

# Communicating Effectively With Glaucoma Patients

Focusing on dialogue and education can improve treatment.

BY THOMAS E. BOURNIAS, MD

**M**ost patients do not fully understand the nature and impact of glaucoma. As a result, many are noncompliant with treatment and miss follow-up appointments.<sup>1</sup> At the heart of the problem is the relatively asymptomatic nature of the disease before it reaches the advanced stages. Your ability to communicate effectively with patients may enhance their understanding of their disease as well as their need for treatment and may result in better compliance.

The cornerstones of communication are (1) listening to patients, (2) answering their questions while face to face, and (3) demonstrating the nature of the disease and its effects with drawings and models. I often take time for education and communication during patients' initial examinations to ensure that they have a foundation for understanding glaucoma. Because the disease may go unnoticed for years, and immediate treatment may have untoward effects (often seeming worse to the patient than the disease itself), it is important to keep the lines of communication with your patients open.

## PERSONALLY (IF PERIODICALLY) EDUCATE YOUR PATIENTS

Demonstrate what can actually happen with the disease. Asking patients to look between their close-set fists gives them an idea of how central vision may remain while their visual field is constricted. Individualize your educational strategy for each patient. One may have visited every Web site on glaucoma, whereas another may not have access to a computer. Levels of education vary as well.

Do not delegate all patient education to a technician or rely solely on pamphlets. Patients remember face-to-face time with their physicians, and this attention will help them to feel more comfortable about asking questions at follow-up visits.<sup>2</sup>

## SHOW TEST RESULTS

Test results (eg, visual fields, stereo disc photos) give patients concrete parameters for judging their own condition and teach them not to focus solely on IOP. I find that patients become more engaged in and more compliant with their therapy when I personally discuss their disease with them and explain the rationale for treatment.

## LISTEN TO AND OBSERVE THE PATIENT

Occasionally let patients talk uninterrupted, and you may discover what they do and do not know. You may learn that patients do not understand what glaucoma is or why treatment was initiated. They may reveal that they are receiving and believing false information from their friends and relatives.

Additionally, I find it helpful to observe my patients performing tasks I have recommended such as instilling glaucoma drops. I am often surprised by how many individuals do not know how to administer their medications or to use them in relation to their other eye drops.

## DETERMINE THE CAUSE OF NONCOMPLIANCE

Traditionally, we clinicians believe noncompliance results from issues related to education, economics, and side effects. Recent studies, however, have shown that situational and environmental factors may account for approximately half of the reasons for noncompliance.<sup>3</sup> For example, patients may not adhere to their prescribed therapeutic regimen because a family member is sick or died recently. Asking patients if they are taking their medications and, if not, ascertaining their reasons for not doing so may enable you to intervene and thus improve compliance. In order to elicit better information, try to pose questions in a manner that will not make patients feel guilty or defensive. For example,

**TABLE 1. THE AUTHOR POSES THESE 10 QUESTIONS TO PATIENTS ABOUT THEIR QUALITY OF LIFE**

Do you have difficulty with:

|                                                 |       |        |           |       |
|-------------------------------------------------|-------|--------|-----------|-------|
| 1. Reading newspaper print?                     | Never | Rarely | Sometimes | Often |
| 2. Recognizing faces?                           | Never | Rarely | Sometimes | Often |
| 3. Seeing objects coming from the side?         | Never | Rarely | Sometimes | Often |
| 4. Tripping over objects?                       | Never | Rarely | Sometimes | Often |
| 5. Walking up/down stairs?                      | Never | Rarely | Sometimes | Often |
| 6. Seeing at night or in the dark?              | Never | Rarely | Sometimes | Often |
| 7. Adjusting to dim lighting?                   | Never | Rarely | Sometimes | Often |
| 8. Crossing the street?                         | Never | Rarely | Sometimes | Often |
| 9. Reading signs when driving?                  | Never | Rarely | Sometimes | Often |
| 10. Judging distance when grasping for objects? | Never | Rarely | Sometimes | Often |

ask patients how they are using their drops instead of whether they are taking their medications every day.

### SHARE THE DECISIONS

As patients become more sophisticated in their approach to healthcare and rely more on the Internet, the paternalistic approach to medical care is yielding to more shared decision-making. For example, some glaucoma drugs may be associated with conjunctival hyperemia. As physicians, we may choose to discontinue these agents if we feel that the patient's level of hyperemia is excessive or unacceptable. Some patients, however, may not be concerned about or may hardly notice this side effect. Speaking with them could reveal that they are comfortable continuing treatment with these agents if their IOP is controlled. Consider that a survey conducted by the Glaucoma Research Foundation demonstrated that most patients will accept a certain degree of hyperemia if their IOP is controlled satisfactorily, although many physicians find the side effect disturbing.

A discussion of various options and treatment modalities allows patients to assume some or all of the responsibility for their treatment choices. You may be surprised by what your patients are willing to accept. In addition, talking with them can reveal a need for less complex or expensive treatment regimens.

### EMPLOY A QUALITY-OF-LIFE QUESTIONNAIRE

I recently began giving my patients with glaucoma and glaucoma suspects a questionnaire (modified from other quality-of-life questionnaires<sup>4,5</sup>) on their visual functioning, including spatial orientation and contrast sensitivity. These parameters are useful to monitor, because other objective data (eg, visual fields, optical coherence tomography, etc.) do not always demonstrate change or progression. Knowing how glaucoma affects a patient's quality of life has given me a much better sense of whether to initiate more aggressive

(or different) treatment. Two patients may have the same objective symptoms, but the quality of their lives may differ.

Thinking in terms of quality of life can also change for the better how patients gauge the progress of their disease. Frequently, individuals with glaucoma attribute a loss of function to aging or another cause. When they realize that changes in day-to-day function may be related to their glaucoma, patients will become less likely to dismiss these alterations as inevitable and may seek treatment.

Administering a quality-of-life questionnaire will help your patients provide you with better information about their status, and it will assist them and you in asking better questions during their examinations. Because the questionnaire presents the possible effects of untreated glaucoma in concrete terms, patients often become more conscientious about following their physician's recommendations. Table 1 shares my 10 questions for patients.

### SUMMARY

The rate of noncompliance with treatment and follow-up can be very high among patients with glaucoma. Techniques to communicate more effectively with patients in the short term may improve the treatment of their disease and the consistency of follow-up for many years. □

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