



Dr Rod Keillor

Ophthalmologist
Dunedin

Glaucoma - Concurrent Workshop Repeated

Friday, 16 August 2013

Start 4:30pm

Start 5:35pm

Duration: 55mins

Duration: 55mins

Kremlin

Kremlin



South GP CME 2013

General Practice Conference & Medical Exhibition

15-18 August | Edgar Centre | Dunedin



Which would you consider the most devastating event?

- "To not be able to walk"
- "To not be able to write"
- "Complete deafness"
- "Lose your memory"
- "Live in complete blackness"

Which would you consider the most devastating event?

- "To not be able to walk" 9%
- "To not be able to write" 4%
- "Complete deafness" 12%
- "Lose your memory" 5%
- "Live in complete blackness" 70%

Glaucoma is a leading cause of preventable blindness in NZ



- It is estimated 50% of people with glaucoma do not realise they have it.
- Early detection is the key to preventing irreversible sight loss.
- 98% of patients who comply with treatment will not go blind

Glaucoma NZ aims to eliminate blindness from glaucoma through:

Providing information and education for glaucoma patients

Promoting awareness of glaucoma

Professional education

Supporting research into glaucoma in NZ

Glaucoma Patients

Where do they come from?

Ben LaHood
Associate Professor Gordon Sanderson
Dunedin Hospital

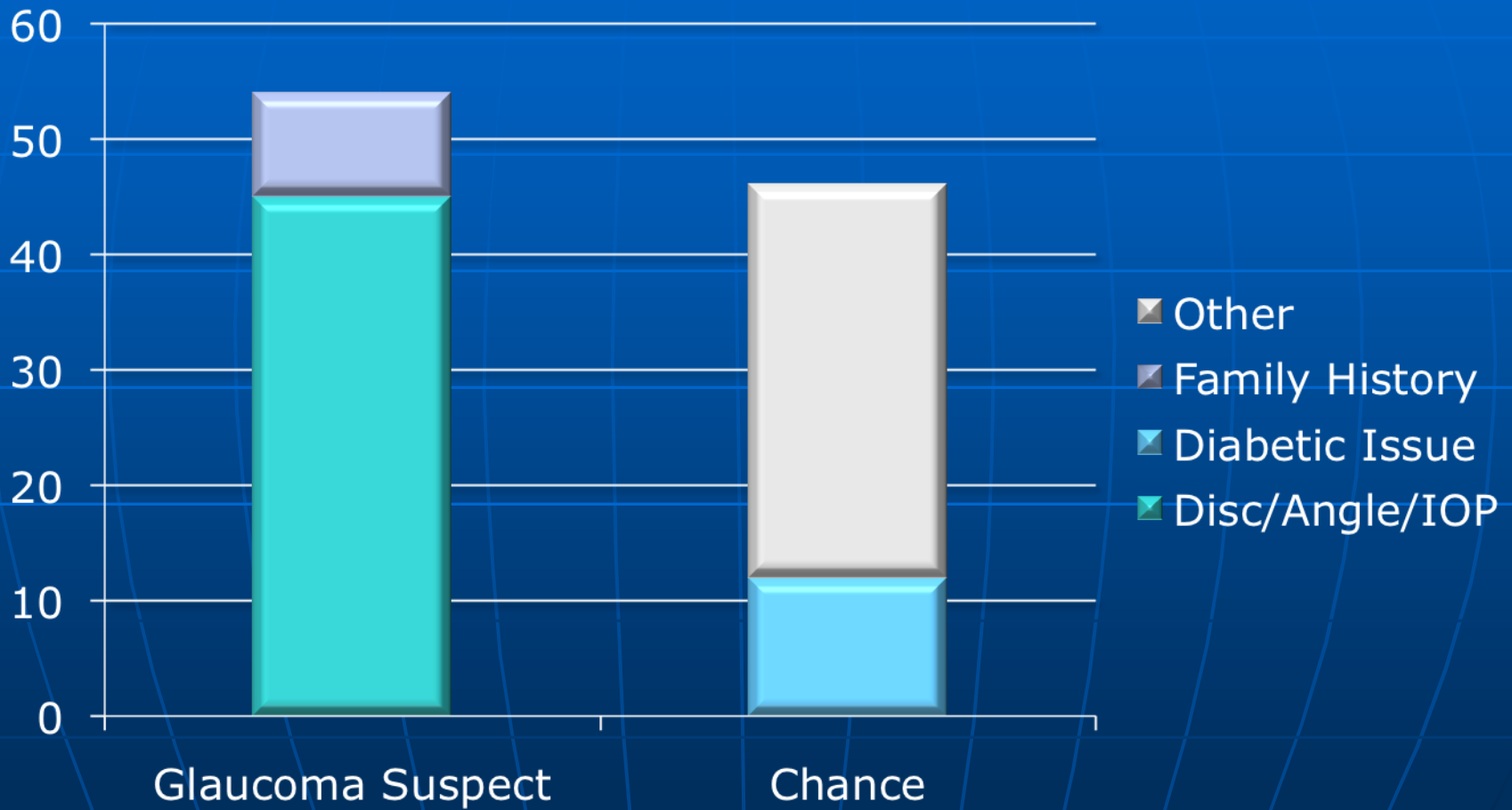
Background

- Glaucoma
 - Leading cause of preventable blindness in NZ
 - Few symptoms until advanced
- 50% of glaucoma undiagnosed
 - Estimated from large population studies
- Little data on patient recruitment

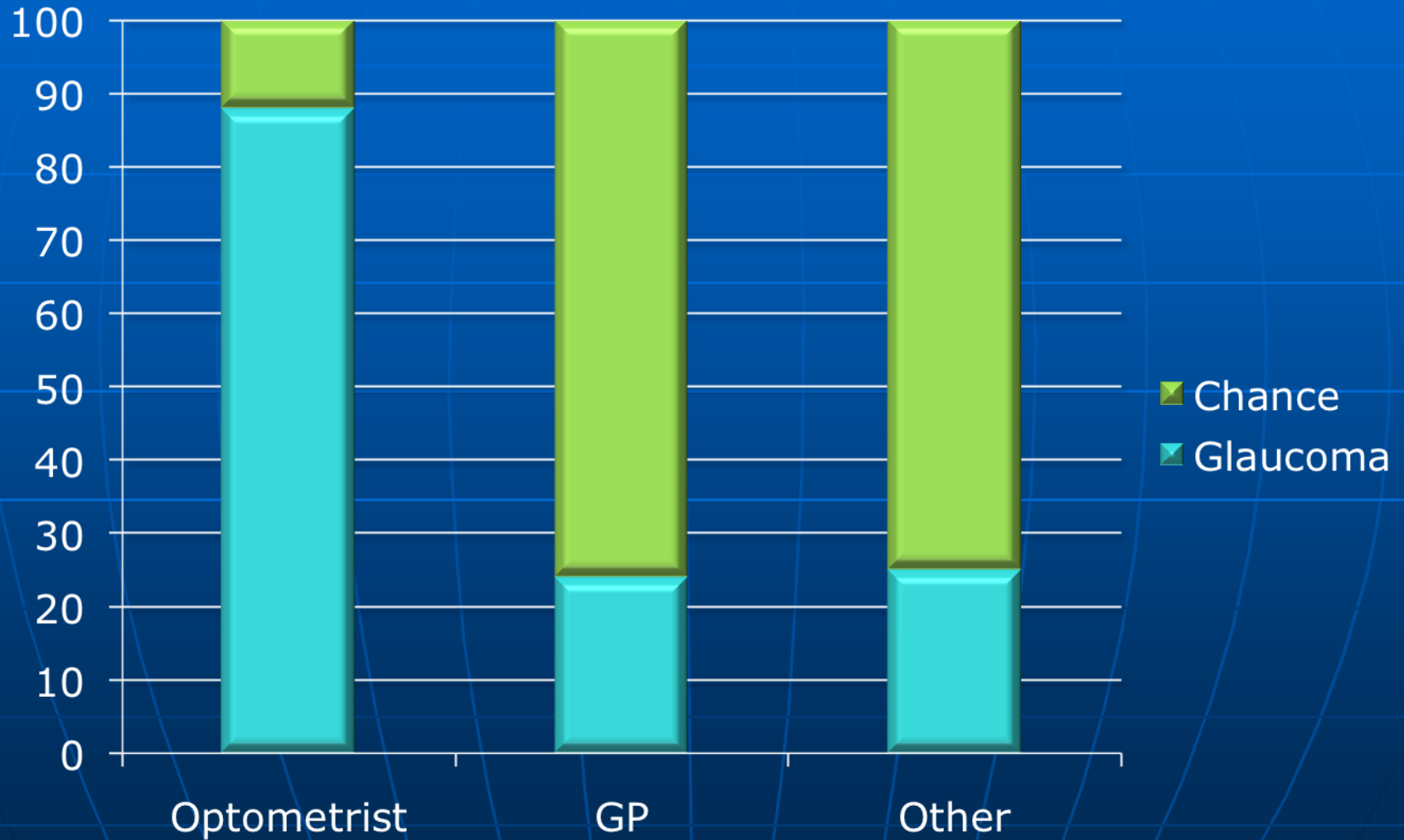
How are patients found?

- 100 Glaucoma Clinic patients
- Retrospective Record review
- Aims
 - What prompted initial assessment
 - Variation of referral reason by referee
 - How early is glaucoma detected

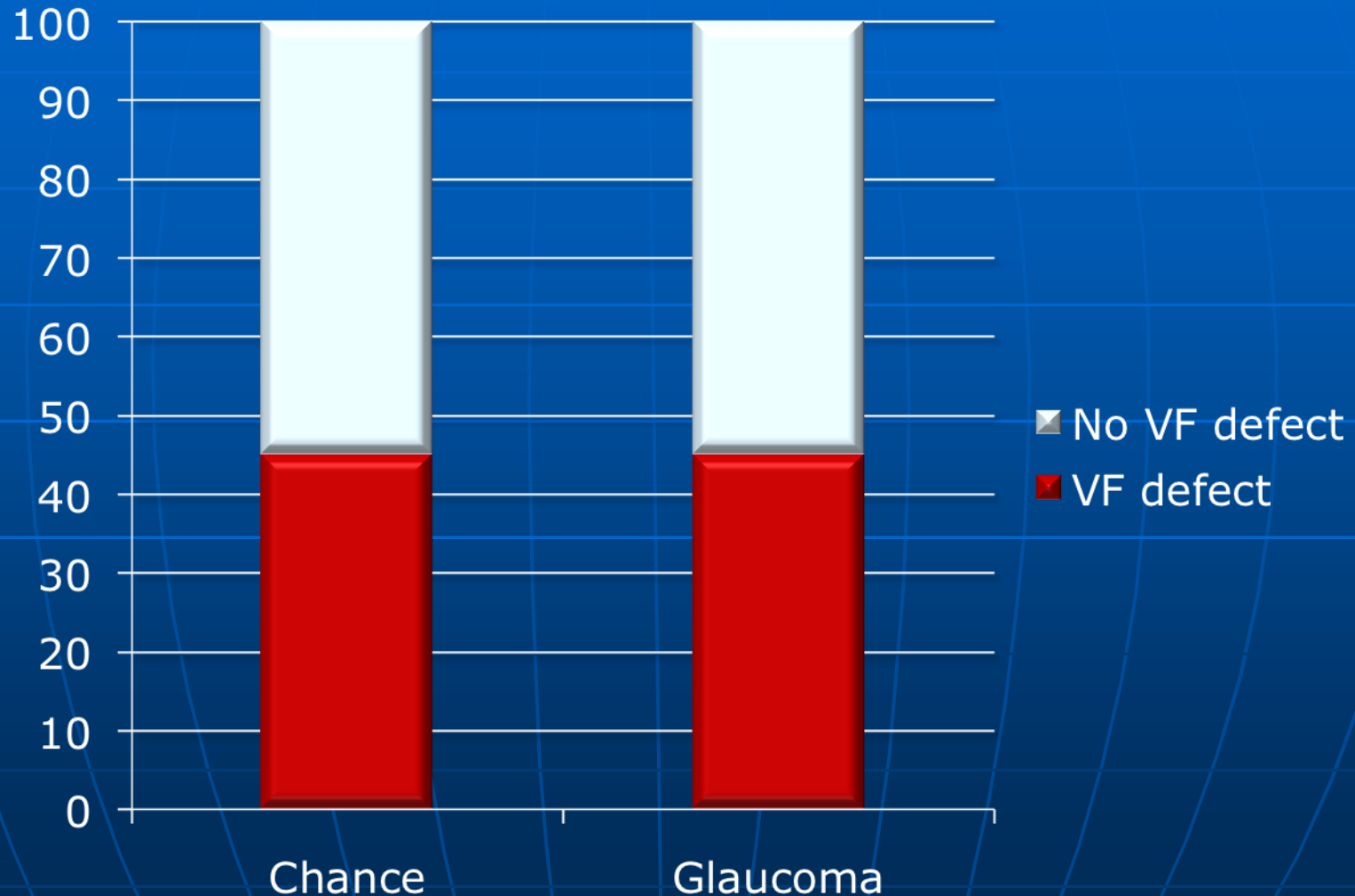
What Prompted Assessment?



Variation by referee



How early is glaucoma detected?



Conclusions

- Half of Glaucoma patients found by chance
- Higher proportion chance finding in GP referrals for other eye problems
- VF defect at presentation in nearly half

update

- **Methods: 500 glaucoma patients were randomly selected from the database of Glaucoma New Zealand (GNZ).**
- **overall response rate was 80%.**
- **80% of patients had no suspicion of glaucoma prior to its diagnosis.**
- **71% of those who presented with a suspicion of glaucoma (13% of total sample) did so due to a positive family history.**
- **47% of patients were aware of a positive family history of glaucoma.**
- **A positive family history is the most commonly recognised risk factor prompting examination, knowledge about which appears to increase dramatically post diagnosis..**

Making the diagnosis better than Chance



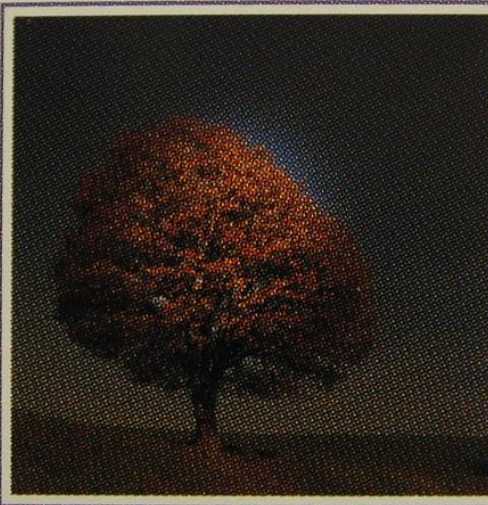
What this means

- Re-enforces
 - Symptomless blinding disease
 - Easily overlooked
- Increased awareness needed
 - GP risk factor review
 - Early and Regular eye examination

Glaucoma damages the peripheral vision



Normal vision



Moderate glaucoma



Severe glaucoma

Glaucoma is a silent disease



Sitting in a 3.8-metre sea
kayak and watching
a four-metre great
white approach you is
a fairly tense experience



A



B



A



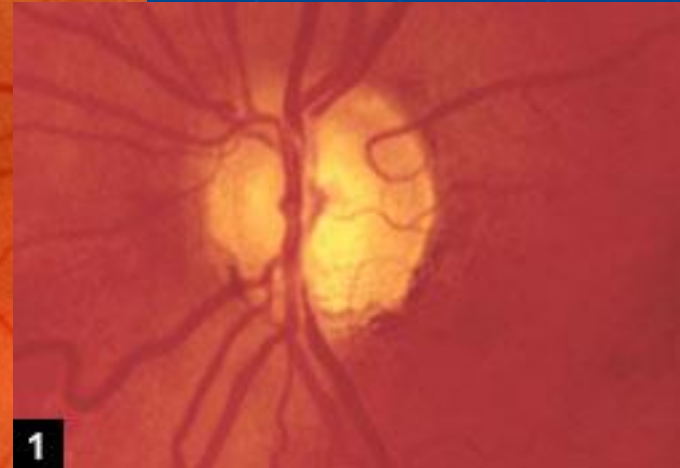
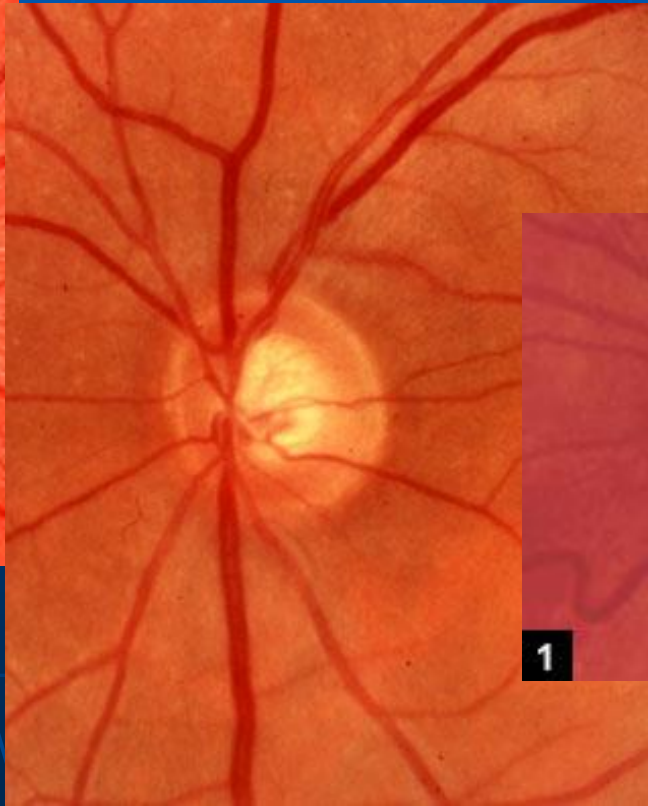
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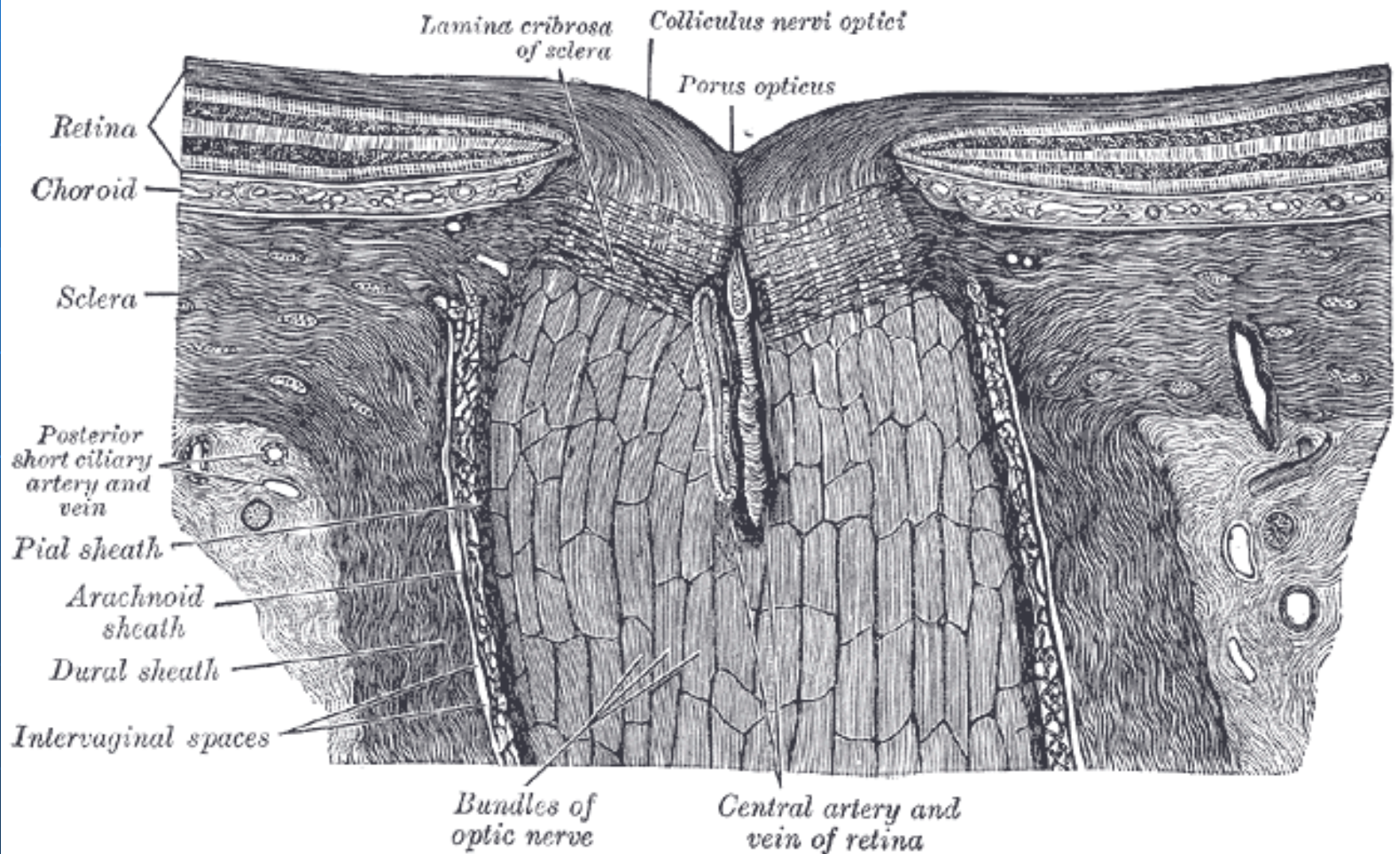
Glaucoma: An optic atrophy–

Many types of Glaucoma

The common factor is glaucomatous optic atrophy

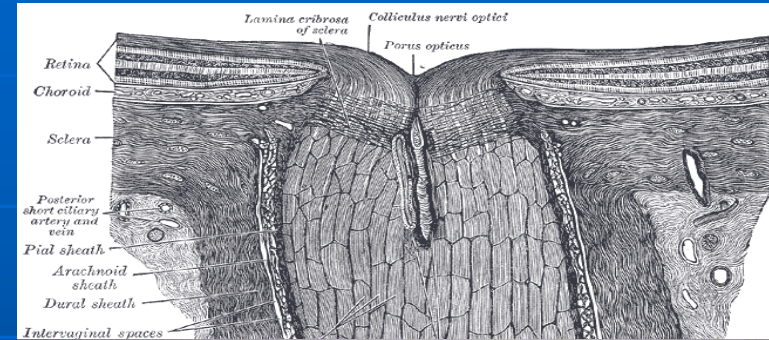


Optic nerve

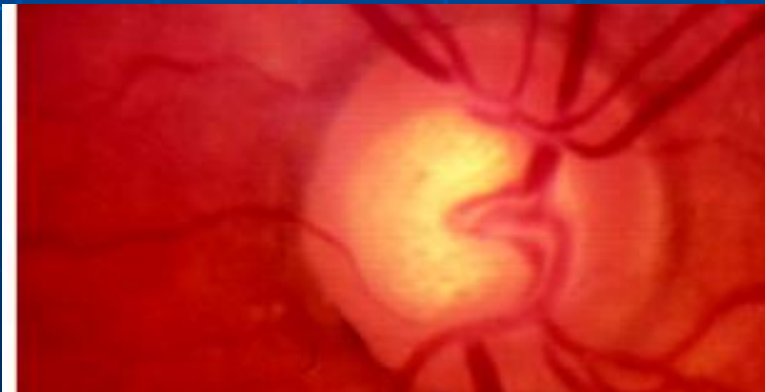
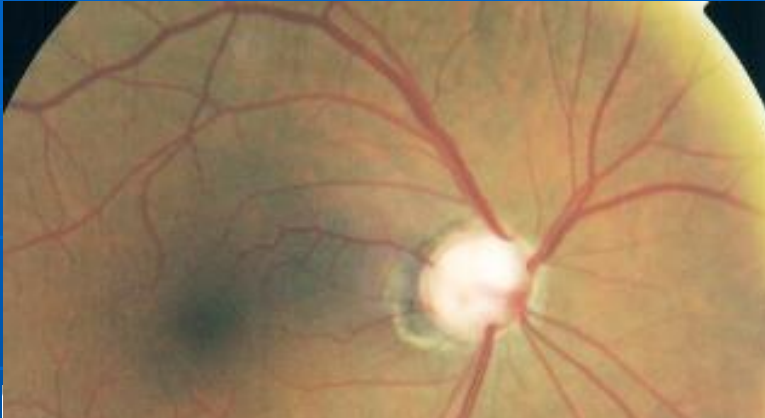


Features of Glaucomatous optic atrophy

- Cupping
- Vertical ovality
- Notching
- Disc hemorrhage
- Peripapillary atrophy
- Changes with time

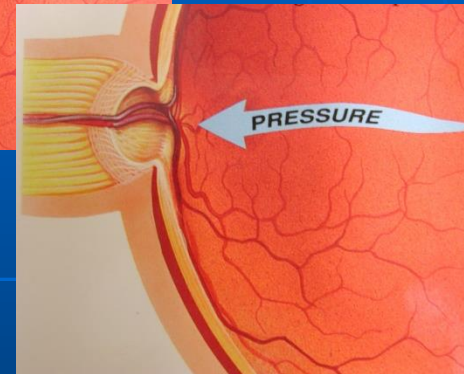
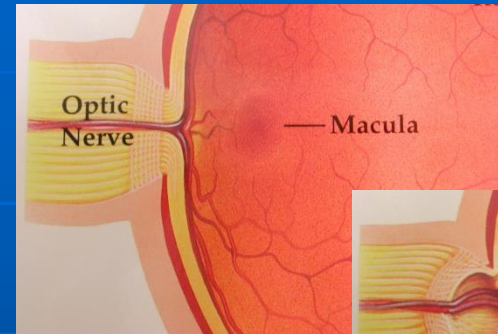


Advanced Glaucoma in the Right Eye



Raised eye pressure

- main risk factor
- not always present
- Perfusion Pressure important



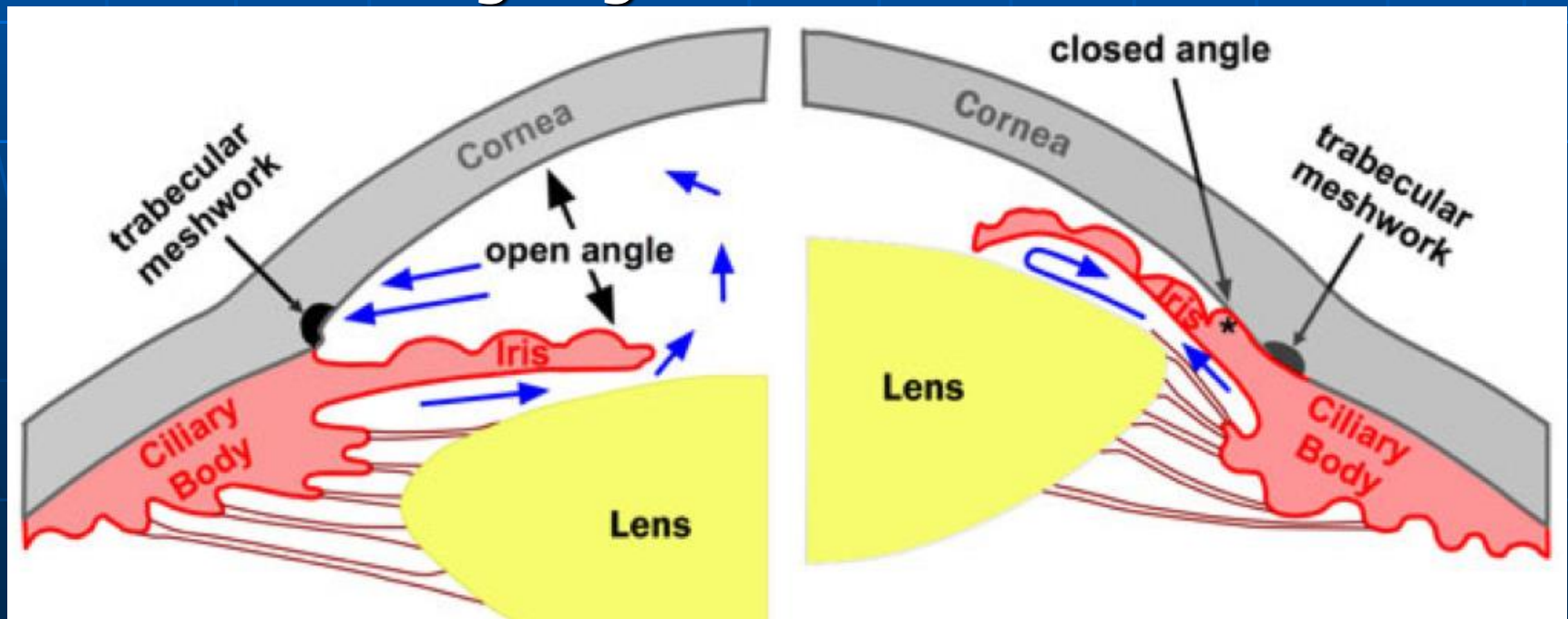
Lowering the eye pressure will
prevent further loss of vision -
in most cases

Types of glaucoma

Types of glaucoma

Glaucoma is divided into two broad categories:

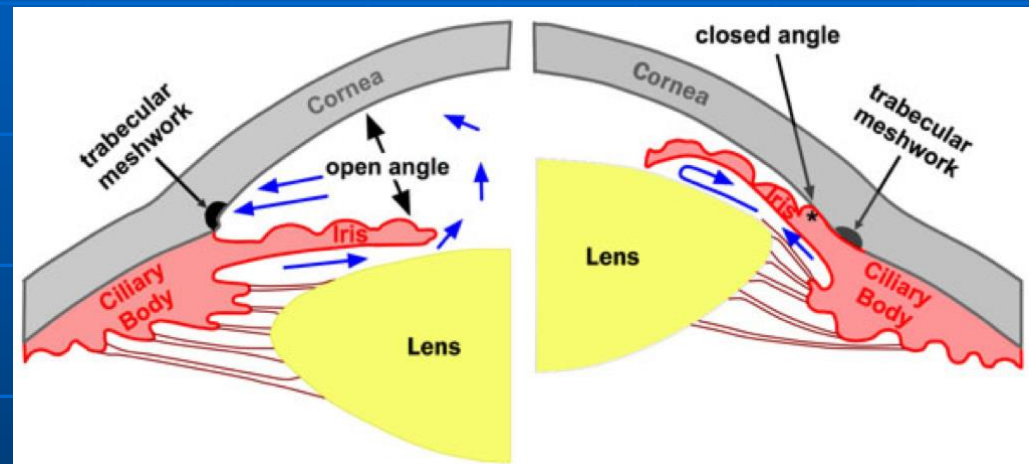
- Open angle glaucoma
- Closed angle glaucoma



The vast majority of people have a
chronic open angle glaucoma

Classification

1. Open angle
 - With elevated IOP
oCHT
 - Normal tension
2. Closed angle
 - acute,
 - Chronic
3. Secondary
 - Local;
 - Pseudoexfoliation
 - mechanical
 - Inflammatory
 - Systemic
 - steroid



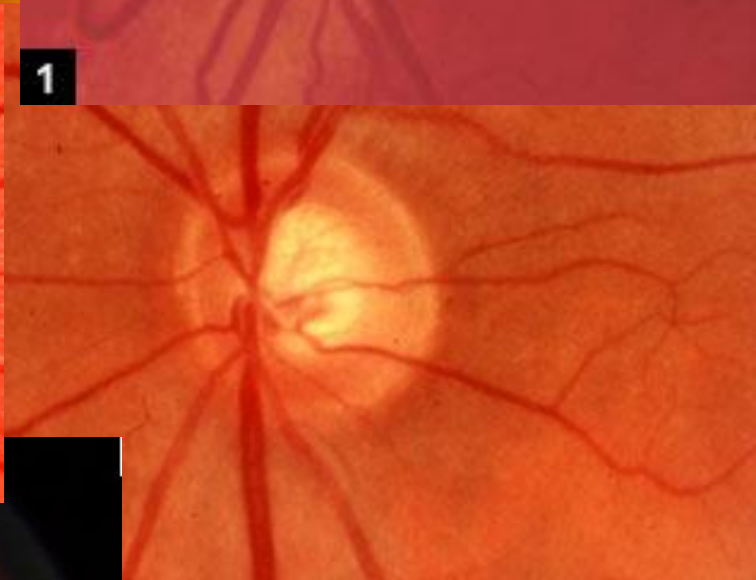
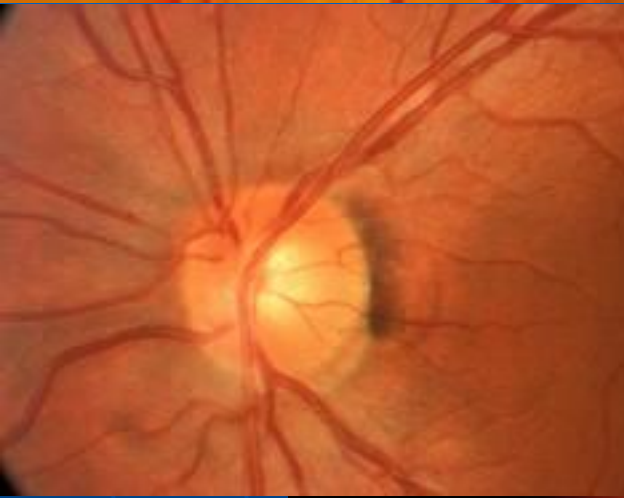
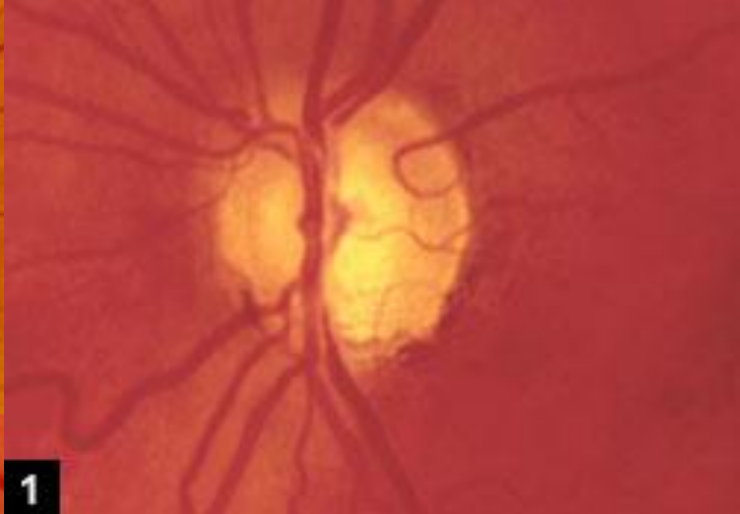
Risk factors for open angle glaucoma

Risk Factors

- age > 60 6x
- Family history 4-9x
- **Diabetes 2x**
- African American 3 x
- Myopia (short sightedness)
- Steroid medication
- Migraine sufferers
- blood pressure – High/ Low
- Smoking
- Cholesterol

Diagnosis

- Optic Disc appearance
 - Family History
 - IOP
-
- Fields
 - OCT
 - Time



Normal visual field test

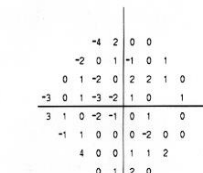
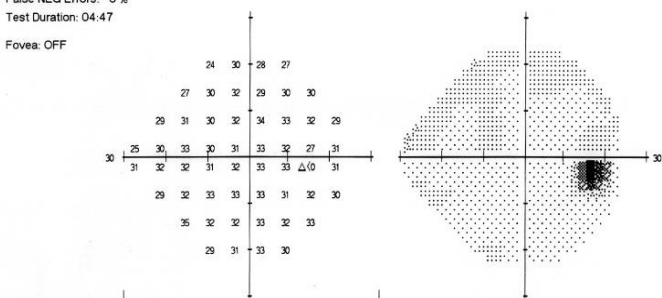
Single Field Analysis

Name: [REDACTED] ID: [REDACTED] Eye: Right DOB: 08-03-1959

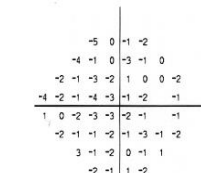
Central 24-2 Threshold Test

Fixation Monitor: Gaze/Blindspot Stimulus: III, White Pupil Diameter: 5.6 mm Date: 23-11-2004
 Fixation Target: Central Background: 31.5 ASB Visual Acuity: 6/4.5 Time: 08:00
 Fixation Losses: 0/13 Strategy: SITA-Standard RX: +0.00 DS -1.25 DC X 30 Age: 45
 False POS Errors: 3 %
 False NEG Errors: 0 %
 Test Duration: 04:47

Fovea: OFF



Total Deviation



Pattern Deviation

GHT
Within normal limits

MD +0.12 dB
PSD 1.51 dB

⬜ < 5%
⬜ < 2%
⬜ < 1%
⬜ < 0.5%

HAMILTON EYE CLINIC
130 GRANTHAM STREET
HAMILTON NEW ZEALAND
PH 07 834 0006
FAX 07 839 4918



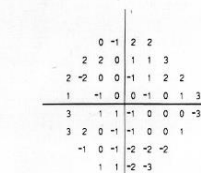
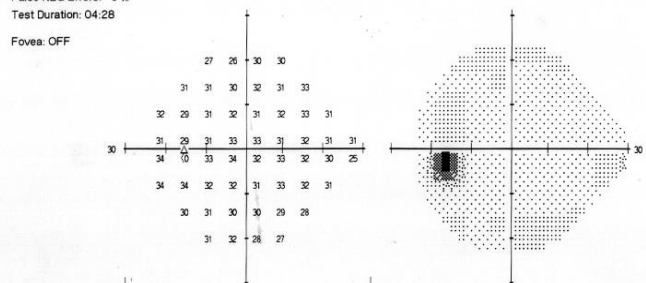
Single Field Analysis

Name: [REDACTED] ID: [REDACTED] Eye: Left DOB: 08-03-1959

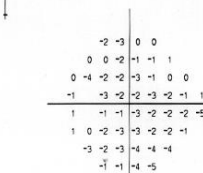
Central 24-2 Threshold Test

Fixation Monitor: Gaze/Blindspot Stimulus: III, White Pupil Diameter: 4.5 mm Date: 23-11-2004
 Fixation Target: Central Background: 31.5 ASB Visual Acuity: 6/4.5 Time: 08:07
 Fixation Losses: 1/14 Strategy: SITA-Standard RX: -1.50 DS DC X Age: 45
 False POS Errors: 1 %
 False NEG Errors: 0 %
 Test Duration: 04:28

Fovea: OFF



Total Deviation



Pattern Deviation

GHT
Within normal limits

MD +0.03 dB
PSD 1.53 dB

⬜ < 5%
⬜ < 2%
⬜ < 1%
⬜ < 0.5%

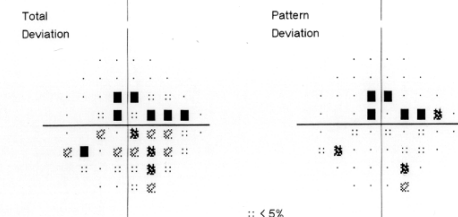
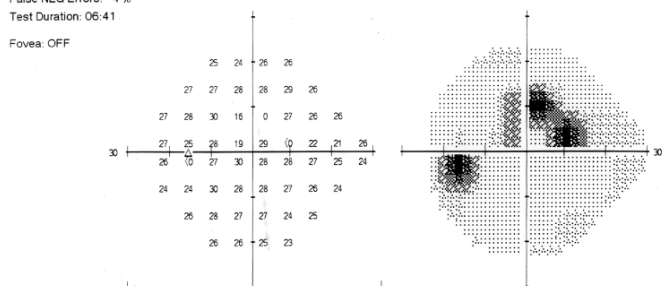
HAMILTON EYE CLINIC
130 GRANTHAM STREET
HAMILTON NEW ZEALAND
PH 07 834 0006
FAX 07 839 4918



Early field loss

Single Field Analysis
 Name: [REDACTED] ID: 1283 Eye: Left DOB: 07-08-1938
 Central 24-2 Threshold Test
 Fixation Monitor: Gaze/Blindspot Stimulus: III, White Pupil Diameter: 3.9 mm Date: 28-03-2006
 Fixation Target: Central Background: 31.5 ASB Visual Acuity: 6/7.5 Time: 15:08
 Fixation Losses: 0/15 Strategy: SITA-Standard RX: -2.75 DS -2.00 DC X 75 Age: 67
 False POS Errors: 3 %
 False NEG Errors: 4 %
 Test Duration: 06:41

Fovea: OFF



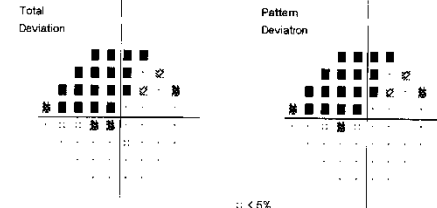
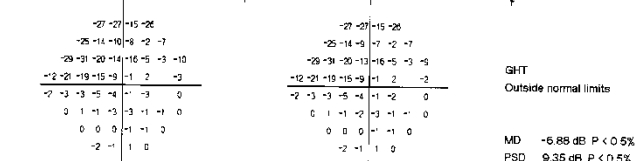
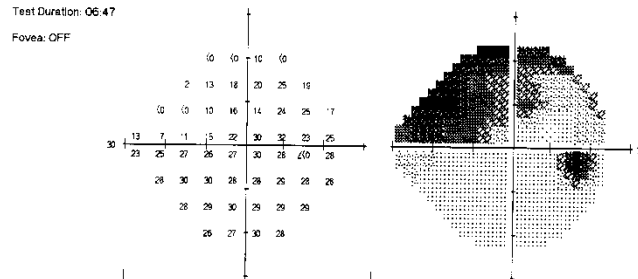
■ < 5%
 ■ < 2%
 ■ < 1%
 ■ < 0.5%

LEFT TESTED FIRST



Single Field Analysis
 Name: [REDACTED] ID: 21628 Eye: Right DOB: 16-10-1924
 Central 24-2 Threshold Test
 Fixation Monitor: Gaze/Blindspot Stimulus: III, White Pupil Diameter: 5.9 mm Date: 03-10-2006
 Fixation Target: Central Background: 31.5 ASB Visual Acuity: 6/12 Time: 14:32
 Fixation Losses: 0/17 Strategy: SITA-Standard RX: +4.00 DS DC X Age: 81
 False POS Errors: 2 %
 False NEG Errors: 0 %
 Test Duration: 06:47

Fovea: OFF

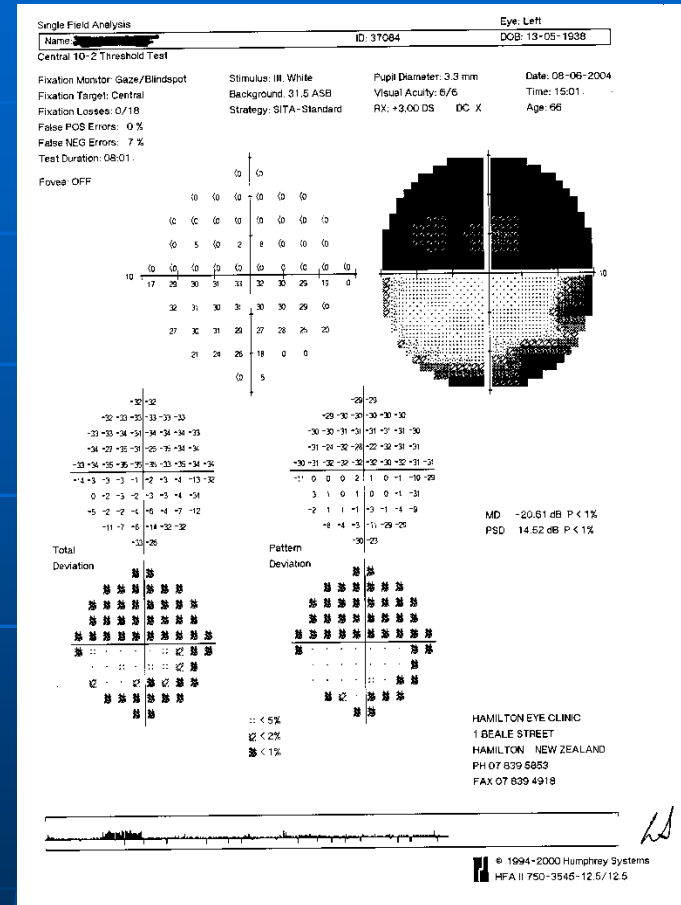
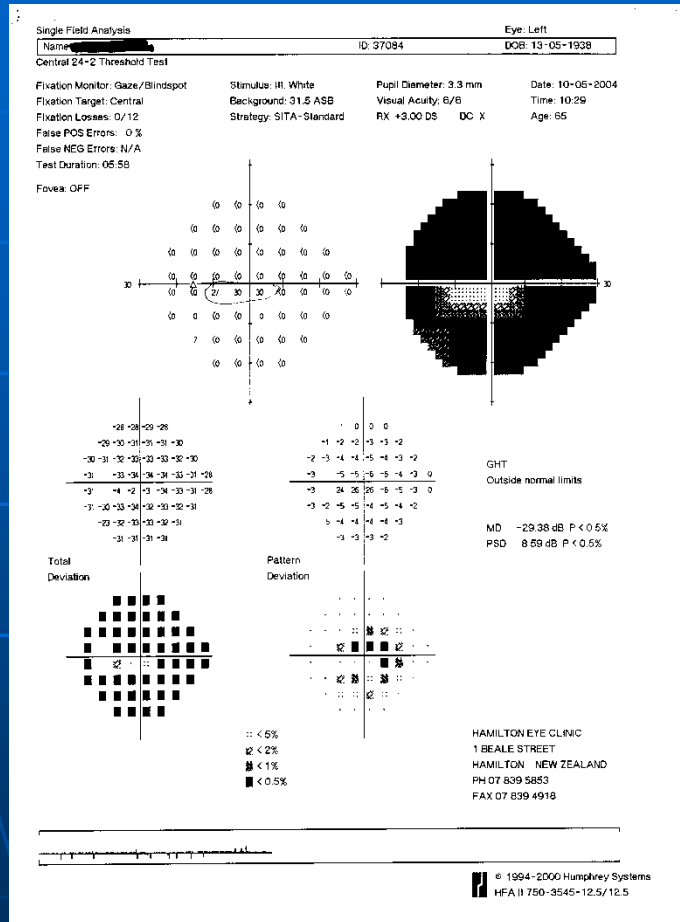


■ < 5%
 ■ < 2%
 ■ < 1%
 ■ < 0.5%

HAMILTON EYE CLINIC
 130 GRANTHAM STREET
 HAMILTON NEW ZEALAND
 PH 07 834 0006
 FAX 07 839 4918

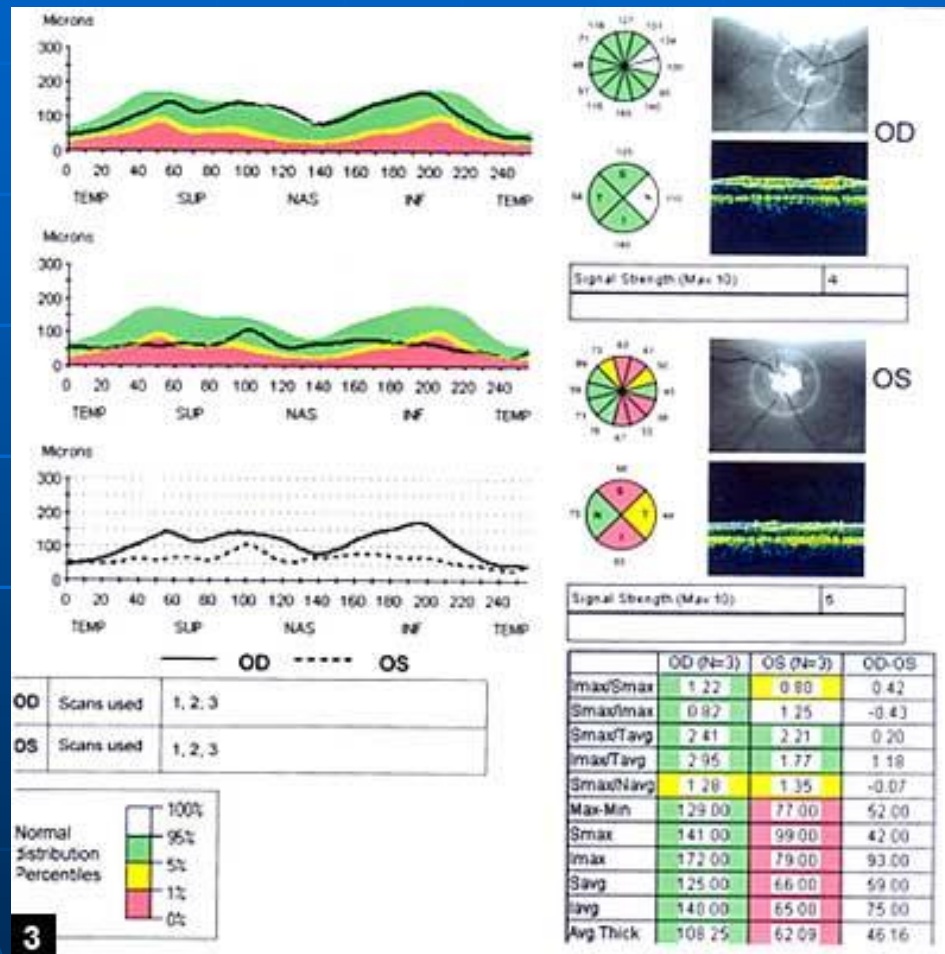


Advanced field loss



- Left eye fields – standard, and central “10-2”

Ocular coherence tomography



Glaucoma: the silent loss of Sight



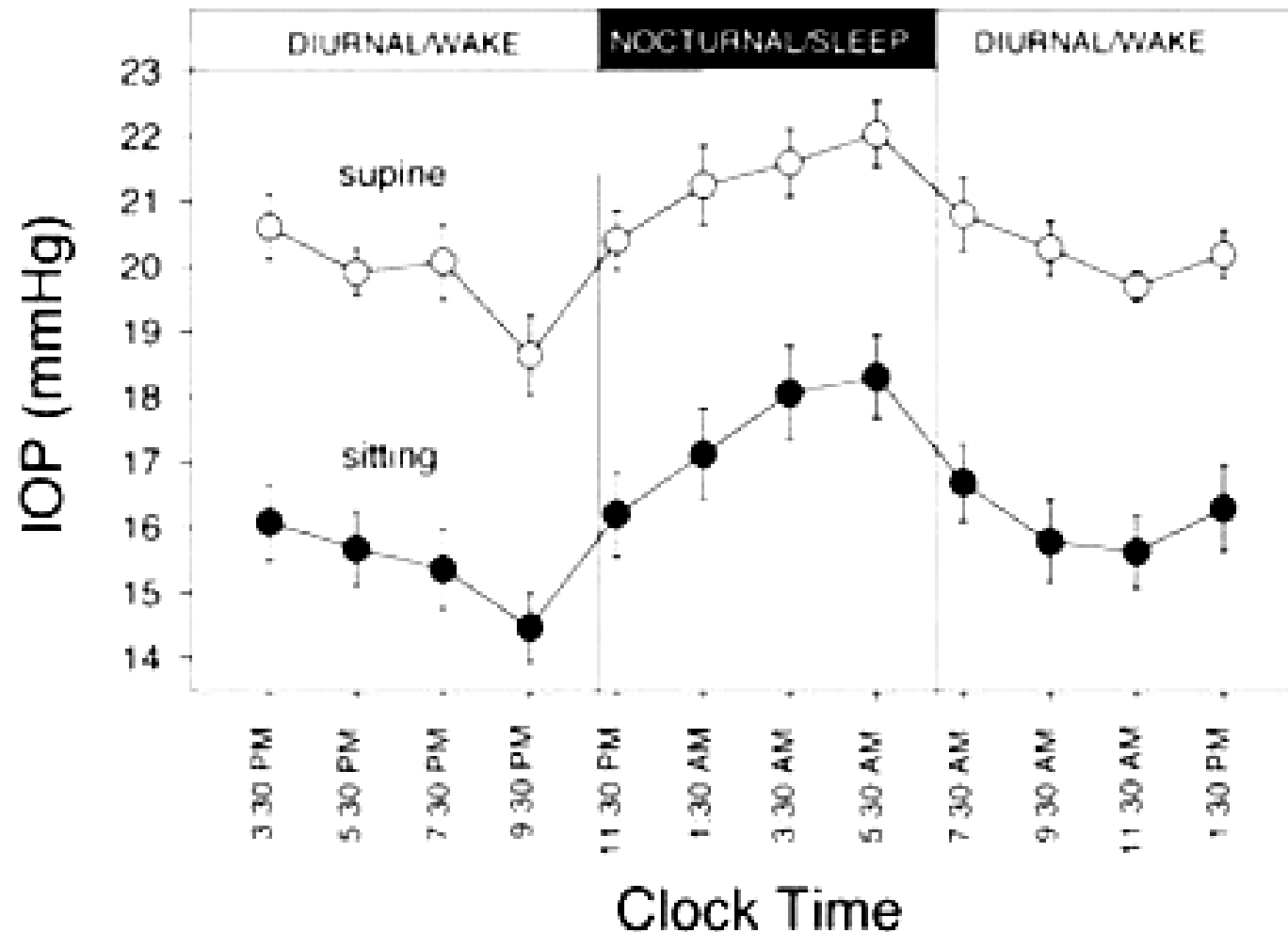
- One of the most typical characteristics of glaucoma is that patients only notice loss of vision late in the disease
- This is one of the major reasons people still go blind from glaucoma

How do we treat
glaucoma?

At present, the only way we
can treat chronic glaucoma is
by lowering the eye pressure

IOP monitoring

Peak IOP Occurs at Night¹⁹



Visual field loss related to iop and time

- IOP 30mmHg: 20% loose field in 5 years
- Normal attrition
- 'safe' 'acceptable' loss

Lowering IOP

- Medical therapy

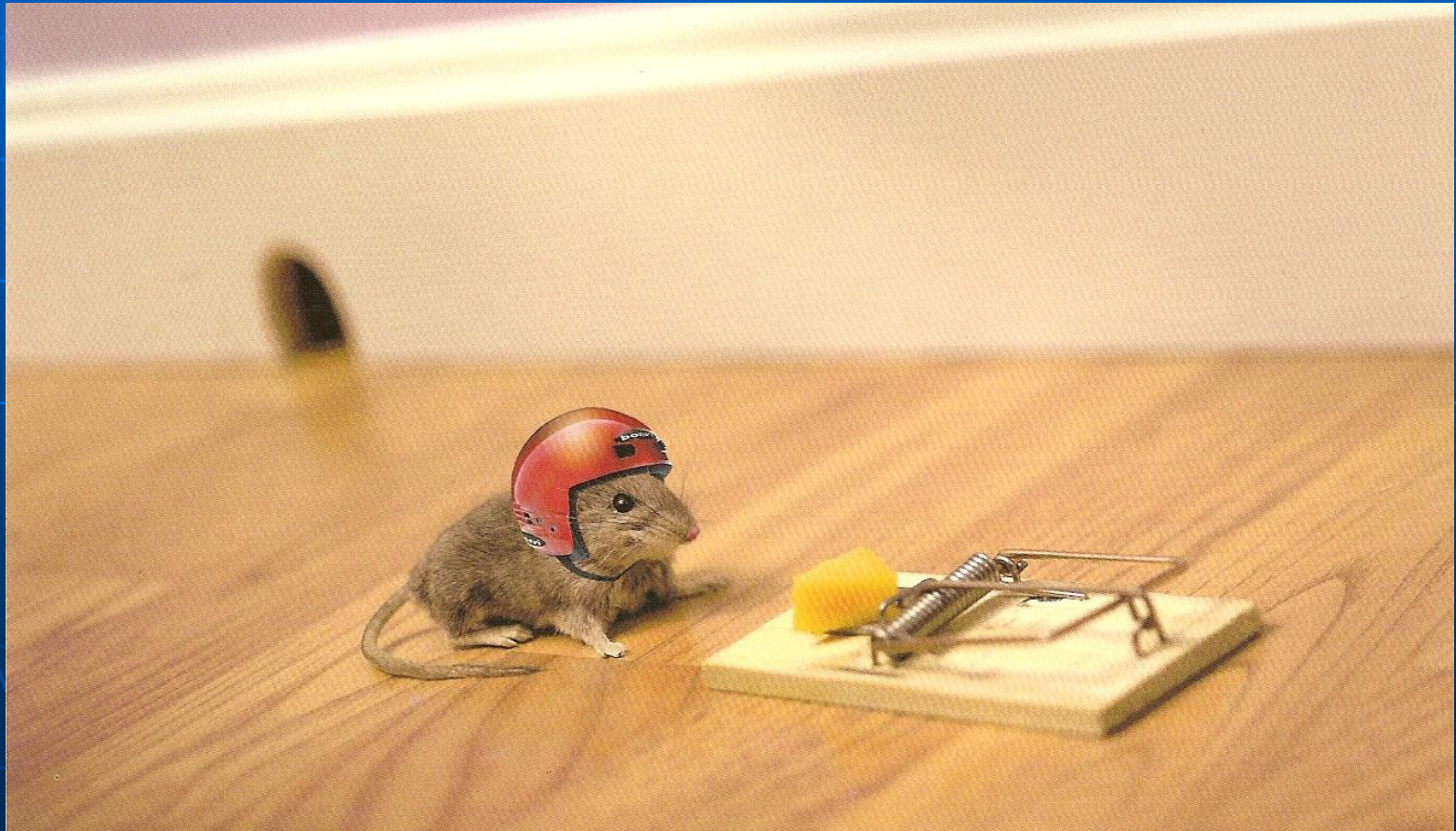
- Prostaglandins
- Betablockers
- Brimonidine
- Acetazolamide

- Laser therapy

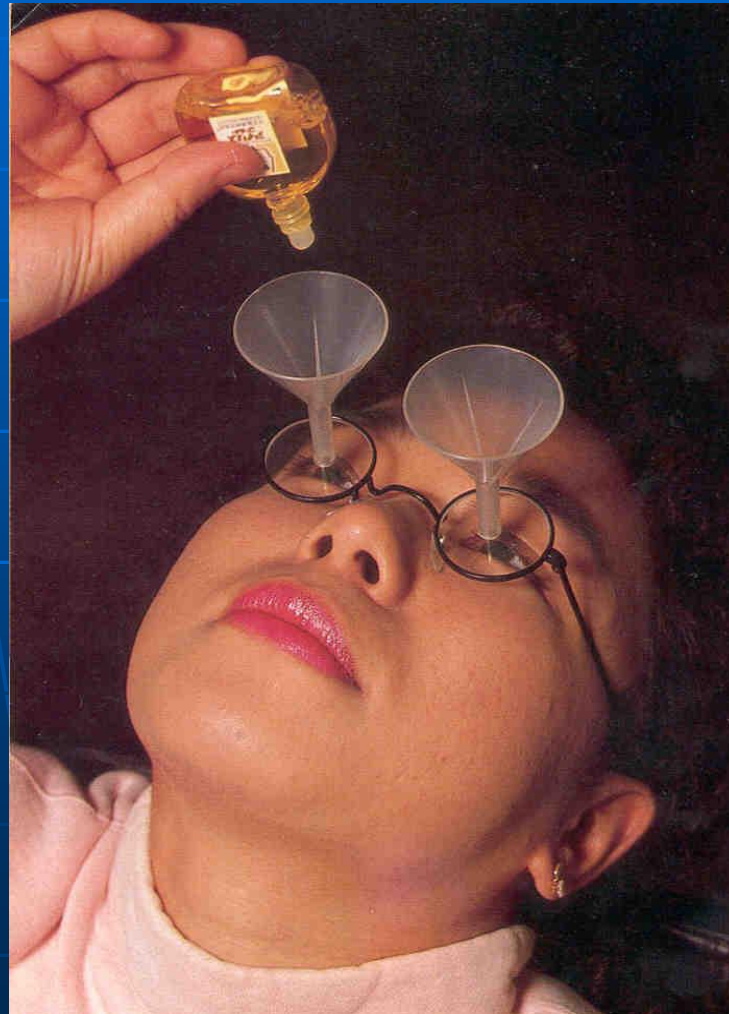
- Surgery

- Trabeculectomy
- Tube

Medications to reduce IOP- must get into the eye to work!



Most common treatment is eye drops





Prostaglandins

Xalatan, Travatan, Lumagan

- Red Eye (less in 2 months)
- Darker Iris
- Longer Eyelashes
- Min/no systemic SE



Baseline



After 9 months of
latanoprost treatment



Baseline



After 10 months of
latanoprost treatment



Baseline



After 12 months of
latanoprost treatment



Published courtesy of Watson P. Ophthalmology 1996;103:126-137.

Baseline



After 17 months



Baseline



After 10 months



Baseline



After 6 months



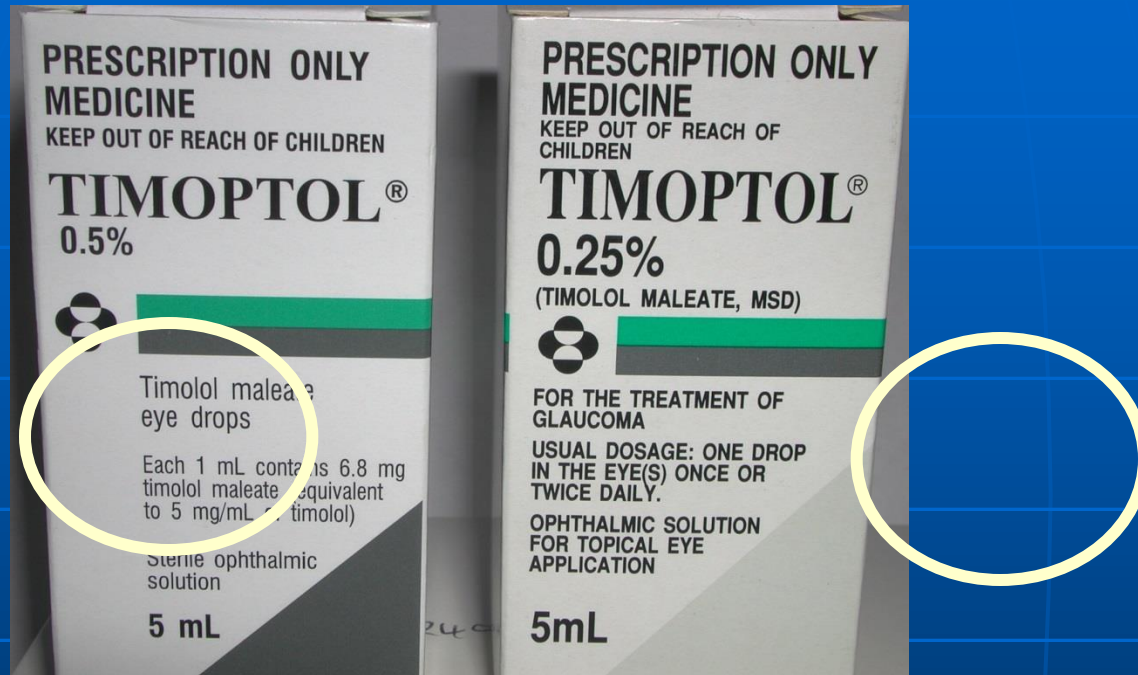
Published courtesy of Watson et al, Ophthalmology 1996; 103: 126-137.

Beta Blockers

- Asthma
- Lower Blood Pressure
- Slower Pulse
- Dizziness
- Depression
- Vivid Dreams
- Impotence
- Hair Loss



2 Different Strengths of *B* blocker



Timolol XE

Carbonic Anhydrase Inhibitors

Trusopt, Asopt, (Cosopt)

- Bitter Taste
- Stinging
- Crusty eyelashes
- Dry mouth



Alpha Agonists

Alphagan / Brimonidine

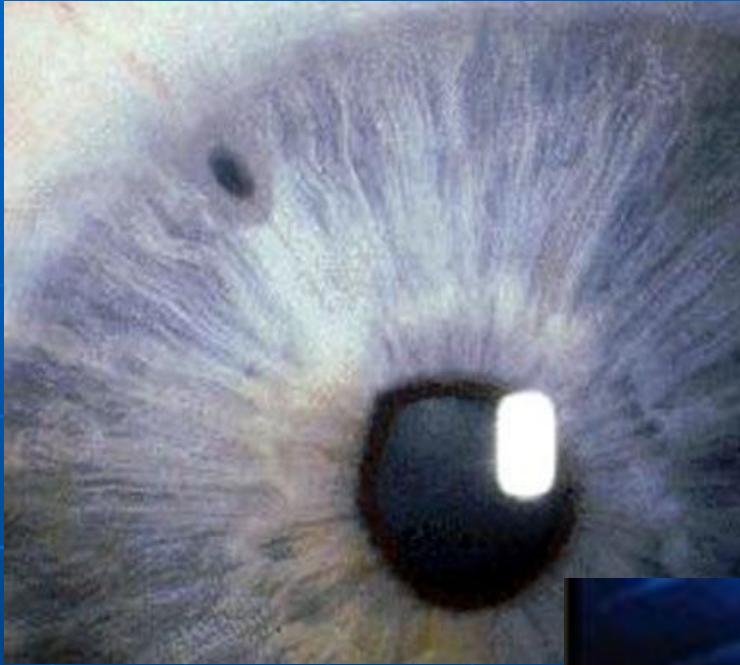
- Allergies
 - 20 – 30%
- Fatigue
- Somnolence
- Higher Blood Pressure
- Dry Mouth
- Altered Taste



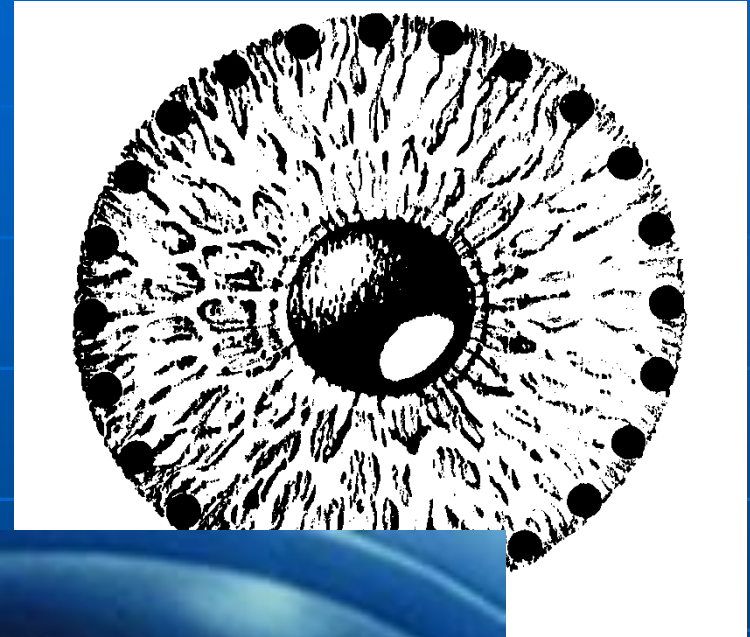
Combination Drops



Laser iridotomy



Laser iridoplasty

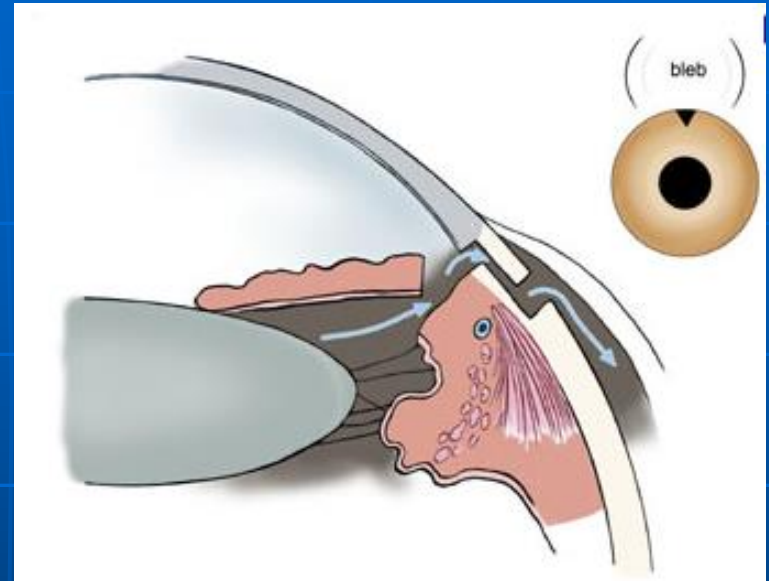


Laser trabeculoplasty

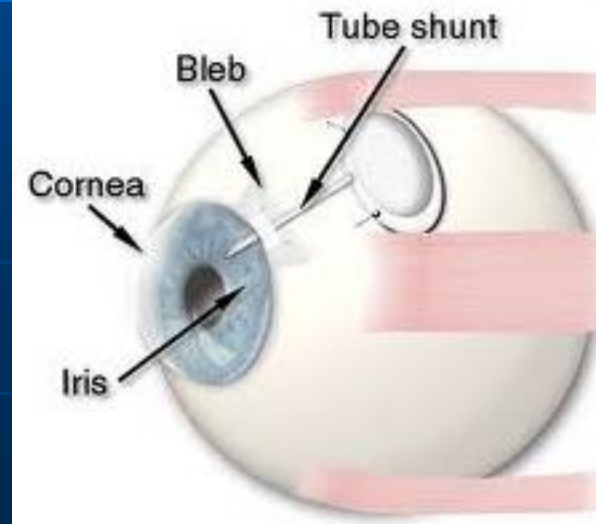


Surgery for glaucoma

- Trabeculectomy



- seaton



Lifestyle and Glaucoma

Use of complementary and alternative medicine for glaucoma

■ Vitamins therapy	62.9%
■ Herbal therapy	57.4%
■ Exercise	24.0%
■ Diet modification	22.2%
■ Meditation	1.8%
■ Acupuncture	1.8%
■ Faith healing	1.8%

Effect of yoga on IOP

- 10 subjects
- IOP measured sitting and immediately after headstand position
- IOP 14 ± 2 mmHg increased to 32 ± 4 mmHg.



Necktie and IOP

- Increase in IOP after 3 minutes occurred in glaucoma group
- But this increase was followed by a significant decrease in IOP after 15 minutes of tight necktie wear.



Wind instrument and IOP

- Does playing a wind instrument affect glaucoma?



Wind Instrument in IOP

- Increase in IOP
 - 4mmHg soft note
 - 20mmHg high note
- Mechanism is increase in uveal volume and choroidal thickening



Hypertension and IOP



Smoking and glaucoma

No association
between smoking
and glaucoma.



Omega-3 Fatty Acids and IOP



Dietary Omega 3 Fatty Acids Decrease Intraocular Pressure with Age by Increasing Aqueous Outflow.

Vingrys et al IOVS 2007

Fruits and vegetables:

Coleman et al 2008 AJO

Decrease OAG

by 69% in women who consumed at least one serving per month of green collards and kale compared with those who did not

Brassica family along with broccoli and cauliflower. The dark blue-green leaves that are smooth in texture.

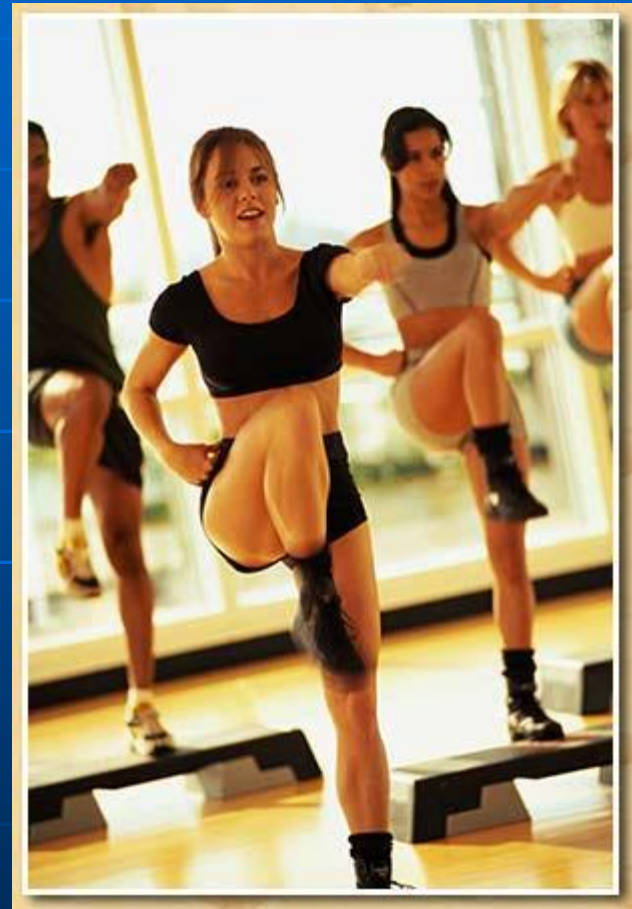


- By 64% in women who consumed more than two servings per week of carrots



Exercise and IOP

- Dynamic resistance training induces modest decrease in IOP acutely.
- Greater effect in women than men.



Stress and IOP

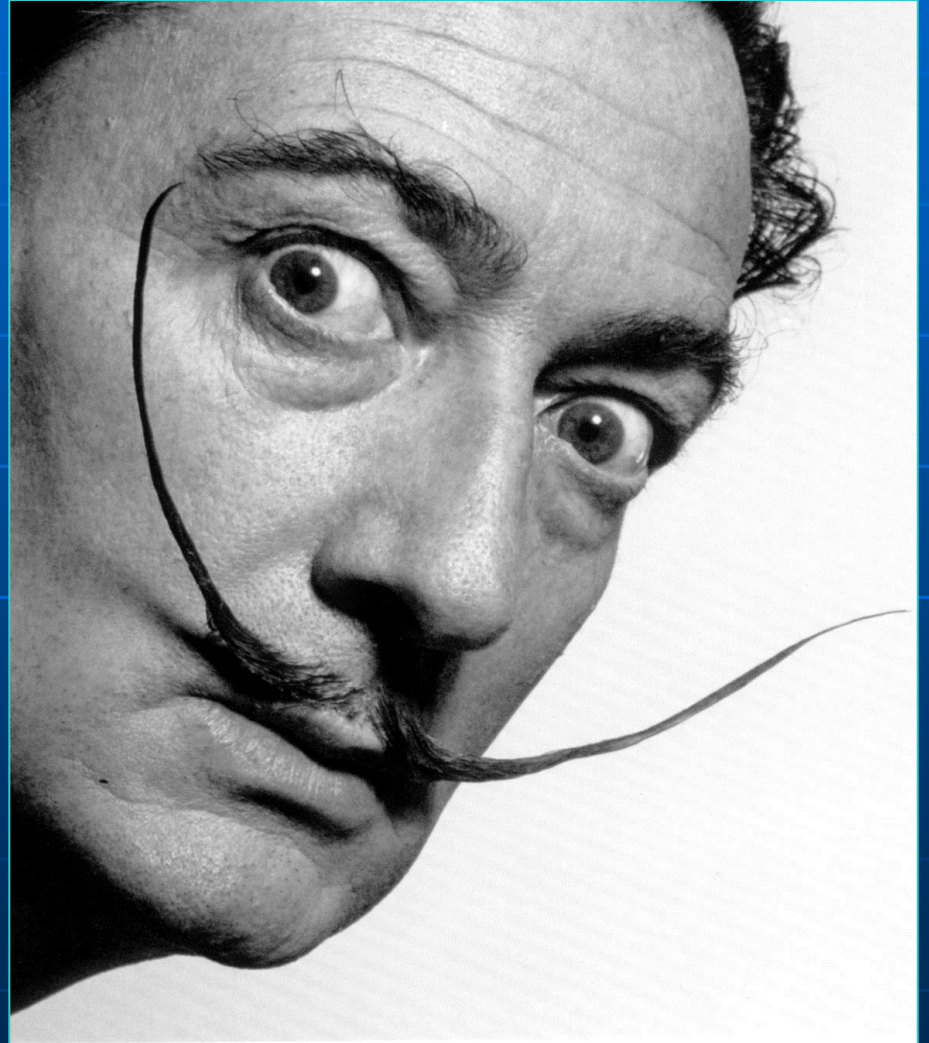
- No strong evidence.
- Psychosocial stress questionnaire
- Positive correlation in female between stress score and IOP.

Journal of Physiological Anthropology



What is your role as a GP

- Patient awareness
- Diagnostic
 - Family history
 - Optic disc
- Medication
 - Explanation
 - Re-prescribing
- Follow-up
 - medication
 - appointments

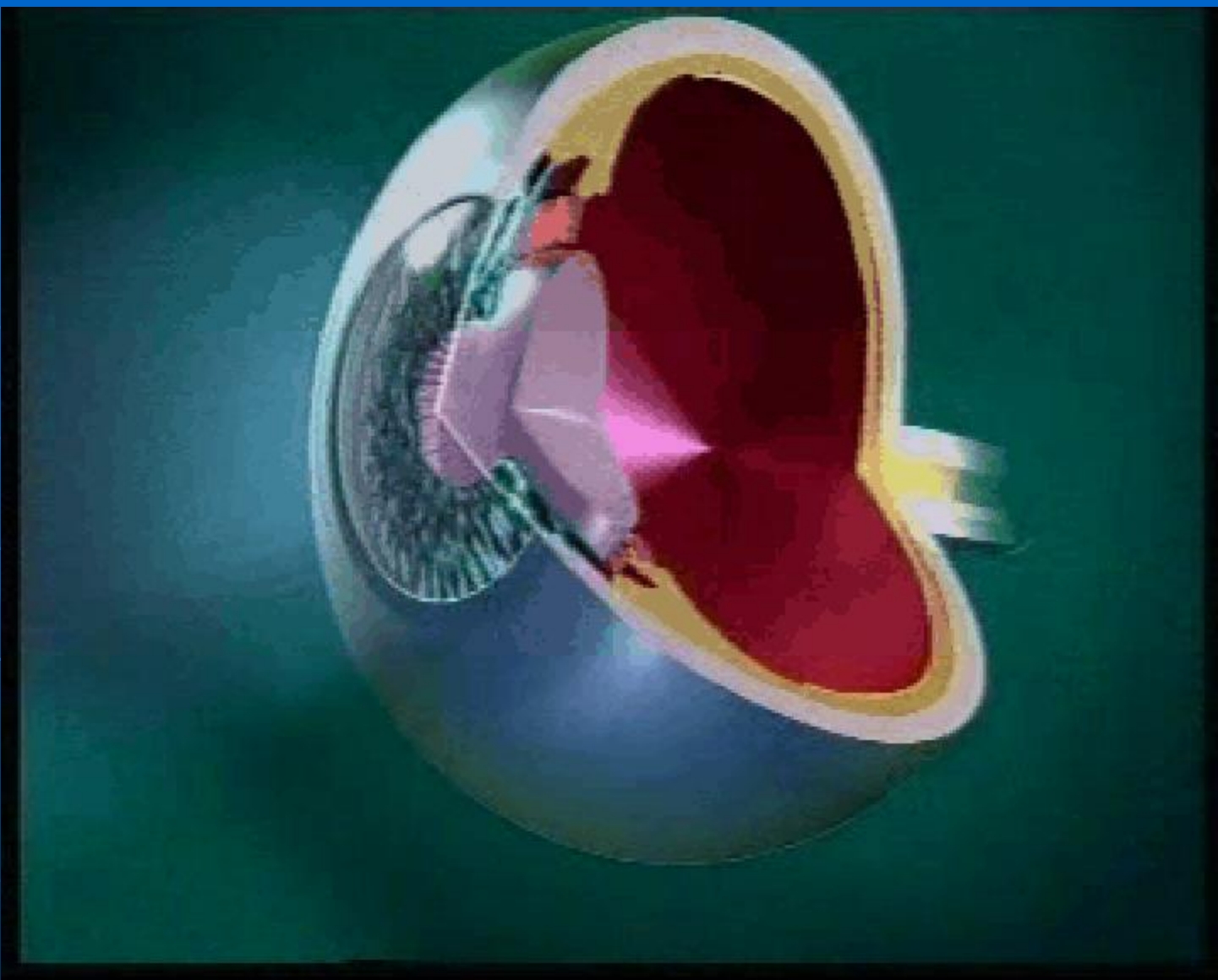


Thankyou

THE END



There is more to vision than just
the eye



Types of glaucoma

There are many types of glaucoma

Glaucoma can occur in babies, children, young adults and older

Much more common as we get older



Types of glaucoma

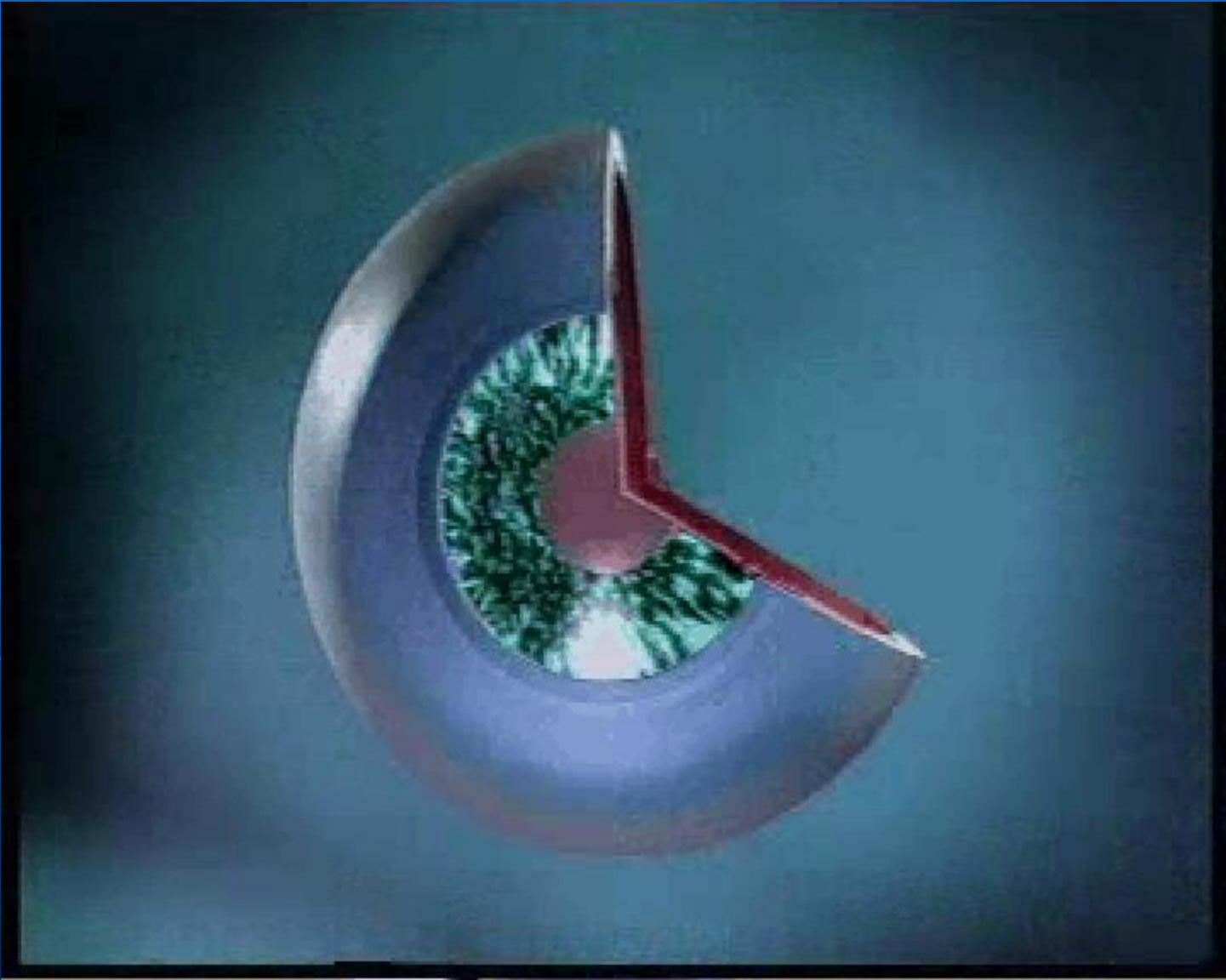
- Primary - glaucoma is present by itself
- Secondary - glaucoma due to another eye or whole body condition



Types of glaucoma

- Glaucoma can occur suddenly and very severely (acute glaucoma)
or
- very gradually (chronic glaucoma)







OPTIC
NERVE



Normal visual field

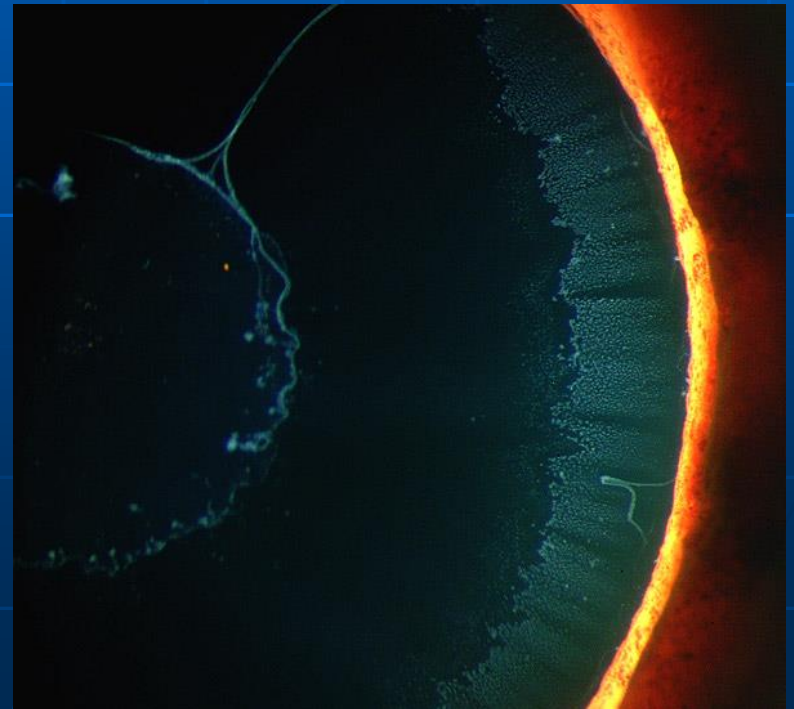


Abnormal visual field

Some types of Chronic Glaucoma

- Primary Open Angle Glaucoma (POAG)
- Normal Pressure Glaucoma (NTG)
- Pseudoexfoliation Glaucoma

all very common



Pressure-lowering treatments:

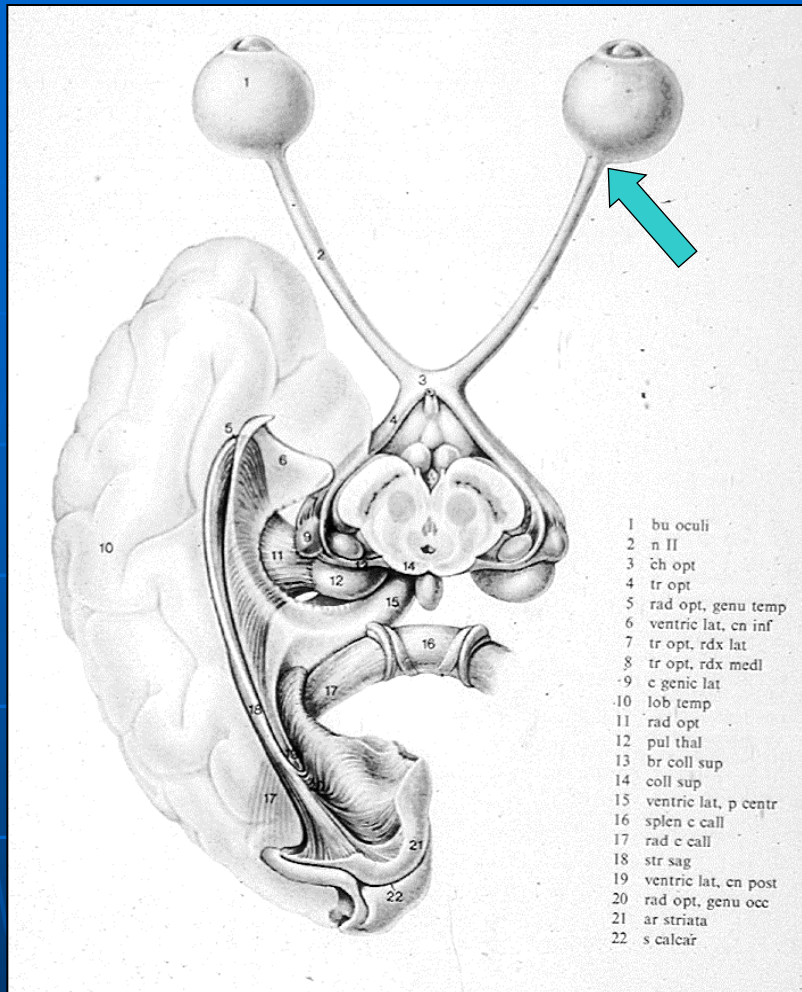
1. Eye-drops
2. Tablets
3. Laser
4. Surgery



Eye surgeons use a number of
quite different lasers...
for quite different reasons



Laser treatment for
glaucoma
is quite different from laser
treatment
to “throw away your
glasses” or for diabetic eye
disease



**PRESCRIPTION
ONLY MEDICINE**

KEEP OUT OF REACH OF CHILDREN



Combigan™

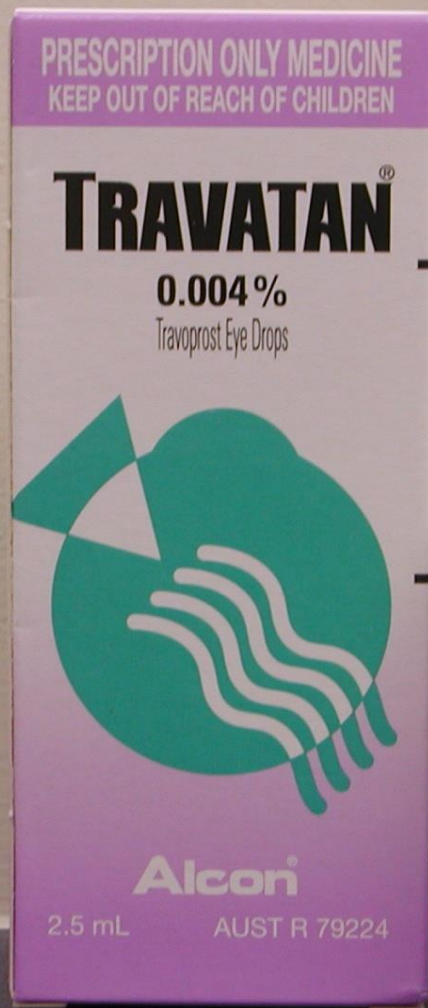
brimonidine tartrate
2 mg/mL and timolol
5 mg/mL eye drops

AUST R 97690

STERILE

5 mL

 **ALLERGAN**





**PRESCRIPTION ONLY
MEDICINE**

KEEP OUT OF REACH OF CHILDREN

TRUSOPT[®]



Dorzolamide hydrochloride
eye drops. Each 1 mL
contains 22.3 mg dorzolamide
hydrochloride (equivalent to
20 mg/mL of dorzolamide)

2%

Sterile ophthalmic
solution

5 mL

**PRESCRIPTION ONLY ■
MEDICINE**

KEEP OUT OF REACH
OF CHILDREN

**AZOPT[®]
1.0%**

Brinzolamide 10 mg/mL
Eye Drops

5 mL

AUST R 72750

Alcon[®]

Each mL contains:
brimonidine tartrate 2 mg
benzalkonium chloride 50 µg.
Dosage: Use as directed.
Notes: For external use only.
Store below 25°C. Bottle
is filled to full capacity.
Discard unused contents
4 weeks after opening.
Contents are sterile if seal
is intact.

**PRESCRIPTION
ONLY MEDICINE**

KEEP OUT OF REACH OF CHILDREN



(brimonidine tartrate 2 mg per mL)

EYE DROPS

AUST R 60297

STERILE

5 mL



ALLERGAN

**PRESCRIPTION ONLY
MEDICINE**
KEEP OUT OF REACH OF CHILDREN

TRUSOPT®



Dorzolamide hydrochloride
eye drops. Each 1 mL
contains 22.3 mg dorzolamide
hydrochloride (equivalent to
20 mg/mL of dorzolamide)

2%

Sterile ophthalmic
solution

5 mL

**PRESCRIPTION ONLY
MEDICINE**
KEEP OUT OF REACH OF CHILDREN

Cosopt®
2%/0.5%



Dorzolamide hydrochloride
and timolol maleate eye
drops. Each 1 mL contains
dorzolamide hydrochloride
equivalent to 20 mg
dorzolamide and timolol
maleate equivalent to
5 mg timolol.

Sterile ophthalmic
solution

5 mL

PRESCRIPTION MEDICINE

5 mL

APO-TIMOP

TIMOLOL MALEATE
OPHTHALMIC
SOLUTION

USP
OPHTHALMIC
DISPENSER

For External Use Only

Solution contains:
timolol maleate
equivalent to timolol
0.5%

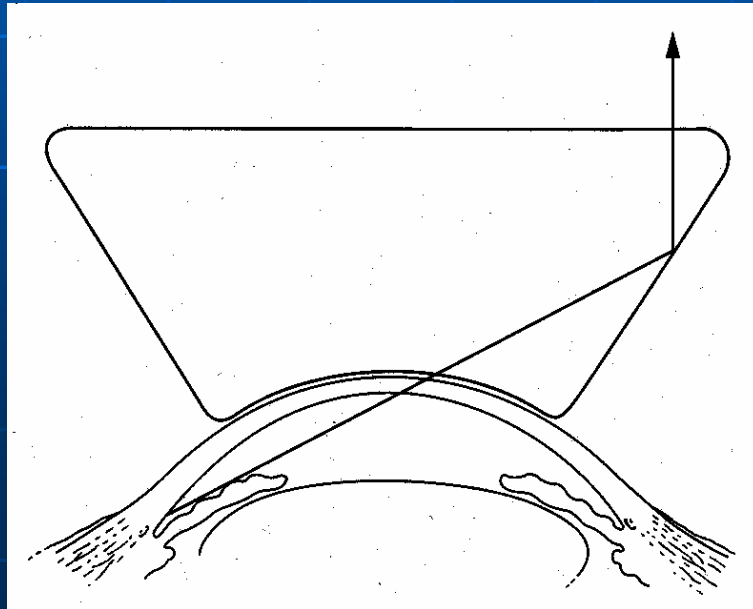
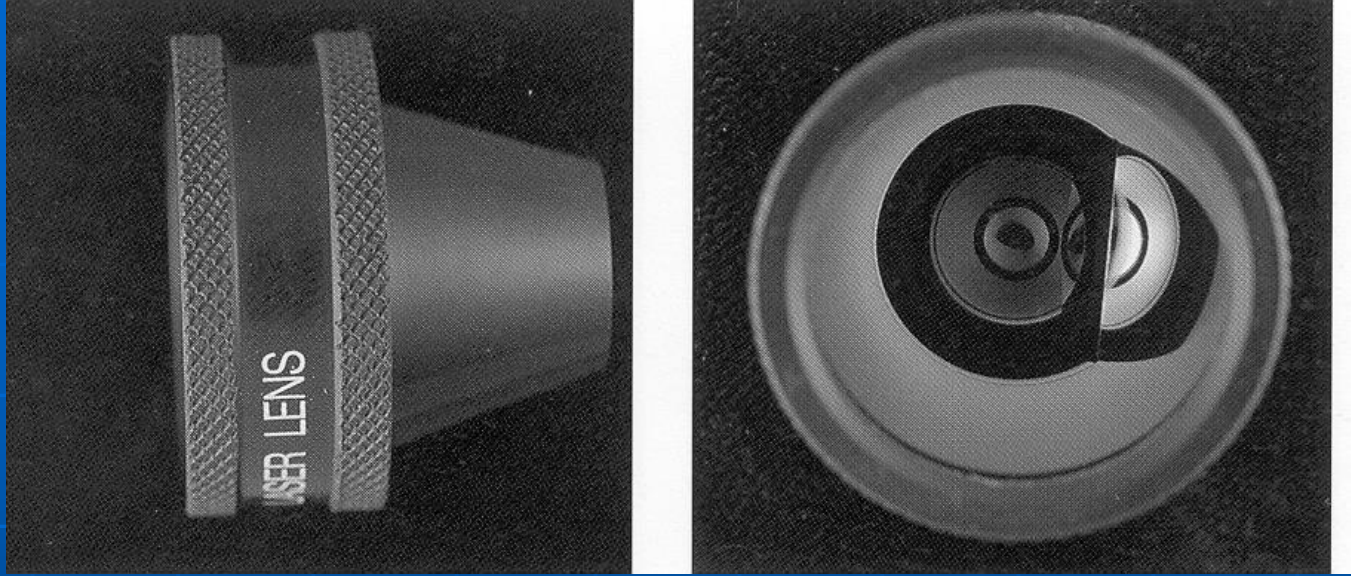
0.5%

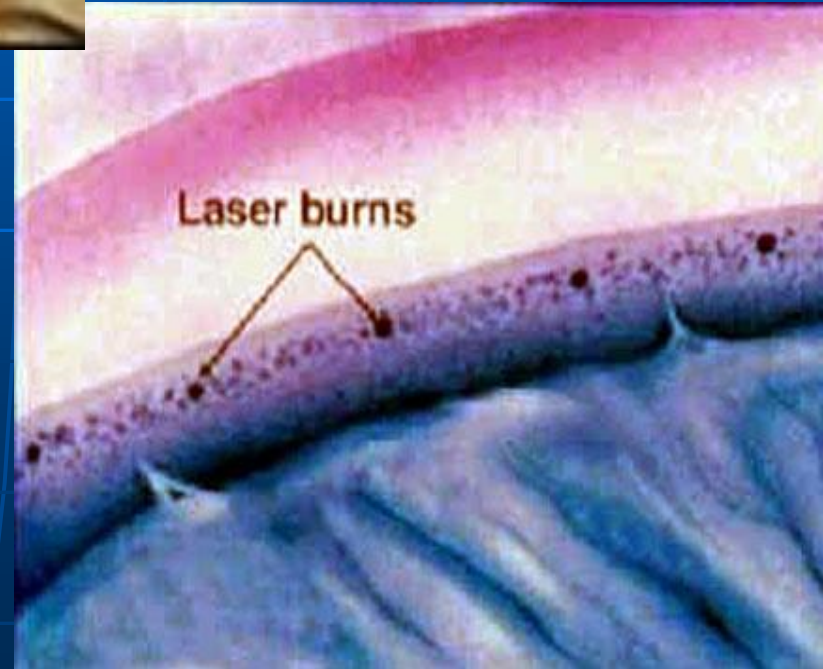
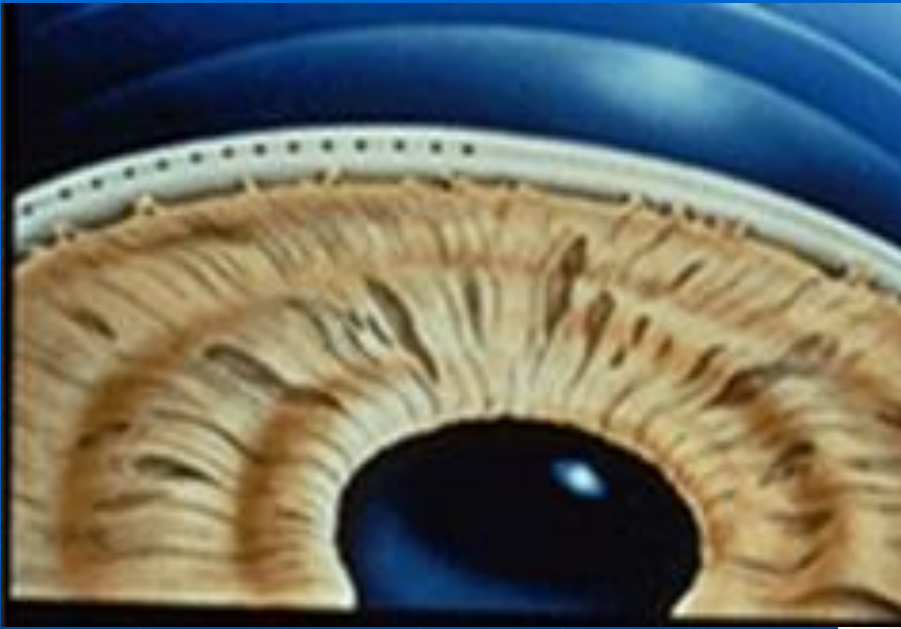
Pharmacode 452955



Laser trabeculoplasty *minuses*:

- Often doesn't work
- May just lower pressure a little.
- May only lower pressure for a limited period





Laser trabeculoplasty :

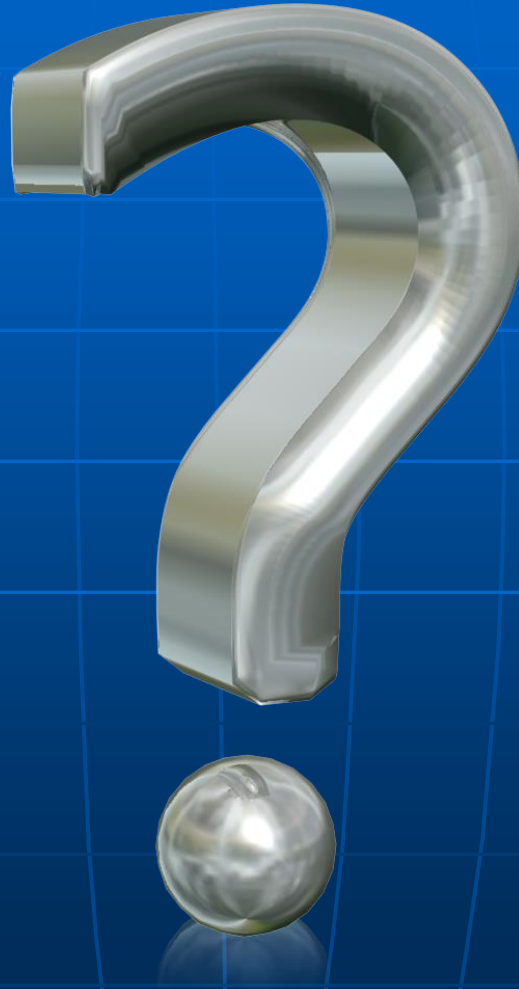
Pros

- Easy to perform
- *quick with minimal discomfort*
- Very safe
- Can be effective for years
- Problems associated with eye-drops can be avoided

Cons

- Often doesn't work
- Min IOP lowering
- Short term

Beyond Eye Drops, patient participation



“IS THERE ANYTHING I CAN DO?”



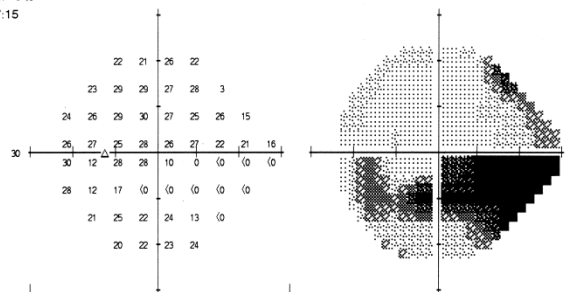
- ✓ Learn about the disease
- ✓ Keep regular appointments
- ✓ Comply with treatment
- ✓ Tell your family to get their eyes checked
- ✓ Support Glaucoma NZ – become a member



Moderate field loss

Single Field Analysis
 Name: [REDACTED] ID: 28794 Eye: Left
 Central 24-2 Threshold Test
 Fixation Monitor: Gaze/Blindspot Stimulus: Ill. White Pupil Diameter: 5.0 mm Date: 08-12-2005
 Fixation Target: Central Background: 31.5 ASB Visual Acuity: 6/6 Time: 13:32
 Fixation Losses: 0/17 Strategy: SITA-Standard RX: +2.25 DS DC X Age: 83
 False POS Errors: 2 %
 False NEG Errors: 6 %
 Test Duration: 07:15

Fovea: OFF



-2 -4 0 -3
 -3 2 1 -1 0 -24
 -3 -2 0 1 -2 -4 -3 -12
 -2 -5 -2 -5 -4 -8 -7 -9
 1 -2 -3 -21 -31 -32 -30 -27
 +1 -18 -14 -33 -33 -33 -32 -30
 -8 -5 -8 -6 -16 -30
 -8 -7 -5 -4

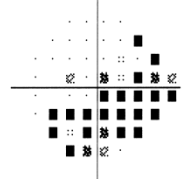
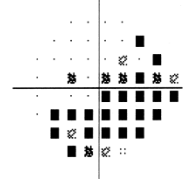
-2 -4 1 -3
 -3 2 1 0 1 -23
 -3 -1 0 1 -2 -4 -2 -11
 -2 -4 -2 -4 -4 -7 -5 -8
 2 -2 -2 -21 -31 -32 -30 -27
 0 -17 -13 -32 -33 -32 -31 -29
 -7 -4 -8 -5 -16 -30
 -8 -7 -5 -4

GHT
 Outside normal limits

MD -11.23 dB P < 0.5%
 PSD 12.96 dB P < 0.5%

Total
 Deviation

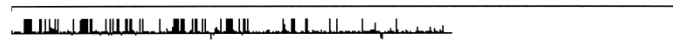
Pattern
 Deviation

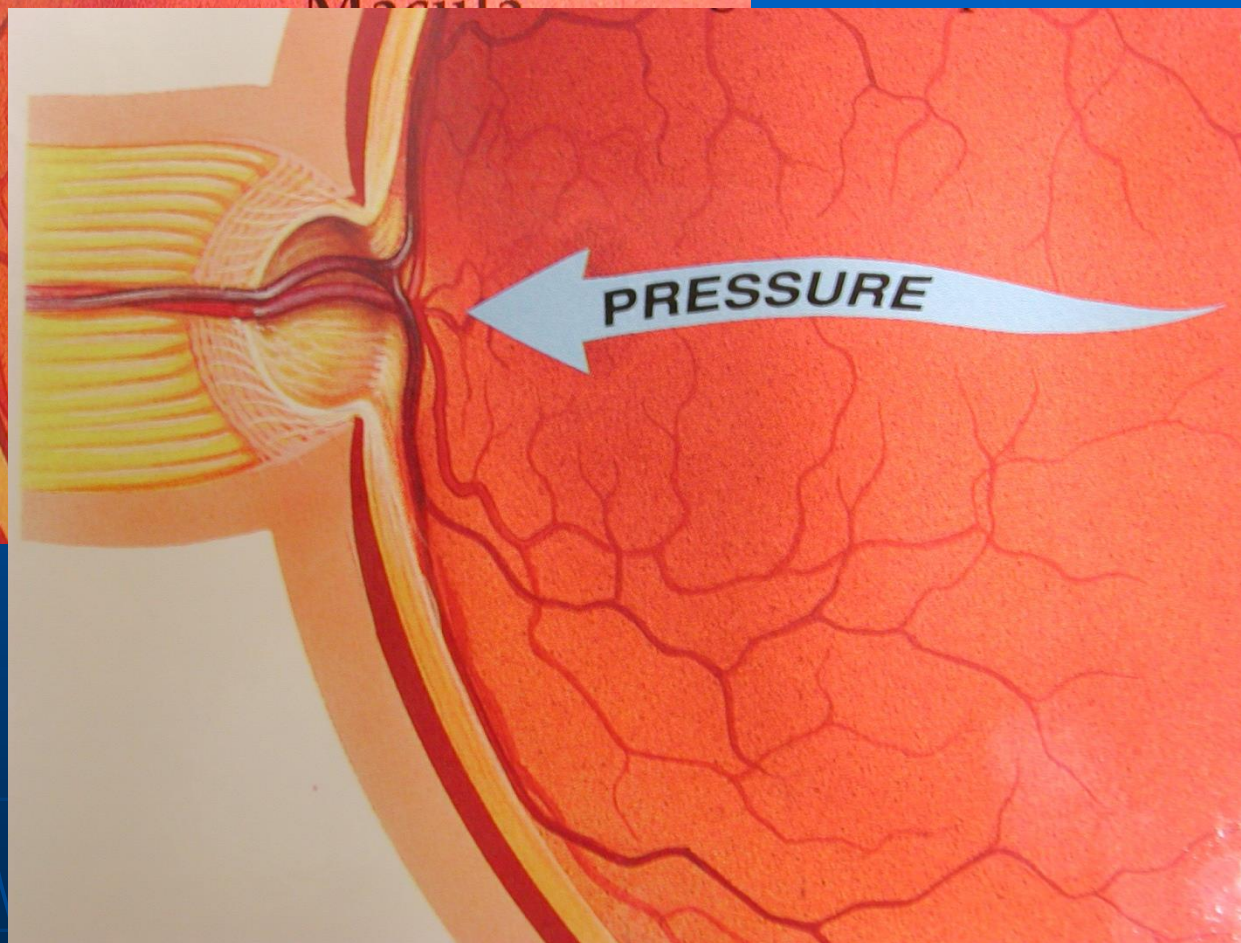
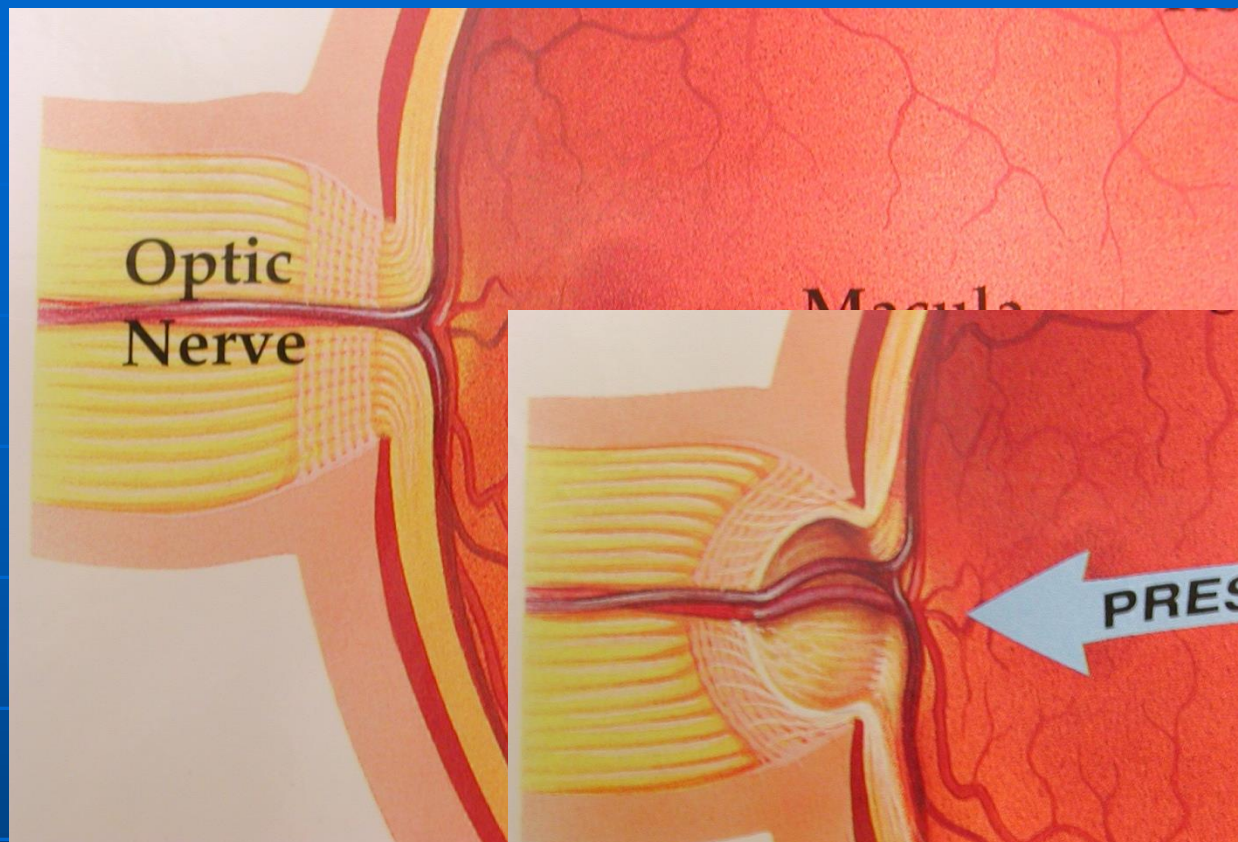


:: < 5%
 ○ < 2%
 ◯ < 1%
 ■ < 0.5%

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LID TAPED.





Publications

Eyelights

GLAUCOMA NZ
TO SAVE SIGHT

The Newsletter of Glaucoma NZ
Volume 6 | Issue 3 | October 2009

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The New York Times
Friday 17th July 2009

A New Understanding of Glaucoma



By Peter Jaret

For years, glaucoma was defined as elevated pressure within the eye that leads to vision loss. And for years experts knew there were glaring gaps in that definition. Many people with abnormally high intraocular pressure never develop glaucoma. As many as one in three people who do get the disease have normal or even low pressure.

As researchers have tried to resolve those contradictions, a new paradigm for understanding glaucoma has emerged. Glaucoma isn't simply an eye disease, experts now say, but rather a degenerative nerve disorder, not unlike Alzheimer's or Parkinson's disease.

"All three of these diseases affect aging populations and involve selective loss of certain populations of neurons," said Dr. Neeru Gupta, a professor of ophthalmology and director of the glaucoma unit at the University of

Toronto. "Parkinson's affects motor control. Alzheimer's affects cognition. Glaucoma disrupts vision. But the closer we look, the more they seem to have in common."

Even the official definition of glaucoma, a disease that accounts for more than eight million cases of blindness worldwide, has changed.

Today, on just 1 damage which is at the back of the brain, at vision, measure in an eye

"Intraocular pressure is the definition of glaucoma," says McKinnon, professor and Duke University of Medicine

Eyelights

GLAUCOMA NZ
TO SAVE SIGHT

The Newsletter of Glaucoma NZ
Volume 7 | Issue 1 | March 2010

Inside:

Glaucoma Worldwide
Traumatic Glaucoma
Your Eyes and Bicycle Tyres

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Galileo Had Glaucoma!

It has been 401 years since Galileo first had the idea of pointing his telescope to the heavens.

His interest in telescopes (an invention attributed to a Dutchman) began for their military application and their commercial value. The astronomical science only occurred to him later and he was not the first as an Englishman, Thomas Harriot, drew the contours of the moon in July 1609 but gets no credit as he did not publish his work.



Galileo first found evidence that proved the earth was not the center of the solar system when he found the four larger moons of Jupiter, and that Venus has phases just like our moon. These were seemingly simple things but in 1609 they turned science and the Catholic Church upside down. He did this with a telescope that was of poorer quality and less magnification than a cheap pair of modern binoculars.

Galileo's eyes were not ideal. His left eye was very short sighted and his right eye had less than perfect distance vision which meant they could never see together. His eyes pointed in different directions which is shown in many existing portraits. He was reported to have poor vision, thought to be due to looking at the sun, but his writings show that he was aware of the dangers of this and observed sunspots by projecting the sun's image onto a screen. This is a technique still commonly used by astronomers today. His weaker, divergent left eye may have helped him draw Jupiter and Venus as it was focussed close to him while his right eye observed the heavens through a telescope.

Experts agree that Galileo had progressive glaucoma. There is a study being undertaken by Paolo Galluzzi, director of the Institute and Museum of The History of Science, in Florence, Italy to undertake glaucoma DNA studies from Galileo's remains that were reburied in 1737 (his first grave was that of a pauper due to his being out of

Continued over page...

Fact Sheet

Acute Angle Closure Glaucoma (ACG)

In ACG, the fluid inside the front of the eye cannot reach the angle of the eye where the drainage system of the eye is located because the angle becomes blocked by part of the iris, the coloured part of the eye. The build up of fluid inside the eye results in a sudden increase in pressure. This condition is an emergency, requiring immediate treatment to improve the flow of fluid.

Does it produce symptoms?

ACG produces noticeable symptoms because of the rapid build-up of pressure in the eye. Each individual may experience symptoms differently. These include:

- headache or severe pain in or around the eye(s)
- haloes (which may appear as rainbows) around lights
- blurred vision
- nausea and vomiting

Why does it occur?

The trabecular meshwork (or drainage system of the eye) is situated at a place in the eye called 'the angle'. In people with ACG, the angle is narrower than in normal eyes. The ability of fluid to pass out of the eye is compromised causing fluid and hence pressure to build up. If the meshwork, becomes completely blocked fluid will continue to be made at a normal rate but will be unable to exit the eye, allowing the pressure in the eye to build up to a harmful level.

Early detection is vital

Have an eye test

Glaucoma NZ
promotes
45 + 5 'rule'



Tell family and friends