testing
- FastPac Testing
- Rx is important
- Pupil Diameter (3mm+)
- Fixation Losses (gaze not on target)
- False-positive (trigger happy)
- False-negative (missed brighter stimulus)

- Numeric data
- Gray scale
- Total deviation
- Pattern deviation
- Global Hemifield Test (GHT)
- Global indices (standards)
- Pattern Standard Deviation (PSD)
- Mean Deviation (MD)

Glaucoma vs Ocular Hypertension

- Glaucoma
  - High or low pressure
  - Large C/D
- Ocular Hypertension (OHT)
  - Elevated pressure but no other signs
Acute Angle-Closure Glaucoma

- Rapid onset
- Painful
- Very serious
- Can lead to permanent blindness

Narrow Angles / Shallow Chamber

Glaucoma – RNFL Thickness Analysis

- Center of disc is automatically identified for precise registration and repeatability
- RNFL thickness display is of a 1.73mm radius circle around the disc
- TSNIT graph is compared to normative database of about 300 patients
Treatment of Glaucoma

• Education
  • Document well the pt medical charts
  • Tell patient to keep a chart of progress
  • Monitor progress
  • The importance of following the doctors instruction/compliance
  • Document non-compliance
  • Encourage honesty

• Medication
  • Prostaglandins
  • Betablockers...slows the heart rate
  • Alpha-agonists
  • Carbonic anhydrase inhibitors
  • Miotic or cholinergic agents...Pilocarpine
  • Epinephrine Compounds

• Surgery
  – YAG PI (PCAG)
  – SLT
  – Trabeculectomy
  – Tube Shunt
  – Laser ciliary body
  – Enucleation
  – Combinations

Education

• Explain the diagnosis
• Suspected cause of condition
• Planned treatment
• Possible affects on vision now and in the future
• Watch for any particular symptoms and contact us if they occur
• Suggested lifestyle changes

Medications to lower IOP

#1 reason for IOP not going down...not taking meds
The Next slides are for Reference Only

References

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Thank you

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