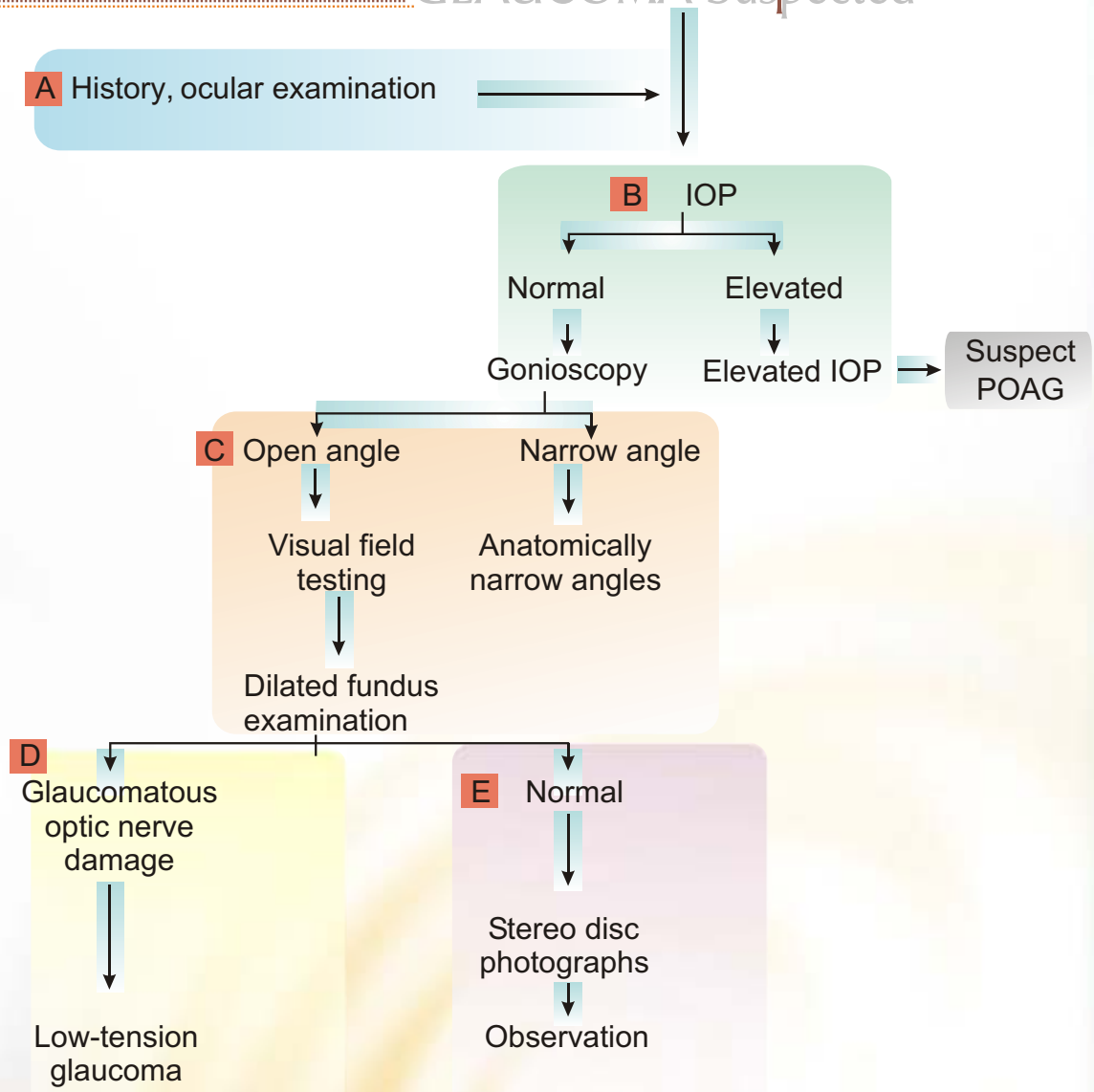


Cipla Quick Cards

No. 1

Practical pointers on DIAGNOSIS OF GLAUCOMA

GLAUCOMA Suspected





DIAGNOSIS OF GLAUCOMA

The diagnosis of glaucoma requires the identification of damage to the optic nerve in a characteristic nerve fiber bundle pattern. Moderate or advanced optic disc cupping and/or nerve fiber layer atrophy, presence of corresponding visual field defects are the criteria for diagnosis. In less advanced disease diagnosis on a single examination is difficult.

A Identify factors that increase an individual's risk of having glaucomatous optic nerve damage.

- Family history of POAG, particularly in first-degree relatives.
- Age, the prevalence increases with age.
- Ethnicity: POAG is four times more common in African descents than in Caucasians. PACG is more common in individuals of Asian descent.
- Diabetes and myopia to be associated with a greater risk of POAG.
- Episodic eye pain, redness, blurred vision, halos around lights - possible intermittent angle closure.
- Check the angle for the presence of peripheral anterior synechiae (PAS).

B IOP is important for classification of glaucoma subtypes and is the primary target of current medical and surgical treatments.

C Open anterior chamber angle and normal IOP-suspect glaucoma on the basis of the optic nerve appearance.

- Thinning of the neuroretinal rim with an increased size of the optic cup.
- Normal eyes with small optic nerves a smaller cup/disc ratio, consider optic disc cupping in conjunction with the optic nerve size.
- Normal size nerves, a cup/disc ratio of about 0.6 or greater-suspect an early glaucomatous damage.
- In eyes with small discs, glaucoma is present with a much smaller cup/disc ratio.
- Examine retinal nerve fiber layer for clues of glaucomatous optic disc damage before changes in the optic disc or visual field are evident.
- Identify the vertical and/or contralateral asymmetry of the optic nerve and nerve fiber layer while evaluating cases of suspected glaucoma.

D Glaucomatous optic nerve damage with visual field loss is present and the IOP is normal, intermittent IOP elevation - diagnostic evaluation for low-tension glaucoma. Visual field loss with no glaucomatous optic nerve injury - alternative diagnosis.

E Definitive optic nerve or visual field abnormality absent - periodic clinical evaluation with serial stereo disc photographs and visual field tests to confirm stability.

- Evidence of change in the optic disc appearance, development of a visual field defect, or a rise in IOP determine the need for treatment.
- Frequency of follow-up visits depends on level of suspicion for glaucoma.
- Multiple risk factors, risk of secondary open-angle glaucoma from pseudoexfoliation or pigment dispersion - closer follow-up advisable.

Reference: <http://www.aao.org/aaeducation/library>

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