

Considerations for the Patient Newly Diagnosed With Glaucoma

Following a predesigned plan and effective communication are keys to patients' success.

BY MICHAEL MCFARLAND, OD

Being diagnosed with glaucoma can be unsettling for patients. The newly diagnosed glaucoma patient has just been told that he or she has a potentially blinding eye disease that requires life-long monitoring and care. Patients may not understand exactly what is happening and need reassurance. Good quality communication and education are paramount in establishing a successful patient-doctor relationship, as well as for helping to ease patients' stress.

MEDICAL HISTORY

Before proceeding with a treatment plan, it is important to learn as much information about the patient as possible from the baseline examination and a thorough medical history—the value of which cannot be underestimated. When obtaining a chief complaint and history of present illness, it is important to realize that many glaucoma patients are asymptomatic. There are clues, however, to elevated intraocular pressure (IOP) associated with glaucoma including headaches, colored halos, ocular pain, photophobia, and vision loss.

A quality history of the patient involves obtaining the following information:

- family ancestry (ie, ethnicity/race)
- family history of glaucoma including severity of disease
- past ocular history (eg, vascular occlusions, ocular trauma, uveitis, and pseudoexfoliation syndrome)
- past ocular surgery (eg, LASIK, retinal detachment surgery, and corneal transplantation)
- past medical history (eg, sleep apnea, systemic hypotension, Raynaud phenomenon, autoimmune

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or inflammatory diseases, sarcoidosis, migraines, and diabetes mellitus)

- systemic medications (eg, steroids, anticholinergic agents, antihypertensive drugs, and diuretics)
- social history (eg, smoking and recreational drug use)

OPHTHALMIC EVALUATION

A thorough and accurate ophthalmic examination is crucial for deciding how to proceed with patients' care. In the clinic where I practice, this would include several sets of IOP checks to determine the mean IOP and to detect how much fluctuation is present. We will also perform one or two baseline visual field tests depending on reliability, corneal pachymetry, optic disc photos, and the results of an optical coherence tomography scan of the nerve fiber layer. Whenever possible, we will obtain patients' old medical records to evaluate any tests performed by the previous eye care specialists. This information should be sufficient to determine the glaucoma type and, more importantly, how fast it may be progressing. These factors will influence how aggressively to treat and how often to follow up with the patient.

TREATMENT DECISIONS

The type of glaucoma and its rate of progression will help guide the initial treatment plan. For some glaucoma suspects, a period of observation may be appropriate to confirm the diagnosis. Once treatment is initiated, patients are likely pressed into a lifetime of therapy, and so the decision to treat should be well founded.

The majority of patients with newly diagnosed, early glaucoma are started on medical therapy in the form of eye drops prescribed once or twice a day. For any medication intended for chronic use, the benefit profile ought to outweigh the risks, and therefore efficacy, cost, compliance, and both local and systemic side effects should be considered. The associated expense and side effect profiles may affect patients' compliance. The simplest form of therapy that will allow the patient to control his or her disease is the one that is usually most beneficial. In my experience, it is difficult enough for patients to remember to instill one drop a day. When more medications are added, compliance tends to drop significantly while the cost and side effect profile rises.

Referral for a surgical consultation is another option. If it is known from the onset that compliance will be an issue, then perhaps a laser trabeculoplasty treatment or even incisional glaucoma surgery is warranted depending on how advanced the disease is when it is initially diagnosed. Surgical intervention also has the added benefit of less IOP fluctuation than what may occur with some topical medications.

FOLLOW-UP

The purpose of follow-up visits is to determine what effect therapy has had, whether it is adequate to control patients' glaucoma, and what side effects and compliance issues patients may be having. In our clinic, we also use this opportunity to reeducate patients on their particular glaucoma and explain why we are taking the plan of action that we are. It is always interesting how many patients come to our clinic that have been treated for glaucoma for years, but really have no idea what it is. I believe that the more a patient is educated about the diagnosis, the more likely he or she is to comply with the treatment plan and trust that the eye care specialist is taking the right steps to ensure that vision is preserved. Most patients with glaucoma will not go blind if treated properly, and if they are vigilant about following the management plan.

During follow-up examinations, repeat diagnostic testing is performed for the purpose of comparison with baseline values. For the stable glaucoma patient,

this will include one or two visual field tests per year, optic disc photos every 1 to 2 years, and annual gonioscopy and nerve fiber layer analysis. Patients with more severe or unstable glaucoma will need to be seen more frequently. Requirements for follow-up and testing should be tailored to the stage of glaucoma and whether or not patients' disease status and visual acuity appears stable. Glaucoma progression analysis software may be used to further investigate the rate at which the disease is progressing. In our practice, glaucoma patients are typically seen at a minimum of every 3 to 4 months.

SURGICAL CONSULTATION

A consultation or surgical referral should be made when patients' glaucoma is progressing despite treatment, when there is a high risk for symptomatic vision loss (ie, split fixation visual field defect), or when the side effect profiles of the medications outweigh the benefits of treatment. Communication with the surgeon is critical. It is helpful to share as much information as possible in the form of old records and diagnostic test results. If appropriate, a phone consultation with the surgeon to discuss the patient is a good idea. With the advent of more minimally invasive glaucoma surgeries and newer technologies on the horizon, the recovery time and potential for successful outcomes are greatly improved compared to what has previously been possible.

CONCLUSION

Patients with glaucoma have a chronic disease that most likely requires regular and lifelong follow-up care. Patients will rely on the eye care specialist for guidance and reassurance that their disease is being monitored closely and that their treatment is being taken seriously. It is best to use a team approach to educate and care for patients, and it is even beneficial to inform their primary care physician of the diagnosis and treatment recommendations. Following a logical process in a systematic manner and communicating effectively with patients will ensure success in the diagnoses and management of glaucoma. ■

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