Glaucoma

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Disclosure

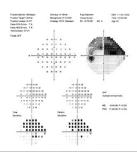
• Nothing to disclose.

- Anatomy and pathophysiology
- Epidemiology
- Screening
- Treatment

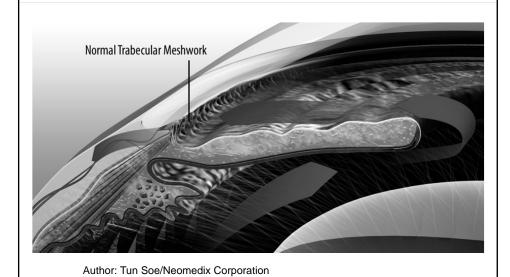
Glaucoma: What is it?

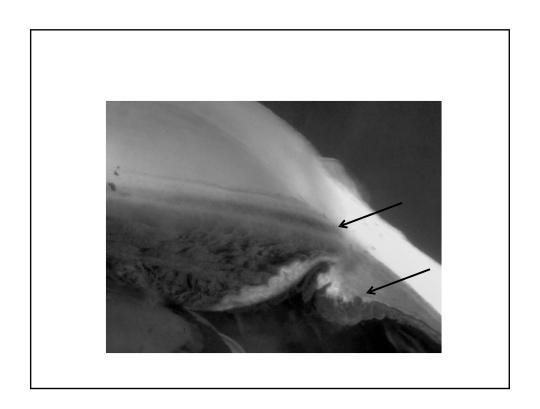
- Progressive optic neuropathy
- Characteristic optic nerve changes
- Characteristic visual field changes
- Elevated intraocular pressure is one (the most important?) risk factor.

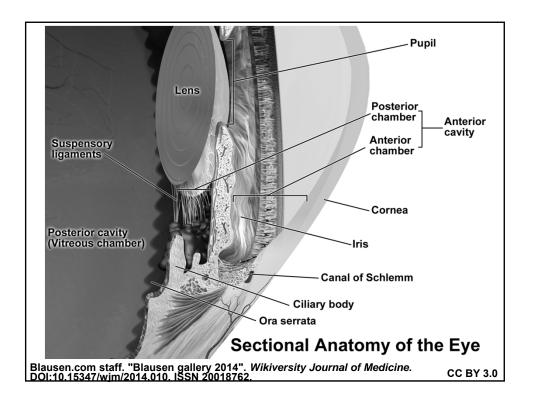




How is eye pressure controlled?

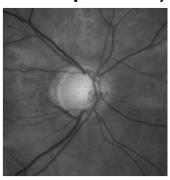


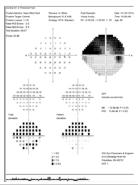


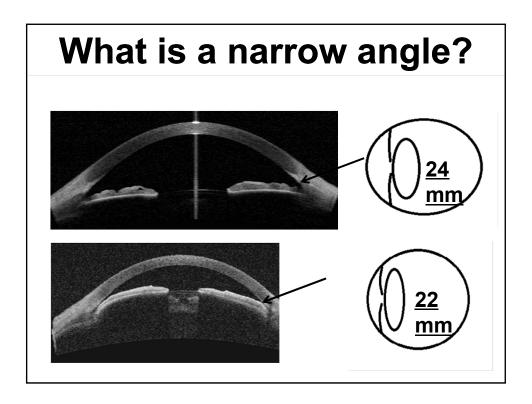


Glaucoma: What is it?

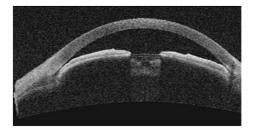
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- Characteristic optic nerve changes
- Characteristic visual field changes
- Elevated intraocular pressure is one (the most important?) risk factor.







• I have glaucoma, can I use this overthe-counter cold medication?



Diphenhydramine = anticholinergic Pseudophedrine = sympathomimetic

- People with narrow angles do not usually know that they are at risk of angle closure.
- Patients with a known diagnosis of glaucoma have had their angles evaluated and should not be at risk.

Glaucoma Risk Factors

- Age
- Race
- Family history
- Intraocular pressure

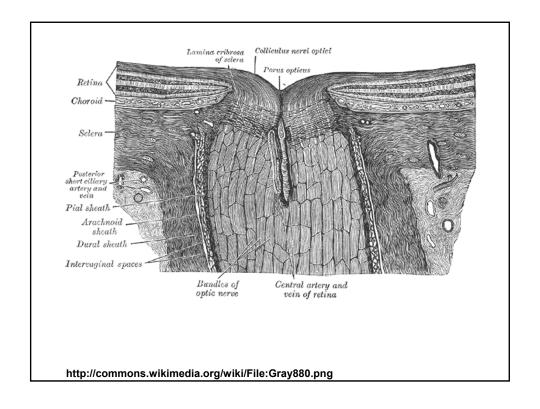
Glaucoma Risk Factors

- Intraocular pressure: Baltimore Eye Survey
 - > IOP 16-18: RR 2.0 (2 x the baseline risk)
 - > IOP 19-21: RR 2.6
 - > IOP 22-24: RR 12.8
 - > IOP 25-29: RR 12.8
 - > IOP 30-34: RR 39.0
 - > IOP ≥ 35: RR 40.1



What about low pressure glaucoma?

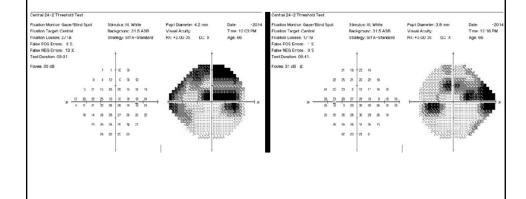
 Approximately 50% of individuals developing glaucoma never have a statistically "high" eye pressure.



Are there other contributing factors?

- Optic nerve head blood flow
- CSF pressure
- Neurodegenerative predisposition
- Abnormal connective tissue support

• Glaucoma and elevated eye pressure are linked but not the same.



- Anatomy and pathophysiology
- Epidemiology
- Screening
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How big of a problem is it?

- Prevalence estimates average 3.5% in North America, similar worldwide.
- Total number with disease (age 40-80) in North America is approximately 3.4 million.
- Some estimates indicate that up to half of cases are undiagnosed

Yih-Chung Tham, Xiang Li, Tien Y. Wong, Harry A. Quigley, Tin Aung, Ching-Yu Cheng, Global Prevalence of Glaucoma and Projections of Glaucoma Burden through 2040: A Systematic Review and Meta-Analysis, Ophthalmology, Volume 121, Issue 11, November 2014, Pages 2081-2090.

How common is blindness?

- Visual field less than 20 degrees
- Visual acuity less than 20/200
- Prevalence estimates range from 8% to 27% in patients with glaucoma

What are other complications?

- Decreased quality of life
- Increased incidence of falls
- Loss of driving ability
- Decreased reading speed
- Impaired sleep

- Anatomy and pathophysiology
- Epidemiology
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Screening

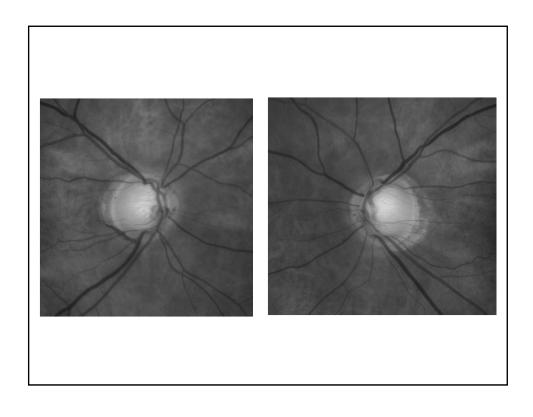
 Most patients are asymptomatic until they have very advanced vision loss

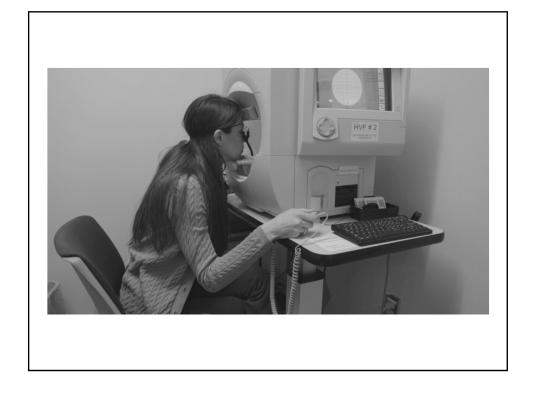
- General population based screening is not felt to be cost effective at this time
 - Intraocular pressure is only one risk factor
 - Generally slow progression
 - Visual field loss can be hard to detect and becomes manifest relatively late in the disease

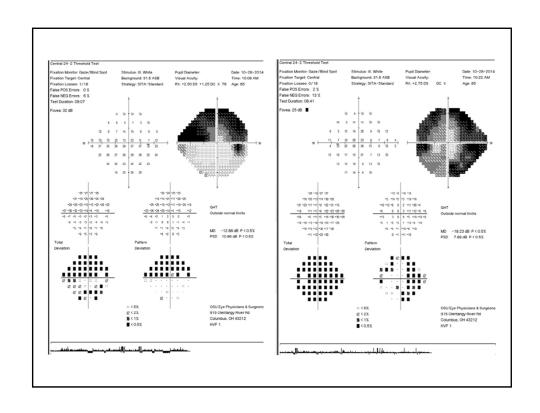
Screen based on risk factors.

- Age greater than 50
- African American race
- First degree relative with glaucoma

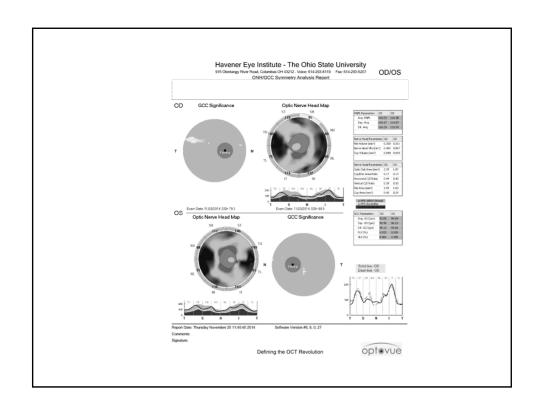












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Glaucoma Risk Factors

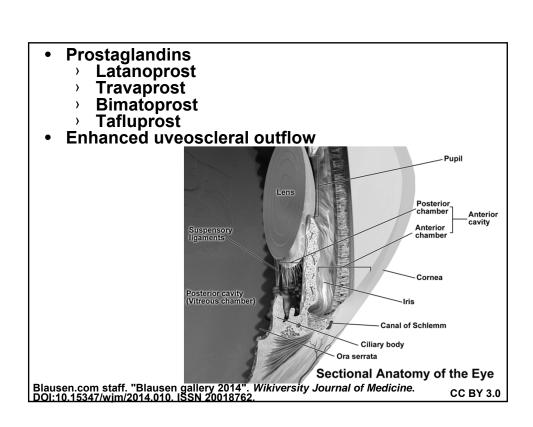
- Age
- Race
- Family history
- Intraocular pressure

• Eye pressure lowering therapy is proven to slow the progression of glaucoma

Medical therapy

- Inexpensive*
- Can be stopped
- Effective

- It is an eye drop
- Requires patient dexterity and compliance
- Variable local and systemic absorption



- Beta-blockers
 - > Timolol
 - › Levobunolol
 - › Betaxolol
 - Carteolol
- Decrease aqueous production

- Contraindications
 - > Pulmonary conditions
 - › Heart block
 - > Systemic beta blocker use

- Alpha agonists
 - > Brimonidine
 - > lopidine
- Decrease aqueous production
- Increase outflow?
- Neuroprotection?

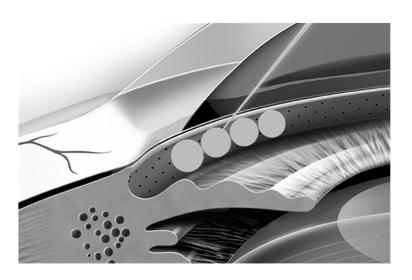
- Carbonic anhydrase inhibitors
 - > Dorzolamide
 - > Brinzolamide
 - › Acetazolamide (oral)
 - Methazolamide (oral)
- Decrease aqueous production

- Contraindications
 - Sulfa cross-reactivity

• What is marijuana's effect on glaucoma?

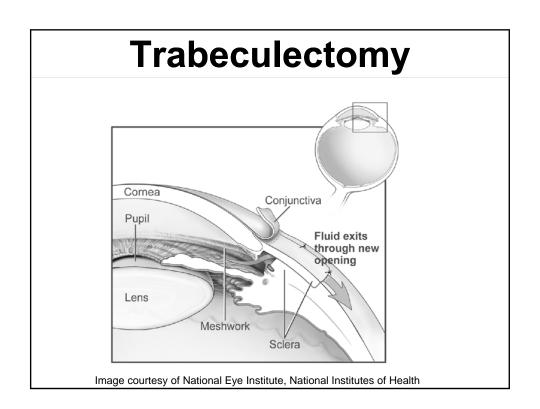
- Marijuana lowers eye pressure
- The effect is very short-lived, making it an ineffective medical treatment for most patients.

Laser Trabeculoplasty



Laser Trabeculoplasty

- About 25-30% lowering
- Equivalent to a single medical agent



Conclusions

- Glaucoma is a common cause of blindness
- Therapy is aimed at reducing eye pressure
- Screening should be done on patients at risk
 - > Older than 50 years of age
 - > African American
 - > Family history of glaucoma