

Glaucoma

Glaucoma is often called the 'sneak thief of sight' because it is a condition that gradually whittles away vision from the edges inwards. By the time anyone notices, a significant amount of vision loss has occurred.

In glaucoma, nerve cells that transmit information from the eye to the brain become damaged. Even though the eye may be capturing images, the nerve that sends the signal to the brain is defective. This causes a disruption in visual processing, resulting in 'blind spots' that, if untreated, can lead to tunnel-vision and blindness.

What causes glaucoma?

Glaucoma is often associated with increased pressure inside the eye, which can cause physical damage to nerve cells. Several forms of glaucoma occur with normal or even low eye pressure. The chances of developing glaucoma are greatly increased by risk factors that include:

- Age

Glaucoma becomes more prevalent as we age, with one in 12 people aged over 80 years having the disease.

- Family history

Glaucoma can run in families. There is a higher risk of developing the disease if an immediate family member has been diagnosed with glaucoma.

- Myopia (shortsightedness)

Certain kinds of glaucoma are more prevalent in people who are shortsighted.

- Diabetes

Diabetes may be associated with glaucoma, or may cause physical changes to the eye that result in glaucoma.

Can glaucoma be prevented?

Most cases of glaucoma cannot be prevented and vision loss from glaucoma is considered to be irreversible. Early detection and treatment are the best ways to control glaucoma.

What are the symptoms?

Symptoms of glaucoma can be very subtle so it usually goes undetected until the very late stages of the disease. Glaucoma typically causes no pain or discomfort, and does not affect central vision, so unlike other eye diseases, there is nothing to prompt someone to seek an eye examination.

As glaucoma progresses, sufferers may find that they tend to bump into things, or notice that they have poor peripheral vision, perhaps while driving. Some types of glaucoma can cause intense eye pain that requires emergency treatment but this is very rare.

How does an optometrist diagnose glaucoma?

Your optometrist will need to ask you questions about your health and ocular history and perform a series of tests to diagnose glaucoma. These tests may involve the optometrist looking at the nerve fibres at the back of the eye, assessing the drainage network of the eyes, measuring the pressure inside the eyes with a special

instrument called a tonometer and measuring the thickness of the eye surface. Your optometrist may also take a photograph of the retina at the back of your eye or ask you to have a visual field test. All of these tests are simple and painless.

How is glaucoma treated?

Prescription eye-drops are usually the first line of treatment against glaucoma. Once diagnosed, glaucoma management becomes a life-long commitment. A shared-care arrangement between an optometrist and ophthalmologist makes it easier for people with glaucoma to be checked regularly and have their treatment altered if necessary. Sometimes, eye-drops alone are not sufficient to control glaucoma progression and special laser treatment or surgery may be required.

Glaucoma and regular eye examinations

In developed countries, modern examination techniques and treatment mean that glaucoma seldom causes absolute blindness. Even so, more than 300,000 Australians have glaucoma and only half of these people are aware that they have the disease. Regular eye examinations are your best protection against vision loss from glaucoma, especially if you are aged over 40 years.

Glaucoma Australia

Glaucoma Australia is a national, not-for-profit organisation dedicated to providing educational services to raise awareness about glaucoma, to support glaucoma sufferers and to raise funds for research.

For more information about glaucoma call Glaucoma Australia on 1800 500 880 or visit www.glaucoma.org.au