

World Glaucoma Week: 11-17 March 2018



Dear friends and supporters, World Glaucoma Week provides a collaborative opportunity for friends, supporters, health professionals and businesses to work together to highlight the role of **detecting, preventing and minimising the impact of Glaucoma blindness**. This can be achieved by hosting a Beat Invisible Glaucoma B.I.G Breakfast event as this relaxed environment provides a wonderful opportunity to share your Glaucoma story with loved ones and encourage them to have a comprehensive eye examination.

Considering half of the 300,000 Australians who have Glaucoma are unaware they have it, there are 150,000 people who are unnecessarily suffering preventable but irreversible blindness. These tragic facts provide an incentive to proactively spread the message, particularly to first degree relatives who have a 1 in 4 risk of developing the disease over their lifetime due to its strong hereditary link.

Your role to hosting a B.I.G breakfast event involves a few easy steps.

1. Register to host a breakfast or event of your choosing via www.thebigbreakfast.org.au or by using the enclosed registration form
2. Invite your direct relatives, family and friends to attend your event
3. Use the opportunity to:
 - Provide a B.I.G breakfast passport to each attendee
 - Share your glaucoma story
 - Explain the increased risk to family members who may inherit glaucoma
 - Inform about the importance of early detection, treatment and support
4. Encourage your family to have a comprehensive eye examination by an Optometrist or Ophthalmologist from age 40 (family history) or 50 (no family history)
5. Encourage your family to visit www.glaucoma.org.au and subscribe to our FREE Glaucoma eNews for ongoing education and support
6. Post a picture or short video of your event #WGW2018 #GlaucomaAustralia #GlaucomaAware
Facebook: www.facebook.com/glaucoma.australia/ or email: glaucoma@glaucoma.org.au
7. Ask family and friends to return post their completed B.I.G Breakfast Passport to Glaucoma Australia to be in the running for a prize.

Visit www.thebigbreakfast.org.au or complete the enclosed registration form to register to receive your B.I.G Breakfast Host Pack.

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From the President – Ron Spithill OAM



Dear Friends and Supporters,

I am very pleased to report that, thanks to your backing, 2017 was a year of strong progress towards our Mission of **Eliminating Blindness due to Glaucoma**.

As a result of a huge effort by the Glaucoma Australia (GA) Council and our wonderful Committee Members and Staff, our internet-services-portal, **Glaucoma Online**, is becoming a reality and, by the time you read this, should be connected to an online system widely used by Optometrists and Ophthalmologists to make and receive glaucoma referrals in Australia. As you know the GA strategy is to focus on family members of people with glaucoma as they are at greatest risk of developing glaucoma. With the agreement of those diagnosed with glaucoma, we will support families with information about the importance of all direct family members having an annual eye check to improve early detection and access to effective treatment. During the year we redoubled our efforts to make a real impact on the longstanding low detection levels of glaucoma. It is totally unnecessary that 50% of people not diagnosed are unaware of the risk glaucoma poses to losing their sight. Our focus today is to change this.

Some important changes were announced at our recent Annual General Meeting.

GA's co-founder and Council Member for almost 30 years, Associate Professor Ivan Goldberg AM, has stepped down from the GA Council and has accepted to be our first Life Governor. Ivan continues to be GA's leading supporter and Council welcomed his ongoing commitment to our organisation.

Also retiring from Council are Mr Tony Gibson who led our Optometry Committee for several years, Mr Philip Tully who led our IT Committee through a period of rapid IT systems development and deployment to become the backbone of Glaucoma Online, and Mrs Anne Develin who led our Pharmacy Committee.

The GA Council extended its sincere appreciation to our retiring Council members for their contribution to our cause over several years.

In their stead, the GA Council has appointed two new Council Members; Mr Eugene Catanzariti whom has recently been directing our market research and is one of Australia's leading marketeers, and Mrs Narelle Monaghan whom is deeply experienced with the management of major IT projects and whom will Chair the GA IT Committee.

Your Organisation is fortunate to have a very strong Council, which together with our professional Committees is now some 40 people-strong. My personal thanks to each Council and Committee Member for the very generous contribution of their time and skills to GA.

Early next year Mr Geoff Pollard will retire as our National Executive Officer and Mrs Annie Gibbons will take the helm as our new CEO. Geoff has led Glaucoma Australia for almost seven years. I am pleased to report that under his stewardship our Mission has been substantially reinforced and we are in a strong financial position and our operations are exceptionally well focussed. Geoff has built very strong partnerships with all the organisations in the eye 'world' and, thanks to him, GA is highly regarded for its effectiveness and integrity. Over his years in the role, Geoff has personally supported many people with glaucoma who turned to us for help with compassion and professionalism. A big 'thank you' Geoff on behalf of us all.

Annie Gibbons will take up her new position from 1st February and we welcome her to GA. She has many years' experience as a CEO in similar organisations and is already engaged in the work ahead.

I thank our other Staff; Meegan, Kim, Youli and Gillian, for their strong Commitment to GA over this eventful year, also to our tireless team of Volunteers who donate their time and energies to ensure our information is sent on time and reaches all our community.

With our combined efforts we can expect to see real progress towards our mission in 2018.

Thanks for your interest in Glaucoma Australia.

MIGS Advocacy Update

In *Glaucoma News* #65 we informed you of changes to the availability of Minimally Invasive Glaucoma Surgery (MIGS) devices on Medicare, where they were now only funded if inserted at the same time as a procedure to correct the effects of cataracts was being performed. The Federal Department of Health had informed Glaucoma Australia it was awaiting the results of a review of these devices and would decide on their safety, effectiveness and availability by the end of 2017.

At time of going to print, the Federal Government appears to be only continuing to make MIGS devices available on Medicare if used in combination with a cataract procedure. This means, in effect, that people with glaucoma whom need a 'stand-alone' MIGS procedure are unable to have this partly reimbursed via Medicare, likely making this procedure either generally unaffordable and/or unable to be performed by most ophthalmologists.

Glaucoma Australia will continue to advocate for better availability of MIGS devices, especially for those who need glaucoma surgery but incisional surgery is not an ideal option.

My Story: "My Glaucoma"

Sydney resident Cristina Lynn shares her glaucoma journey.

My Mum has had glaucoma for many years, so I knew I had to keep an eye on my own vision, making sure to visit my optometrist for an annual check-up. For a long time everything was OK and then suddenly it wasn't. While doing the usual checks a significant loss of vision was noted, particularly in my left eye, and I was referred to an eye specialist. I discovered my type of glaucoma presents itself with relatively low pressure levels and is concentrated in the centre of my vision; as opposed to the more usual loss of peripheral vision. Over time, the Specialist recommended I have trabeculectomies in both eyes as laser surgery was not considered sufficient to resolve the issue. Last year I had a cataract operation in my right eye (the good one), which means that I don't need to use distance glasses anymore and can drive safely and more comfortably at night.

My present care is to use one eye drop in my left eye and regular visits to the Specialist. During a visit some twelve months ago, while discussing what other things I might try to ensure I maintain my current levels of vision, it was suggested I contact Glaucoma Australia. Until then I had been unaware of its existence. One thing led to another and I now find myself its honorary treasurer and Council Member- not what I was expecting when I first contacted the Association! It has made me realise, though, the importance of early detection of this condition for as many people as possible, particularly those with a family history.

Ever since my diagnosis I have encouraged my twin sisters to get checked. Just recently they were both found to have angle closure glaucoma, a rarer form of the disease, which develops very quickly and demands immediate attention. Luckily it was treated with laser surgery and my sisters are both now under care.

I have always placed complete trust in my optometrist and ophthalmologist who are now an integral part of my life. I am also fortunate that I belong to a generation that makes full use of technology, which allows me to function effectively in both my professional and personal life. The ability to regulate the size of the font on my PC and my mobile, as well as being able to read using Kindle are amazing assets, which were unavailable to people of my mother's generation.

Cristina Lynn



Families and Glaucoma

By: Professor Jamie Craig, NHMRC Practitioner Fellow and Clinician Scientist at Flinders University Centre for Ophthalmology, Eye and Vision Research, SA.

It has long been known that there is a strong hereditary component to most forms of glaucoma. Recently, much progress has been made in starting to unravel which specific genes account for the heritable tendencies of open angle glaucoma, pseudo-exfoliation syndrome, and even angle closure glaucoma. The situation is complex, with mutations in some genes having a large effect on an individual and their family members, and others contributing just a small but important increase in susceptibility.



In our Australian population, primary open angle glaucoma (POAG) is the most common form of the disease. The key to preventing vision loss in glaucoma is early diagnosis, and appropriate treatment which involves topical therapies (eye drops), various forms of laser, or in

the most serious cases, surgical procedures to reduce intraocular pressure (IOP). A major impediment to early diagnosis is the lack of symptoms in early stage disease. Many patients will not notice the gradual loss of their vision until the disease is in the advanced stage, with irreversible loss of vision.

One important strategy for early detection is to encourage family members of those known to be affected to be screened on a regular basis.

What is known about the importance of family history in glaucoma?

- When a close family member is affected with POAG, the family member's risk is approximately 10-fold higher than the rest of the population.
- For these individuals, the lifetime risk is around 22 per cent.
- In families with mutations in the Myocilin gene, the lifetime risk is as high as 50 per cent.
- In Australia more than half the cases of POAG, have a known positive family history.
- Many people affected with POAG don't pass this information on to their family members.
- Even when the information is passed on, many family members ignore it.
- Even in families with a strong genetic tendency, some family members are unaware of the situation.
- A strategy of systematically examining close relatives of affected cases has been shown to be effective at diagnosing new cases, and also finds even more cases with borderline features ('glaucoma suspects').
- The reported family history can turn out to be inaccurate, and those without a known family history are at greater risk of late diagnosis due to lack of awareness.

Angle closure glaucoma – detection and interventions

By: Dr David Wechsler, clinical lecturer at the School of Advanced Medicine, Macquarie University, Consultant Ophthalmologist Macquarie University Eye Clinic and in private practice Sydney, NSW.

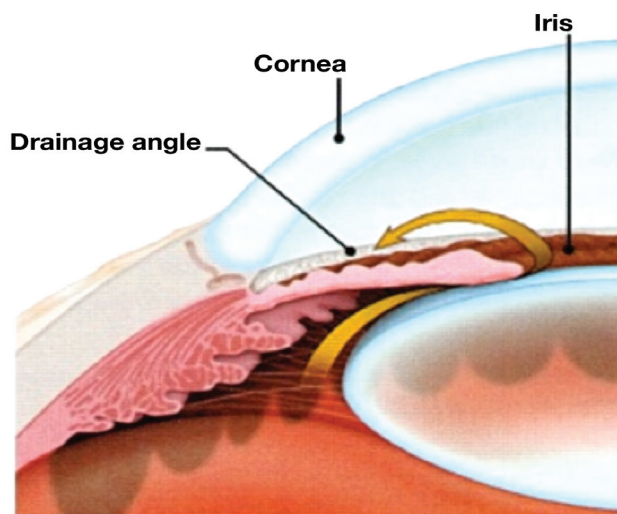
Less common than Open Angle Glaucoma, Angle Closure can be far more serious.

Angle closure can be

- Acute: sudden onset of very high eye pressure. Symptoms of pain, blurred vision, and sometimes seeing haloes around lights.
- Intermittent, or
- Chronic: pressure builds up slowly (silently), as with primary open angle glaucoma, but can be more aggressive.

The 'angle' of the eye is the space between the iris (coloured part) and cornea (clear outer part at the front). It is important for eye pressure because the trabecular meshwork (where fluid drains out of the eye) is in the angle.

If the angle closes or even just narrows, fluid can build up causing elevated eye pressure. Elevated eye pressure damages the optic nerve. Glaucoma is optic nerve damage.



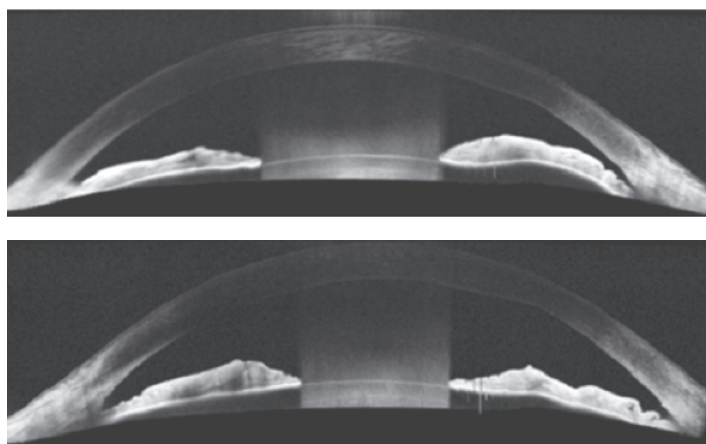
Detection

Acute angle closure causes a sudden very high pressure. Symptoms can be severe, and patients usually seek help from a doctor or optometrist. If the condition is promptly recognised and appropriate referrals made, urgent treatment can avoid permanent damage.

Chronic angle closure is usually asymptomatic. Elevated eye pressure can be detected by IOP measurement by an Optometrist or Ophthalmologist. All patients with an elevated eye pressure should have gonioscopy to make sure they do not have angle closure.

Gonioscopy is where a special lens is used to view the angle to see if it is open or closed. It is an important part of the eye examination to assess patients who may have glaucoma.

Anterior segment OCT is a scan that can image the angle structures. This can help illustrate if the angle is narrow, and document changes after interventions.



Images: Anterior segment OCT images of a patient with angle closure, before and after laser iridotomy.

Articles in 'Glaucoma News' are intended to help readers understand glaucoma. Every effort is made to ensure the accuracy of this information. This information is not a substitute for the advice and recommendations of health professionals. Always consult a health professional prior to any decision regarding your eyes or for other health concerns.

UBM

UBM is a special type of ultrasound which can give detail of angle structures, particularly useful in special or unusual cases.

As for patients with all types of glaucoma; visual field assessment and optic disc imaging are important for assessing the degree of damage to the optic nerve which has occurred from the high pressure.

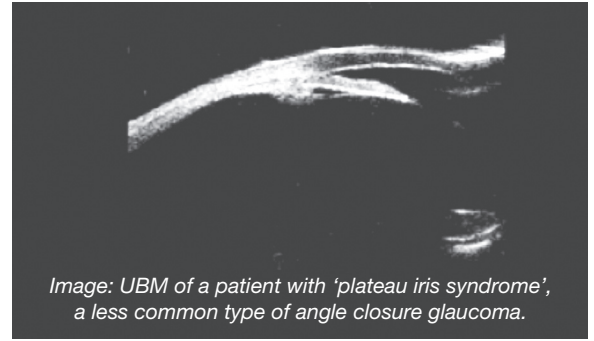


Image: UBM of a patient with 'plateau iris syndrome', a less common type of angle closure glaucoma.

Surgical Interventions

Laser peripheral iridotomy (LPI) is the most important.

- This procedure can be performed in office. A small hole is made at the outer edge of the iris which helps open the angle.
- LPI can lower the pressure, and prevent angle closure getting worse.
- In patients with an asymptomatic narrow angle LPI can prevent acute attacks

Laser iridoplasty (less commonly performed)

- A different type of laser is used to flatten the peripheral iris, draw it out from the angle.
- Sometimes used in special situations where LPI is not enough (such as plateau iris).

Lens extraction/IOL (cataract surgery) can be extremely useful for patients with angle closure, especially if there is also cataract present. When people have cataract surgery the lens of the eye is removed and replaced with an artificial lens (IOL) which is thinner than the original. Because the lens sits just behind the iris, when the new thinner lens is in place the drainage angle opens up.

- Many cases of angle closure occur because the lens has become thicker and is starting to form a cataract.
- Cataract surgery is a commonly performed surgical procedure with very high success rate, although can be challenging in eyes with angle closure.

Trabeculectomy (glaucoma filtering surgery)

- A small hole is made in the top of the eye to allow fluid to drain into a bubble under the skin of the eye. It provides an alternative route for fluid to leave the eye.
- Very useful in angle closure where other treatments have failed to control the pressure.
- Also, where a very low pressure is required to protect eyes with advanced glaucoma.

Vision Aids: Helping you to read again

By: Mr Tim Connell, Managing Director of Quantum RLV and Director, Centre of Disability Studies, University of Sydney NSW.

As we all know, those living with glaucoma may experience varying degrees of vision loss. Increasingly, people are turning to Vision Aids to help them continue to live independently and to keep on doing a wide range of daily living activities.

Vision Aids is the term used to describe the range of devices, gadgets and technologies that enable people to access reading materials; everything from the daily mail, magazines, the TV guide, packaging, to books. There are lights that simulate daylight but stay cool to the touch and new square lenses for magnifying glasses; right through to high-tech electronic magnifying and reading solutions- Vision Aids are now an integral part of many people's lives.



If anyone has purchased a hearing aid, they will know that these specialist types of devices can often be expensive. While they can literally change lives, often people on low incomes and pensioners have missed out on Vision Aids because they could not afford them. However, that is starting to change as the Federal Government starts to make good on their promise to support people 65 years and older who are not eligible for the National Disability Insurance Scheme.

Under the MyAgedCare initiative Vision Aids are eligible expenditures under both of the available funding programs- the Commonwealth Home Support Program (CHSP) and Home Care Packages (HCP). Under CHSP, up to \$500 can be spent annually on Vision Aids, and this can be increased to \$1000 annually if your Aged Care Provider is willing to make a case for it. Under HCP, Vision Aids can be included when your package is being designed if it is part of a range of supports you need, or if there are residual funds left over as your package nears its end.

These welcome changes are already having a huge impact on people's lives who may not previously have been able to afford the Vision Aids that help them continue to read and continue recreational interests such as craftwork, cooking and other hobbies.

For further information on Vision Aids that might suit you, please contact Quantum: Reading, Learning, Vision on 1300 883 853.

Many Thanks to the companies, clubs and organisations who provided financial and other support to the Association:

- Allergan Australia Pty Ltd
- Anonymous
- Carr Family Trust
- Evolhope Family Trust
- Glaukos Australia
- Insight Magazine
- Mivision Magazine
- Marcus Quinlivan OAM
- Mundipharma Pty Ltd
- Novartis Australia Pty Ltd
- Pfizer Australia Pty Ltd

In Memoriam

We acknowledge with gratitude, gifts in Loving Memory of:

- William Connell
- Graham Fairbrother



Bequests

The Estate of the Late Norma Dawn Spencer

Christmas Treasure Trove

The results of the Rotary Christmas Treasure Trove 2017 raffle, drawn 7pm on Monday 15 January at the Merrylands Bowling Club:

- 1st Prize** Toyota Yaris or \$16,000 cash - HR6760 - E. Corbacho, Calderwood
2nd Prize \$1,000 worth of jewellery - HR 96991 - M. Hepplewhite, Clarence Town
3rd Prize Netbook / Tablet – ticket confidential - T. Stathalis, Hazelbrook

The next Rotary raffle tickets will be available from Autumn Glaucoma News, April 2018.



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facebook

www.facebook.com/glaucoma.australia

Reader feedback: I became a bequestor following your article on leaving a legacy in the last newsletter so you can eliminate glaucoma blindness. Keep up the good work, TP.

Questions and Answers

Answers by: Dr Ben Ashby, Optometrist, Conjoint Senior Lecturer Deakin University, Victoria and Adjunct Lecturer UNSW.

Q. How often should I be checked for glaucoma?

A. If you have a positive family history of glaucoma, regular eye examinations should commence at least 10 years earlier than the age of onset of glaucoma in your affected relative.

For those already diagnosed, once your treatment is effective and your glaucoma is stable then you should visit your eye care practitioner as directed by them. You may need to go back more frequently when you first go onto medications, or when your medications are changed or if your glaucoma is not stable. Your eye-health practitioner will advise you of the frequency that is most suitable for your case.

If you have never been checked for glaucoma, then you should go to your optometrist and start being checked by the age of 35 years. Early detection, through regular and complete eye exams, is the key to protecting your vision from damage caused by glaucoma.

Q. Is it OK for my GP to renew my glaucoma eye drop prescription?

A. It is vital to continue to use your prescribed glaucoma eye drops every day. Erratic dosing can contribute to vision loss and may ultimately result in the need for more aggressive glaucoma interventions. In the event that you run out of your eye drops, repeat prescriptions can be obtained from your GP. However, only your ophthalmologist or optometrist is able to assess if the medication is still effective. For this reason regular assessments (as directed) with your eye care professional remains critical in the management of your glaucoma. If you are not able to see your ophthalmologist before your prescription runs out you may be able to renew your prescription with your optometrist if they are therapeutically endorsed. Optometrists are also very familiar with glaucoma management and have equipment not available in GP practices to determine if your eye drops are still effective in controlling your glaucoma.

Q. Can I instil 2 drops to make sure it goes in?

A. Firstly, it is important that you follow the dosage as prescribed. If one drop has been prescribed there is no need for a second. Two drops will generally not cause your eyes harm, but will mean you run out of drops faster and spend more money on your treatment. One good tip is to get into the practice of closing your eye and lightly pressing the inside corner of your eye when the drop has gone in. This maximises the absorption of the drop by your

eye and stops it from being washed away into your tear duct.

If you take more than one type of drop, you should leave 5 minutes between each type. It is preferable that the drop doesn't make contact with your skin, but if it does, simply wipe it away.

Q. Why do we blink?

A. We all need to blink. The average eye blinks between 6 and 30 times a minute. Blinking helps keep the eye moisturised and clear away any tiny debris that find their way onto the surface of the eye. Sometimes we blink to shut out excessive bright light or protect our eye from trauma.

Q. Can I blink during a Visual Field Test?

A. It is important when you have your eyes examined for glaucoma that you keep blinking normally during the visual field test. If your eyes dry out from not blinking then your vision will be less clear throughout the test and it may need to be repeated! A blink lasts just 0.3 of a second and is too quick to cause you to miss a light during the visual field. You can also pause the test yourself by holding down the button if you need to rest the eyes for a little longer before continuing. If you suffer from dry eye, you can insert your lubricant eye drops before the test or after the first eye is tested and before the second eye testing commences, to help keep your eyes moist. You can even ask for the test to be paused part-way if you need to reapply your lubricant eye drops.

Q. Is it OK then to always blink during eye examinations?

A. Conversely there are also times during your glaucoma check where it is important to keep your eyes open and try not to blink. This is the case when your pressures are being checked and maybe at a few other points in the examination. Keeping your eyes open at these times will give your eye care practitioner a more accurate reading or view. You will always be told in advance when it is important to keep your eyes open and not blink. This should only last a few seconds but may feel longer. You will also be told when you can resume normal blinking. If you are able keep blinking normally through your visual field and keep your eyes open without blinking for a few seconds when requested then this will give your care provider the best opportunity to detect or manage any glaucoma.