

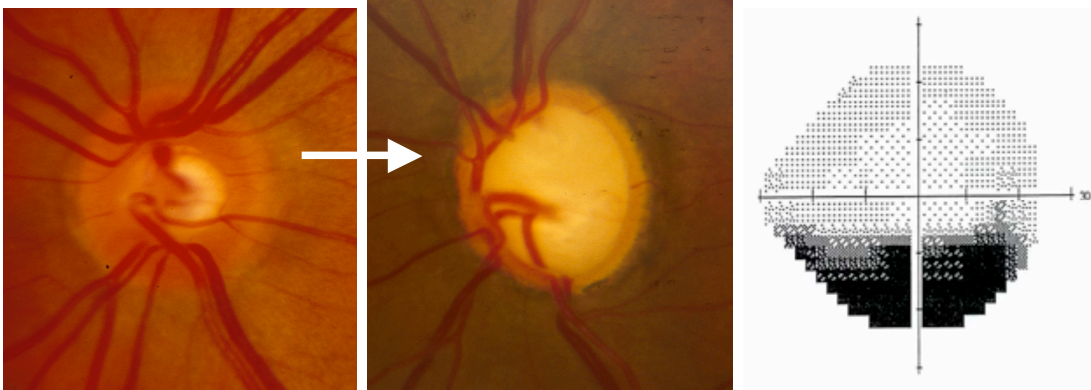
“Glaucoma- What a GP needs to know”

Professor Rupert Bourne FRCOphth Bsc MD

What is Glaucoma

-“an optic neuropathy characterized by a specific pattern of optic nerve head and visual field damage- a final common pathway resulting from a number of different conditions that can affect the eye”

- most of these disorders are associated with raised intraocular pressure (1/3 of glaucoma patients have a normal IOP: less than 21mmHg)



- gonioscopy determines whether the anterior chamber angle is closed or open, allowing categorization into **open or closed angle glaucoma**.

How big is the problem?

60.5 million by 2010, 80 million by 2020; 7% blind due to glaucoma

50% are aware of their disease (OAG) in UK

Which drugs can make glaucoma worse?

Open Angle Steroids

Closed Angle

Tricyclics, MAOIs, antihistamines, antiparkinsonian/antipsychotic/antispasmodic

Sulfa containing medications- even after laser iridotomy

Who is at risk?

Elderly (over 70s have 3.5x risk of 40s). Family Hx (up to 10x risk)

Who gets free eye tests?

Under 16, or under 19 and in full time education

Aged ≥60 (60-70 it is one test every 24 m ; >70 it is one test every 12 m)

Registered blind or partially sighted

Diagnosed as having diabetes or glaucoma

≥40 or over with a first degree relative with glaucoma, or you have been advised by an ophthalmologist that you are at risk of glaucoma

Are there any hospital/community glaucoma schemes in operation in Cambs PCT?

Yes. Currently the only scheme east of Peterborough is the **CHANGES** scheme (Community & Hinchingsbrooke Allied Network Glaucoma Evaluation Scheme)

operated from the Huntingdon Glaucoma Diagnostic & Research Centre. For more details contact Mr Bourne on RUPERT.BOURNE@LSHTM.AC.UK

What are the classes of eyedrops for lowering IOP? generics?

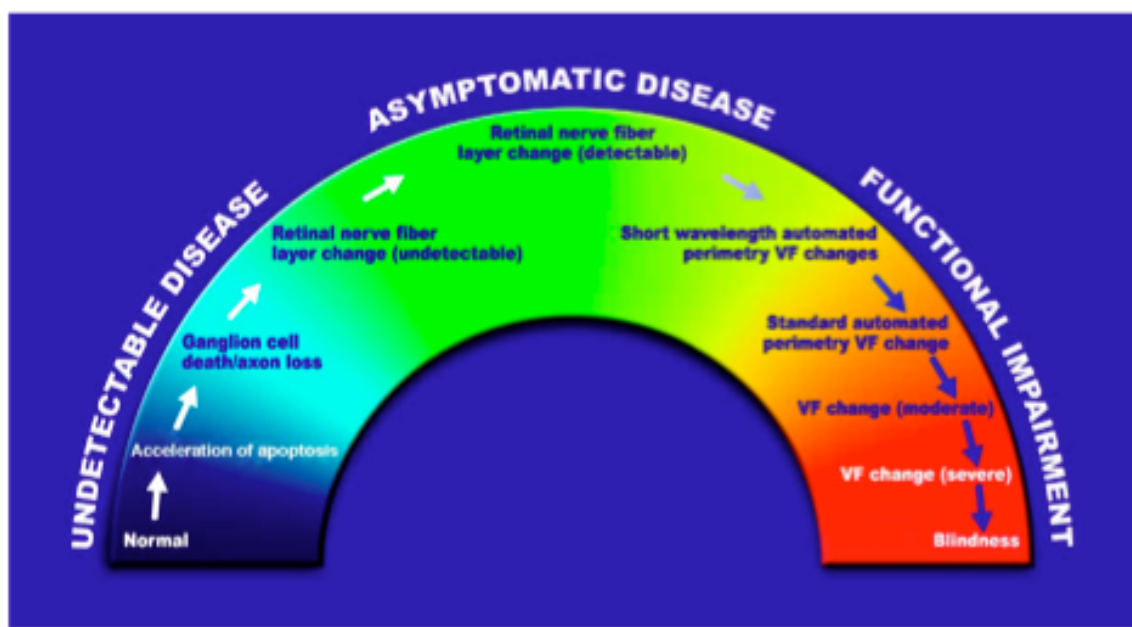
Broadly these are prostaglandin analogues, beta blockers, miotics and carbonic anhydrase inhibitors. There are also bottles that contain combinations of these. Betagan and timoptol have generic equivalents. Other than these, medications should not be switched without seeking advice of ophthalmologist.

What non-IOP dependent factors are there?

Vasospastic factors: eg. migraine & Raynaud's syndrome

Poor perfusion: nocturnal dippers, sleep apnoea

A spectrum of severity



Glaucoma & Cataract Surgery

Often co-exist. Cataract surgery often more complex.

Conclusions:

Common disease becoming commoner

Important role of community in its Mx

Requires support of patient as chronic Dx with chronic Rx

Strong evidence base with ongoing research

For further information, please contact:

Professor Rupert Bourne .

Consultant Ophthalmic surgeon, specializing in Glaucoma & Cataract Surgery.

Secretary 01223 266914, Direct: 07931541295, RUPERT.BOURNE@LSHTM.AC.UK

Huntingdon Glaucoma Diagnostic & Research Centre, Hinchbrook Hospital

BUPA Cambridge Lea

International Centre for Eye Health, London & Anglia Ruskin University

(Hon) Addenbrooke's Hospital, Cambridge