



ATTENTION TO PREVENTION

Opportunities to increase glaucoma awareness and enhance early detection.

BY CONSTANCE O. OKEKE, MD, MSCE



The field of glaucoma has become “sexy.” We clinicians have more tools than ever before to diagnose the disease earlier and more accurately and to monitor progression better. New categories of glaucoma medication and creative modes for its delivery are emerging. Laser technology is becoming more widely accepted as first-line treatment, and most explosively, glaucoma is increasingly being viewed as a surgical disease, thanks to the advent of microincisional glaucoma surgery.

Exciting as these developments are, we can use them only for the patients in front of us. What about the substantial number of people whose disease remains undiagnosed? What about the patients lost to follow-up? By 2050, an estimated 7.32 million people will have primary open-angle glaucoma.¹ If we do not strategically focus our efforts to improve how we find and retain them, we will be unable to prevent them from going blind.

PROBLEMS

In the United States, approximately 50% of patients with glaucoma are unaware that they have the disease; that number jumps up to 90% globally. Screening is the mainstay of how we diagnose glaucoma, but asymptomatic people are unlikely to seek care if they do not know that they are at risk.

A second problem concerns individuals diagnosed with glaucoma or as at risk of developing the disease who do not return for regular visits or comply with treatment recommendations. Some may not understand their lifelong need for treatment. Others’ lack of symptoms may deter them

from continuing treatment, and still others may be dissuaded by side effects from therapy.

FOUR SOLUTIONS



HELP THE FAMILY

We cannot screen everybody, and financial resources are limited. Our approach to reaching undiagnosed patients must therefore be strategic, and it must involve multiple levels of caregivers (ophthalmologists, optometrists, staff, medical students) and advocates for blindness prevention (eg. glaucoma pharmaceutical and device companies, nonprofit organizations).

Our relationships with glaucoma patients allow us to target their family members who are at high risk of developing the disease. It is important for the eye care providers and staff at our offices to discuss the role of heredity with each glaucoma patient and to strongly recommend that their family members be screened for the disease, especially when they accompany the patient to clinic visits.



HOST SCREENINGS

Hosting screenings for the family members of our glaucoma patients is a high-yield effort (Figure). Not only are we providing free screenings to people at elevated risk, but we are also showing our patients that we care about them, their families, and our community. In addition, these events present an opportunity to provide a 10- to 20-minute educational lecture to individuals who are waiting to be screened and eager to learn about glaucoma. I have found this approach to be effective for increasing awareness in the larger community.



IMPROVE COMMUNICATION

Not all glaucoma patients are alike. I have found a newly developed Glaucoma Adherence and Patient Segmentation Initiative (Alcon) useful. This seven-item survey quickly categorizes patients into one of four groups: strugglers, skeptics, A students, and independents. Understanding the characteristics of each group and to which one a given patient belongs helps me to be tactful in my approach, to engage the patient’s interest, and to build

(Continued on page 48)



AT A GLANCE

- Advances in glaucoma treatment cannot help patients whose disease is undiagnosed or those lost to follow-up.
- To be effective, screening efforts must be focused such as targeting the family members of glaucoma patients. Building public awareness of the disease and its treatment is also key.



(Continued from page 46)

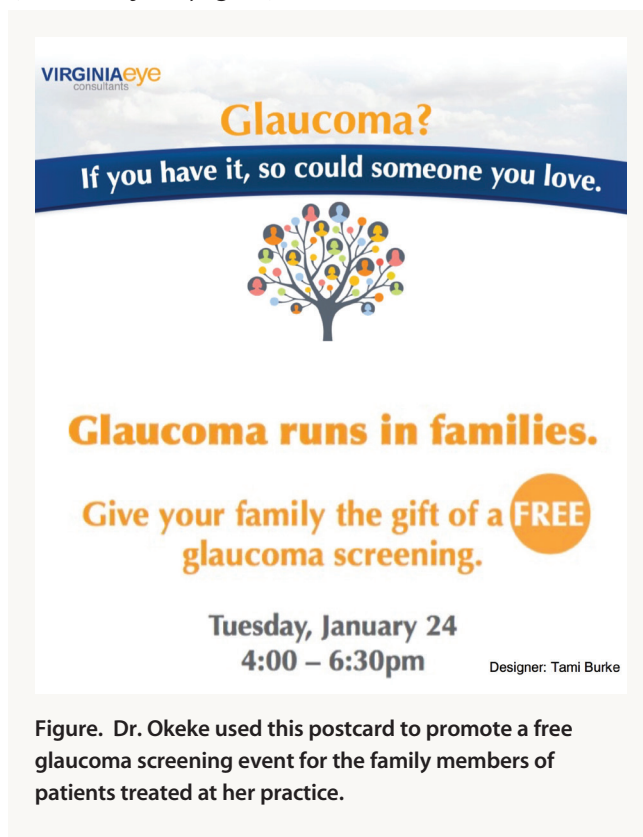


Figure. Dr. Okeke used this postcard to promote a free glaucoma screening event for the family members of patients treated at her practice.

his or her trust and understanding—all essential for adherence with any treatment strategy.



BUILD A SUPPORT SYSTEM

When patients diagnosed with glaucoma and subsequently lost to follow-up have returned to my office with significant vision loss, I have asked them what would have conveyed the seriousness of their disease and prompted them to adhere to treatment. Many have told me that their unfamiliarity with the disease or with other glaucoma patients made it hard to accept their diagnosis and treatment until their symptoms required them to seek help.

Upon their diagnosis, we can refer patients to support groups and educational forums. We can also collaborate with colleagues on initiatives to increase public awareness of glaucoma and its treatment. ■

1. Quigley HA, Broman AT. The number of people with glaucoma worldwide in 2010 and 2020. *Br J Ophthalmol*. 2006;90:262-267.

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- financial interest: none acknowledged