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MEDIA RELEASE

FUTURE BRIGHTER FOR AUSTRALIAN GLAUCOMA PATIENTS

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THE future looks brighter for Australians with glaucoma with recent advances in surgical treatment and upcoming improvements in drug delivery likely to improve treatment adherence and efficiency, according to the authors of a narrative review published today in the *Medical Journal of Australia*.

Glaucoma is an irreversible progressive optic neuropathy for which the major proven treatment is to lower intraocular pressure (IOP). It is the most common cause of preventable blindness in the world, and the prevalence in Australia is estimated at 3%, with perhaps half of that patient population unaware they have the disease.

Current management involves medical therapy (predominantly IOP-lowering eye drops), laser or surgery, depending on the underlying cause and stage of the disease.

However, according to the review authors – Professor Ivan Goldberg, Head of the Glaucoma Unit at the Sydney Hospital and Sydney Eye Hospital, and his colleague Dr Jed Lusthaus – compliance with eye-drop treatment is “one of the toughest challenges in the management of glaucoma”.

“Even in a study in which patients knew they were being monitored with an electronic device, they did not consistently take their drops in 45% of cases,” Goldberg and Lusthaus wrote. “There are multiple reasons for reduced treatment adherence, including medication side effects, poor understanding of treatment aims, poor instillation techniques (including physical barriers; eg, arthritis and tremor), and cost.

“IOP-lowering eye drops have evolved to improve adherence rates. There are now many commercially available fixed combination eye drops, which enable two agents to be instilled with a single drop ... improving convenience and thus adherence.”

The latest surgical intervention techniques are becoming less invasive and are therefore being used earlier in management of the disease, the authors wrote.

There are novel drug delivery systems now in clinical trials, including drug-eluting punctal plugs, conjunctival ocular ring inserts, subconjunctival injections and implants, and intracameral implants.

Goldberg and Lusthaus emphasised the role of non-specialists, particularly GPs.

“Encouraging all patients to regularly seek review by an eye care professional every 1–2 years from 50 years of age facilitates earlier detection and treatment,” they wrote. “Risk factor identification in the context of increasing age should raise suspicion for glaucoma. These risks include family history, obstructive sleep apnoea, vasospastic syndromes (migraine, Raynaud phenomenon), systemic hypertension, and diabetes mellitus.

“Health care professionals, particularly general practitioners, can assist by encouraging management adherence.”

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CONTACTS:

Dr Jed Lusthaus
Ophthalmologist and Staff Specialist
Sydney Hospital and Sydney Eye Hospital
Ph: 1300 967 706

Richelle Pellegrini
Media and Communications Officer
South Eastern Sydney Local Health District
Ph: 02 9382 8398 or 0411 730 842
Email: richelle.pellegrini@health.nsw.gov.au