



## Glaucoma Australia launches a new patient support journey

Glaucoma Australia is delighted to announce the launch of its new patient support journey. In consultation with the eye care industry Glaucoma Australia has developed a new intervention and education program designed to increase adherence and reduce vision loss.

“The tragic fact that 50% of people with glaucoma remain undiagnosed and 40% of patients do not adhere to their prescribed treatment regime needs proactive patient centred intervention and education to drive future change. Our aim is to ensure every patient diagnosed with glaucoma is actively supported by Glaucoma Australia through personalised education when they need it most” said Glaucoma Australia CEO Mrs Annie Gibbins.

Following an extensive consultation and feedback period with key allied stakeholders from optometry, ophthalmology and pharmacy, an innovative and collaborative patient support journey has been created, offering personalised education and support

targeted at critical, high risk periods throughout the patient journey.

A recent trial of the new patient support journey with 485 patients has indicated where intervention and education is required most. Contact from Glaucoma Australia pre and post the patients initial ophthalmic appointment and at 5 months post diagnosis, is aimed at increasing appointment and treatment adherence rates. Strategic interventions, both by phone and email, are now targeted toward improving education and support from the point of diagnosis and throughout the patient journey.

Interestingly, new data has indicated patients need significant education and support around their personal treatment regimes, specifically eye drop application and technique, laser, MIGS, trabeculectomy and living with glaucoma. New

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I'm delighted to inform you that our 'glaucoma runs in families' campaign is becoming increasingly impactful. Recent data reveals that 60% of people who are initially referred to Glaucoma Australia are aware of its strong hereditary link, and this increases to 86% amongst those already established in our community.

In an effort to drive early detection amongst those at risk, we have now integrated this campaign throughout the new patient support journey which means the family message is communicated clearly following preliminary diagnosis, when treatment is established, at 5 months and 12 months ongoing. As awareness rates increase, I look forward to hearing many more stories about how this proactive campaign has saved sight within your families.

Recent improvements to our referral processes are also resulting in patients finding us sooner rather than later. This is great news as our free education and support is extremely valuable during the early stages following diagnosis, especially when treatment is being established and new adherence habits need to be formed.

Our new patient and educator videos have been extremely well received with more than 60 eye health professionals taking up the opportunity to use them in their practice and social media channels. They will now be used across Australia to drive glaucoma awareness, family testing and improving treatment adherence in a patient centred way.

Thanks for the positive feedback on our new Facebook groups. I'm thrilled they are quickly becoming a new source of information and support for those embracing this technology.



**Annie Gibbins**  
Chief Executive Officer

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patient centred support resources are being developed and are now mapped to the four specific stages of the patient journey – diagnosis, starting treatment, adherence and ongoing management.

“Glaucoma Australia is harnessing digital technology and smart electronic referral systems to promote screening for at-risk individuals, linking patients with support services and education resources. This ground breaking work should impact detection rates, patient knowledge, reduce anxiety and improve treatment participation” said Dr Simon Skalicky, Chair of Ophthalmology Committee Glaucoma Australia.

When an eye health care professional refers their patient to Glaucoma Australia as part of a collaborative care pathway Glaucoma Australia's orthoptist educators offer phone and electronic education and support which is tailored to the individual patient diagnosis and stage in their patient journey. Alternatively, anyone who 'joins our community' via the Glaucoma Australia website will activate the same patient support journey. Simply visit [www.glaucoma.org.au/registration](http://www.glaucoma.org.au/registration)

“As optometry continues to detect glaucoma in increasing numbers it becomes evermore important that we involve Glaucoma Australia in the care of these patients” said Dr Ben Ashby Chair of Optometry Committee Glaucoma Australia.

“A collaborative pathway between optometry, ophthalmology and Glaucoma Australia provides the best framework for eliminating glaucoma blindness. It is ideal to educate and support a patient from the point of their initial diagnosis as it is from here that proactive eye health awareness will save sight” said Mrs Gibbins.

If you would like FREE ongoing education and support to help manage glaucoma visit [www.glaucoma.org.au/registration](http://www.glaucoma.org.au/registration) and tell us where you are on your glaucoma journey.

Whether you have been recently diagnosed or have been managing your glaucoma for a number of years we are here to help you.

Written by Dr. Simon Skalicky



**A team approach with the patient at the helm is the ideal model for providing multidisciplinary glaucoma care.**

Patients value clinicians who listen to their concerns and fears, counsel them about their disease and its treatment options, and establish a quality long-term therapeutic relationship. Good clinician-patient interaction can enhance the therapeutic value of administered treatments. Providing patients with the skills, knowledge and confidence to make informed decisions leads to optimal long-term successful participation in their management.

True – this approach is not for all patients, many of whom simply expect (and want) to follow whatever plan the doctor sets. However increasingly, patients are better informed and want detailed explanations, as well as clear strategies and treatment options from which to choose with guidance, if their alliance with their clinician is strong.

**Achieving Management Success**

In glaucoma, the crucial predictors for management success are medication adherence and participation in regular clinical monitoring. Increasingly, patient-focused educational interventions are used in the management of glaucoma. Education about the

nature of glaucoma, its prognosis, the need for ongoing monitoring and treatment improve the patient's knowledge and experience. Patient education has been shown to improve adherence and better adherence has been linked to a better prognosis in glaucoma.

There may be unspoken fears for the future; allowing patients the opportunities to express these, and addressing them appropriately can be beneficial; often multiple sessions are required. Counselling to improve glaucoma knowledge and providing patients with opportunities to discuss their concerns have a significant impact on patients' treatment satisfaction, wellbeing and anxiety level.

Although we generally take the time to counsel patients during clinical practice, patients should be encouraged to seek further information from a third party or reputable website. There is only so much time in a day for busy clinicians, and only so much a patient can absorb in one consultation, in which stress from a recent diagnosis might impair their comprehension and their retention. This approach can improve treatment success: Friedman et al found that glaucoma patients who acquire information from sources external to their doctor have the best medication adherence.

### Advantages of Third Party Counsel

Glaucoma Australia is a not-for-profit organisation that for many years has provided free patient services. These include counselling, leaflets, support groups, regular glaucoma newsletters and options to ask questions directed to an Expert Advisory Medical panel. The impact of these services has recently been evaluated. A short-term randomised clinical trial was published measuring the impact of glaucoma-specific counselling on glaucoma knowledge and disease-related anxiety. One hundred and one newly diagnosed open angle glaucoma patients from 13 centres across Australia were randomised 1:1 into the intervention arm (usual clinical care from ophthalmologist and counselling from Glaucoma Australia) and control arm (usual care from ophthalmologist). After four weeks the intervention arm, but not controls, had improved knowledge levels ( $p=0.02$ ); and intergroup analysis revealed a significant reduction in anxiety from the intervention ( $p=0.02$ ).

So, third party counselling and external information is not only linked to better medication adherence, it also improves glaucoma knowledge and anxiety, at least in the short term.

**“She was grateful to have been offered these options and felt empowered to make the best possible treatment decision for herself”**

### Referring to Glaucoma Australia

The traditional Glaucoma Australia model has been to encourage clinicians to refer patients by mail or phone to Glaucoma Australia at the time of glaucoma diagnosis. However, there are a variety of barriers to this, and despite much encouragement over the years, the service is only used for a small proportion of newly diagnosed glaucoma patients in Australia.

Technology provides new solutions for old problems; realising the limitations of the traditional referral model, Glaucoma Australia is exploring IT solutions to better connect with glaucoma patients and their families. Today Glaucoma Australia is modernising for

the digital age, building a sophisticated, informative and interactive website, with tailored entry portals for patients, optometrists, ophthalmologists and pharmacists. One exciting opportunity is via new software interface platforms. When an optometrist or ophthalmologist refers a glaucoma patient or suspect using Oculo for example, upon their consent, an electronic contact with Glaucoma Australia is generated. The patient is then electronically invited to the Glaucoma Australia webpage, and social media and email for subsequent patient contact becomes possible. This approach requires an interface between clinicians and IT experts to be fine-tuned to ensure we are capturing the right patients – work is underway.

More work is also needed to further evaluate the kind of counselling that are appropriate – what media should be used, what constitutes sufficient information, and how many counselling sessions are required. When training ourselves and junior clinicians, more emphasis should be placed on the art of clinical interaction and education, not just the science and skills of clinical optometry and ophthalmology. We should embrace new technology to improve patient screening, education and communication, harnessing the opportunities provided by personalised devices, digital media and sophisticated networking.

Building bridges with advocacy groups and other healthcare professionals, and strengthening the bonds of the glaucoma health team can only be beneficial to our patients.

**“We should embrace new technology to improve patient screening, education and communication”**

*This article first appeared in mivision issue 132 March 2018. It has been reprinted with the permission of mivision (Toma Publishing). References supplied.*

## MIGS Update: Australians Await MSAC Decision

The Medical Services Advisory Committee (MSAC) is currently reviewing a submission for public funding for Micro-bypass Glaucoma Surgery (MBGS) device implantation as a standalone procedure for patients with open-angle glaucoma. The procedure in question is more commonly known as minimally invasive glaucoma surgery (MIGS).

As the peak advocacy body representing people with glaucoma, Glaucoma Australia strongly supports recent submissions by The Royal Australian and New Zealand College of Ophthalmologists (RANZCO), The Australian and New Zealand Glaucoma Society and peak industry bodies. The application is currently under review by MSAC with a result expected in the coming months.

In May 2018, Glaucoma Australia CEO Annie Gibbins penned a letter to MSAC Chair Professor Robyn Ward strongly supporting the application to list MIGS as a standalone procedure in patients with open-angle glaucoma.

Currently MIGS procedures can only be conducted in conjunction with cataract surgery under a combined Medicare item number, making this sight saving procedure cost prohibitive for many Australians with primary open-angle glaucoma.

“The majority of patients for whom the stents are indicated are unlikely to require cataract surgery – hence in affect this restriction will only allow a minority of suitable Australian patients to access the micro-bypass glaucoma stents” writes Mrs Gibbins.

“Not to support this application is condemning some people to avoidable disability and potentially blindness” she added.

**“Our initial experience with MIGS, supported by the growing body of international scientific literature, clearly defines a crucial role for MIGS in glaucoma surgical management. Allowing Australians access to MIGS will ensure their glaucoma is optimally treated.” - Dr Simon Skalicky, Chair of the Ophthalmology Committee, Glaucoma Australia.**

## In The News: Cypass Withdrawal

*Written by the Glaucoma Australia Ophthalmology Committee*

Cypass is one of the Minimally Invasive Glaucoma Surgery (MIGS) devices that has been used effectively to lower intraocular pressure. It is usually implanted at the time of cataract surgery. It is inserted into the drainage area behind the iris and ciliary body.

On 29 August 2018, Alcon, the manufacturer of CyPass, voluntarily withdrew the micro-stent device from sale as a precaution, pending further investigations.

In a long-term study, as yet unpublished, the stent was found to be effective at lowering eye pressure at 5 years but the study also found it could affect the endothelial cells that line the front window (cornea) of the eye in some people. A healthy number of these cells is required to maintain clear vision.

Removal of the stent is usually not required or recommended by the manufacturer or surgeons. If necessary, the stent can be positioned further away from the front window of the eye or trimmed, and in some cases removed. If damage to the endothelial cells has occurred, further treatment is available and may be required.

Patients who have had these devices inserted should not be unduly alarmed, as only a proportion of cases may develop this problem that is overall treatable. It is a good idea to get in touch with your surgeon and discuss next steps – a scan of the endothelial cells is a good way to monitor any potential problems.



*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.*

## Perth Support Group

Ophthalmologist Dr Boon Ham recently spoke at the Perth support meeting on Saturday 18 August at Perth Eye Hospital. Dr Ham gave attendees an overview of glaucoma, as well as a good description of the various surgery options available.

Thank you to the wonderful Gaela Hilditch who coordinates these popular glaucoma support meetings. Thank you also to the Perth Eye Hospital for hosting the event and providing morning tea.



Dr Boon Ham and Gaela Hilditch

**Next meeting: Saturday 10th November**  
**Guest Speaker:** Professor Bill Morgan  
**Time:** 2:00pm – 4:00pm  
**Location:** Harry Perkins Building: QQ Block, QEII Campus, Nedlands (Behind southern side of Lions Eye Institute)

For more information: visit [www.glaucoma.org.au/events](http://www.glaucoma.org.au/events) or call Gaela on 0416 074 415.



52 people attended the recent Perth meeting

## Brand Update

All companies and organisations need to stay up to date and accurately reflect the needs of all their audiences and stakeholders. After all, nobody wants to do business with an organisation or company that seems as though it's way behind the curve. Our own market research and our own internal thoughts around the past, present and future direction of Glaucoma Australia, have indicated that perhaps one key element (our brand identity) has not kept pace with the evolution of the organisation and the environment in which we operate.

After many years with our logo, we feel that it is time to review it as part of the ongoing brand identity, to ensure that it reflects the more modern, active and relevant organisation that we are evolving to become. We are currently in the process of looking at a number of new design options and hope to make a decision and introduce to you before the end of the year. We'll keep you updated.

## In Memorium

We acknowledge with gratitude gifts, from family and friends, in loving memory of Giuseppe Skrezenek

## Bequests 2018

- The estate of the Late Dorothea Watt
- The estate of the Late Eileen Doris Gabriel
- The estate of the Late Isabel Mary Tangie
- The estate of the Late Eileen Merle Masters
- The estate of the Late Katherine Mander
- The estate of the Late Olga Dorothy Black

## Many Thanks

Many thanks to the companies, clubs and organisations who provided financial and other support to Glaucoma Australia:

### Platinum

- Marcus Quinlivan OAM

### Gold

- Carr Family Trust

### Silver

- Novartis

### Bronze

- Allergan
- Pfizer

### Supporters

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- My Health 1st
- Oculo
- Optometry Australia
- Orthoptics Australia
- RANZCO

## From the educator: How to prepare for your ophthalmology appointment

Written by Sapna Nand, Orthoptist

- Take all glasses that you wear daily – distance, readers and/or multifocal. If your new glasses are yet to be picked up, take the prescription if available.
- Remember your Medicare card, pension card, veteran affairs card and/or any health fund cards and have these handy when you arrive.
- Make a list of all your health conditions (e.g. asthma, type II diabetes, hypertension, heart disease, thyroid, cancer) and the approximate year/age of diagnosis.
- Take a list of the names, and dosage of all medications, vitamins or supplements taken, and any eye drops used. Note any allergies to medications and the type of reaction.
- List any family history of health complaints, in particular heart conditions (e.g. heart attack), hypertension, diabetes including type, arthritis, thyroid as well as any eye related conditions, and systemic conditions such as lupus and scleroderma.
- If diabetic, make sure you take:
  - o your most recent BSL measurement, and the time it was tested, and
  - o your most recent Hba1c (Glycated Haemoglobin) test result from your GP or endocrinologist.
- If on warfarin, take details of your most recent dosage and last INR reading.



## We've Moved

Glaucoma Australia has relocated to:  
Suite 3.02 Level 3, 44 Hampden Road Artarmon 2064

# Questions and Answers

Written by the Glaucoma Australia Ophthalmology Committee

## Is there anything I can do in my life to treat or prevent glaucoma?

Intraocular pressure (IOP) lowering is the primary focus of glaucoma management. However, many patients often want to know what else they can do to reduce their glaucoma risk or help control their disease. Below is a summary of dietary factors that may be beneficial for some patients with glaucoma. It is vital to remember that the following dietary advice is to be used along with your usual glaucoma therapy, not instead of it. Please consult with your Ophthalmologist with any queries.

### Diet and Glaucoma

**Fruit and Vegetables** - Antioxidants and nitrates may reduce glaucoma risk and are found in fruits and vegetables. It is best to eat plenty of fruits and vegetables, especially those that are rich in Vitamin A and C, carotenes and nitrates. These include green leafy vegetables, carrots, cruciate vegetables, berries, citrus fruits and peaches.

**Vitamin B3** - While the evidence is not too strong, it appears that Vitamin B3 might be beneficial in preventing glaucoma, and low levels of B3 might be harmful. This does not necessarily mean oral supplements be taken – most Australians get sufficient B3 in a standard diet. Foods rich in B3 include turkey, chicken, peanuts, mushrooms, liver and tuna, and Vegemite.

**Omega-3 acids** - Omega-3 fatty acids, found in oily fish (eg. salmon) and chia, has been shown to lower rates of glaucoma.

**Caffeine** - Drinking coffee or other caffeinated drinks can raise your eye pressure for about two hours. Caffeine is thought to increase the production of fluid (aqueous) within the eye. This short-term increase does not cause any problem for most people, but those with a strong family history or advanced glaucoma should consider reducing their caffeine intake if it exceeds the equivalent of 3-5 cups of coffee

per day. De-caffeinated drinks may be considered as a safer option.

**Tea** - Caffeine levels in tea are low and there is no additional risk from consuming tea. In fact, tea drinkers (one cup per day) may have lower rates of glaucoma compared with non-tea drinkers. Tea contains flavonoids that may reduce glaucoma risk by improving blood flow to the optic nerve.

**Dark Chocolate** - Dark chocolate also contains flavonoids and has been proven to be beneficial in patients with vascular and cardiovascular diseases. Further research is required to see whether there is any benefit for glaucoma patients.

**Alcohol** - Red wine consumption in moderation may be associated with reduced glaucoma risk, but further studies are required to confirm this. Grapes have a number of antioxidants that may improve blood flow to the optic nerve.

**Water** - Water is the essence of life and it is very important to stay well hydrated. However too much volume of water in a short interval may transiently increase eye pressure. We suggest more frequent, smaller volumes spread over a greater time period.

**Obesity** - Obesity is linked with raised eye pressure. Maintaining a healthy weight is beneficial to prevent many diseases, not just glaucoma.

**Oral Supplements** - There are no proven benefits for using dietary supplements in glaucoma patients. 16 Some patients with glaucoma will also have macular degeneration. These patients may be advised to take oral supplements to protect their macula.

As always, moderation is the best approach and this should be applied to all of the above dietary suggestions.

*References supplied*

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If you have a question for one of our educators please call 1800 500 880 or email [glaucoma@glaucoma.org.au](mailto:glaucoma@glaucoma.org.au).

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