



Glaucoma



Glaucoma means eye damage and loss of eyesight that occur when the pressure of the fluid inside the eye gets too high. The main types of glaucoma are chronic open-angle glaucoma and acute closed-angle glaucoma. Glaucoma treatment does not improve eyesight, but it can save remaining vision.

Who is at risk?

Anyone can get glaucoma, but you are more at risk if you:

- Are over 40 years of age
- Have relatives with glaucoma
- Have high blood pressure
- Have diabetes
- Get migraines
- Are shortsighted
- Have an eye injury.

Signs and symptoms

For most people, the only symptom of glaucoma is a gradual change in eyesight, which may not be noticed until eyesight has deteriorated significantly.

Changes in eyesight can include:

- Finding it harder to see in dark rooms
- Loss of side vision and blank areas of central vision
- Blurred vision.

Rarely, people may:

- See coloured rings around lights
- Have pain and severe headaches.

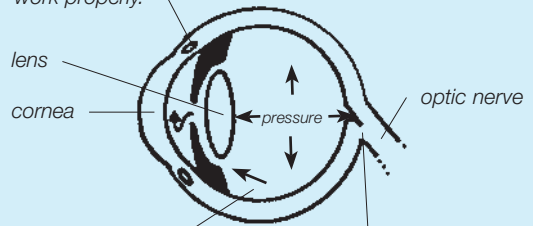
Important

The earlier glaucoma is discovered and treated, the greater the chance of preserving remaining eyesight.

To save as much eyesight as possible, see a doctor or optometrist for an eye check if you:

- Notice any changes or anything abnormal with your eyesight
- Often get headaches
- Have a family member with glaucoma
- Are over 40 years of age.

The build up occurs when the canals which normally drain the fluid away don't work properly.



As new fluid comes into the eye, the pressure (intra-ocular pressure) rises.

When the pressure stays high over a period of time, damage to the blood vessels and nerves at the back of the eye can occur. The longer the pressure stays high, the worse the effect on eyesight.

Chronic open-angle glaucoma

- Occurs when the fluid pressure in the eye rises *slowly*, because the canals that drain the fluid away don't work properly
- Is the most common type of glaucoma
- Develops very gradually and can go unnoticed for years
- Normally affects both eyes
- Causes a gradual and irreversible loss of eyesight
- Is usually treated with eye drops, which must be used every day as your doctor advises. Sometimes tablets are also used.
- If eye drops do not work, then eye surgery or laser treatment may be needed to improve fluid drainage from the eye.
- Treatment cannot reverse damage already done, but can slow or prevent further loss of vision.

Acute closed-angle glaucoma

- Much less common than open-angle glaucoma.
- Develops rapidly, causing severe pain, blurred vision, eye redness, coloured rings around lights, nausea and even vomiting.
- Occurs when the drainage canal suddenly becomes completely blocked.
- Normally affects only one eye at a time.
- Can cause blindness if not treated immediately.
- Needs laser treatment or surgery urgently.

Secondary glaucoma

Glaucoma may develop because of:

- Other eye disorders such as injuries, cataracts or inflammation
- Some medicines – ask your pharmacist or doctor about the medicines you take.

Tests

There are ways to check for glaucoma:

- An eye specialist can measure the fluid pressure in your eyes, called intraocular pressure (IOP).
- An eye specialist and/or doctor can check the nerves and blood vessels in your eyes for damage.
- Your field of vision can be tested for blind spots or sight loss.

Eye drops for glaucoma

- Reduce eye pressure, by reducing the amount of fluid inside the eye. Some types of eye drops reduce the amount of fluid produced. Others open the drainage canals.
- Sometimes it is necessary to use more than one type of eye drop to control the eye pressure.
- Can cause red eyes, stinging and sometimes headaches. These side effects usually wear off.
- The medicines in eye drops can be absorbed into the bloodstream and affect other parts of the body – ask a pharmacist or doctor.
- Write the date on the eye drop bottle when you open it, and throw out the drops after 28 days, to avoid the risk of contamination.

Using eye drops

1. Wash hands thoroughly.
2. Tilt head back.
3. Pull down lower lid.
4. Look up and drop in one drop. Don't let the container touch the eye.
5. Close eye gently.
6. With the end of finger, put gentle pressure over the inner corner of the eye (tear duct), near your nose. Hold for a few minutes. This will help keep the drop in the eye.
7. Instil second drop if prescribed – wait at least five minutes after the first drop – an eye can only hold one drop at a time.

Self care

- Have your eyes checked every two years or as often as your eye specialist advises.
- Learn about the glaucoma medicines prescribed for you. Understand how they work and how to use them – ask your pharmacist and doctor.
- It is important to use your glaucoma medicines every day, according to the doctor's directions.
- Do not run out of your glaucoma medicines and do not miss any doses.
- Tell all new doctors or health-care professionals what medicines you are using for glaucoma.
- Talk to your doctor or pharmacist before using any other medicines, eye drops or eye washes.
- Carry an identification card (available from Glaucoma Australia).

Contact:

A doctor – listed under 'Medical Practitioners' in the yellow pages of the phone book.

An optometrist – listed in the yellow pages.

Glaucoma Australia – phone 1800 500 880 or visit www.glaucoma.org.au.

A Self Care pharmacy – to locate telephone 1300 369 772 and ask for the Pharmacy Self Care Field Officer.

In case of poisoning, phone the **Poisons Information Centre** on 131 126 from anywhere in Australia.

Pharmacists are medicines experts. Ask your pharmacist for advice when choosing a medicine.

Your **Self Care** Pharmacist

