

A Thief of Sight but Not Hope

BY NATASHA V. NAYAK, MD

My early exposure to glaucoma as a blinding disease motivated me to become an ophthalmologist. As a medical student attending community screenings and as a Doris Duke clinical research fellow, the predictable yet mysterious nature of this thief of sight intrigued me. Now, I realize that my fellow residents and I are often preoccupied by the ugliness of this disease. It is not unusual for us to associate it with leaking blebs, the struggle with patients' poor adherence, and the frustration of battling a disease that has no cure. What changed?

ASKING QUESTIONS

Disheartened by feeling like a passive observer, I started making a conscious effort to be a more active clinician. In addition to the standard examination, I began asking patients one or more of the following questions.

Do You Understand What Glaucoma Is?

The number of patients who did not know the answer to this question surprised me. Had a previous doctor not adequately explained the diagnosis? Had the patient not understood the explanation, forgotten it, or not accepted it because he or she was asymptomatic? If patients do not understand their disease, can I blame them for not adhering to prescribed medical therapy?

Have Your Parents, Siblings, and Children Been Screened for Glaucoma?

First-degree relatives have a 10-fold higher risk of glaucoma than the general population.¹ Recent studies, however, show that 56% of first-degree relatives accompanying glaucoma patients have never had their IOP measured.² Moreover, one-third of treated glaucoma patients surveyed had never suggested undergoing evaluation to their family members.³ Because early diagnosis is a key part of glaucoma management, I believe asking this question is essential.

Are You Having Any Trouble With Your Eye Drops?

Expecting patients to mention difficulties related to the drop regimen or financial hardship, I was surprised at how many of them reported running out of drops and the sheer

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number who relied on caretakers or neighbors to instill the medications. In my experience, educating patients, calling the insurance company, arranging a social work consultation, or referring patients to a low-vision specialist or organization can have a significant impact on their quality of life.

THE ROLE OF RESIDENCY

Residency is about strengthening clinical skills, including doctor-patient relationships. When a legally blind patient braves public transportation and bitter winter weather to wait several hours to see me, I feel a responsibility to "attack" glaucoma from all directions. The questions my fellow residents and I ask ourselves should not only be, "Do we need to add another drop?" or "Trab or tube?" As residents, we are afforded the privilege and opportunity to make a difference in patients' lives in a multitude of ways. Glaucoma may be a thief of sight, but it does not have to be a thief of hope. ■

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