

Glaucoma Pocketcard Set

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Definition
 Progressive damage to the optic nerve with characteristic changes at the optic nerve head, loss of retinal nerve fiber layer and the development of glaucomatous visual field defects.
 The primary measurable pathogenic risk factor is elevated intraocular pressure (IOP).

Eye Anatomy – Aqueous Humour Drainage

Aqueous humour: ciliary body → delivery to posterior chamber → flow along the lens and anterior chamber, via → trabecular meshwork (Schlemm's canal) → episcleral veins

Risk Factors for Primary Open Angle Glaucoma

- Intraocular Pressure**
 - Primary pathogenic risk factor: increased IOP
 - IOP >22 = 13-fold increased relative risk (RR) for primary open-angle glaucoma (POAG) (Swanson, 1991)
- Age**
 - Advanced age (prevalence 40 years, 0.3% vs 3.3% at 70 years)
 - Blacks 3-4 times higher prevalence than Caucasians (ref: Barbados Eye Study)
- Race**
 - 2-4 times increase RR with affected first degree relatives
- Family History**
 - Higher prevalence, controversial whether it is an independent risk factor
- Diastolic myopia**
 - 1.5-3 times increased RR, may be in part due to selection bias from optic nerve segmentation
- Diastolic Perfusion Pressure**
 - Diastolic perfusion pressure (= mean arterial perfusion pressure - IOP) = 93mmHg = 4 times increased RR, <50mmHg = 3 times increased RR
- Central Cornea Thickness (CCT)**
 - CCT < 558 µm identified in Ocular Hypertension Treatment Study (OHTS) as an independent risk factor
- Others**
 - Migraine and vasospasm have been associated with normal tension glaucoma

Scoring system for estimating the 5-year risk of developing POAG from known ocular hypertension (OHT)

Independent Variable	Points				
	0	1	2	3	4
Age (years)	<45	45 to <55	55 to <65	65 to <75	≥75
Average IOP (mmHg)	<22	22 to <24	24 to <26	26 to <28	≥28
Average Central Corneal Thickness (CCT) (µm)	>600	576-600	550-575	526-550	<525
Average Vertical Cup-Disk Ratio	<0.3	0.3 to <0.4	0.4 to <0.5	0.5 to <0.6	≥0.6
Visual Field (VF)					
Haemiphrase: mean deviation (MD); 2 measurements/eye, avg of both eyes	>+1.8	1.8 to <2.0	2.0 to <2.4	2.4 to <2.8	≥2.8
OD					
Optic Disc: mean corrected variance loss (CVL); 2 measurements/eye, avg of both eyes	<3.24	3.24 to <4.0	4.0 to <5.76	5.76 to <7.84	≥7.84
Weight points and predicted 5-year risk of POAG					
Total points	0-6	7-8	9-12	13-12	≥12
Five year risk of developing POAG	<4%	10%	15%	20%	≥33%

Modified from Ocular Hypertension Treatment Study (OHTS), European Glaucoma Prevention Study (EGPS), Ophthalmology 2002; vol. 114, Issue 1, Pages 10-19

Clinical Features

- Starts to become evident as the disease is asymptomatic
- Onset of visual field defects, usually only after loss of a 30% of the retinal nerve fibers (RNF) typically annular scotomata, reducing color vision and contrast sensitivity
- If left untreated → progression to irreversible blindness

Classification

- Congenital vs acquired
- Open vs closed angle vs mixed mechanism
- Primary vs secondary (result of another illness, injury or iatrogenic)

Authors: A. Teek, MD, B. Singh, MD. © 2012 Born-Broschering Publishing. ISBN 978-1-10522-417-2. www.gau.com

Filesize: 3.02 MB

Reviews

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