



Glaucoma and Myopia

Written by Dr David Wechsler

Myopia (near-sightedness) is a significant risk factor for the development of glaucoma.^{1,2} There are a number of reasons for this, not all of which are well understood. Furthermore many people with myopia have optic nerve heads with a 'suspicious' appearance which may look very much like what is seen in people that have optic nerve damage from glaucoma.³

Sometimes telling 'glaucoma suspects' apart from people who actually have glaucoma can be very challenging in people who are short-sighted.

People who are short-sighted have approximately twice the risk of developing glaucoma as the general population². People with myopia need regular eye examinations, including checking the optic nerve and the visual field, looking for signs of the development of glaucoma.

As people with myopia require glasses and contact lenses, they are often in contact with eyecare professionals in any case. However sometimes it can be extremely difficult to determine glaucomatous change from other changes in the eye associated with myopia, even with modern ancillary testing such as OCT.³

Eyes that are myopic, or short sighted, tend to be larger than average in size. This makes the optic nerve at the back of the eye more vulnerable to changes in the intraocular pressure. Many short sighted people with glaucoma tend to have so called 'normal tension' glaucoma where the intraocular pressure is not particularly elevated - it is thought that weakness of the optic nerve as it enters the back of the eye is why there can be glaucomatous damage at relatively low pressures³.

From the CEO



Hello dear friends and supporters

After 7 years of tireless service to the Glaucoma Australia Board, Associate Professor Simon Skalicky recently handed over the Presidency of

Glaucoma Australia to Maree O'Brien who is a business consultant with glaucoma. I am pleased to share that during this time of transition, our 'detect and defeat' strategy continues to strengthen, with thousands of newly diagnosed patients receiving education and support. This is great news as the younger they get diagnosed and established on their new treatment plan, the more opportunity there is for Australians to be free of glaucoma blindness.

Over the past month, glaucoma researchers have been preparing their applications to apply for the annual round of Quinlivan Research Grant funding. Thanks to the generous donations given to this transformational initiative, we are confident another high calibre project will be announced on World Sight Day by Governor-General, His Excellency General the Honourable David Hurley AC DSC (Retd).

I find the best way to improve our service delivery is to ask for feedback! In response to those who asked for Christmas cards to be made available earlier this year, you can now avoid the rush and order them using the form provided.

Wishing you all the very best.

Annie Gibbins
CEO

Cover Story

Continued from page 1

There is also a theory that during eye movement the optic nerve is stretched more in people with larger eyeballs, and this can give rise to glaucoma.⁴

Managing glaucoma in patients with myopia is similar to managing glaucoma in other people but can be more challenging. When the pressure is already relatively low to start with it can be difficult to lower the pressure further with standard treatments. Furthermore surgical management in myopic eyes is challenging – these eyes are anatomically larger and respond to surgery slightly differently, and do not tolerate low pressures (hypotony) well.

As the incidence of myopia is increasing dramatically in the developed world, the number of cases of glaucoma associated with this will increase too.

Attempts to understand the mechanism for the development and progression of myopia with the hope to develop effective interventions are very important, in addition to checking people with myopia to diagnose glaucoma early if it occurs. ●

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Update

Glaucoma Australia thanks outgoing President A/Prof Simon Skalicky

Glaucoma Australia has announced the appointment of Maree O'Brien as its President and extends its gratitude to outgoing President A/Prof Simon Skalicky who has served the charity organisation for the past 7 years.



Glaucoma Australia welcomes Ms O'Brien, who joined the Glaucoma Australia ICT Committee in 2017, becoming Chair of the ICT Committee and a member of the Glaucoma Australia Board in 2019.

"I have a strong family history of glaucoma and am committed to Glaucoma Australia's mission to eliminate glaucoma blindness. As glaucoma is often referred to as the 'silent thief of sight' I am looking forward to working with the Directors and CEO to increase awareness of glaucoma in the community and encourage people to have their eyes tested regularly," Ms O'Brien said.

Ms O'Brien has extensive experience in senior management and leadership roles with multinational technology and professional services companies. Her experience in organisational transformation will assist Glaucoma Australia as it further develops its digital strategy and future direction. Her career spans Commercial, Government and Not for Profit organisations, both internationally and in Australia.

A/Prof Skalicky's involvement with Glaucoma Australia began in 2014, when he joined the Glaucoma Australia Ophthalmology Committee. Using his research skills in quality of life in glaucoma he led a multicentre Australia-wide randomised clinical trial evaluating the impact of Glaucoma Australia education for newly diagnosed glaucoma patients. In 2016 Simon became Chair of the

Ophthalmology Committee and joined the Glaucoma Australia Board, and became President in 2019.

Following his recent retirement from the Glaucoma Australia Board, CEO Annie Gibbins thanked A/Prof Skalicky for his support in her role as CEO and celebrates his many achievements and contributions to the charity, as well as his dedication to patient care and quality of life through education.

"Simon was instrumental in establishing the Glaucoma Australia Research Grants program, and in co-ordinating the Glaucoma Australia involvement in the Medicare submission for MIGS. He actively promotes collaborative care between ophthalmology and optometry and has worked closely with colleagues in optometry to establish the Glaucoma Australia Patient Referral Pathway and integrate Glaucoma Australia services with the online referral platform Oculo, enhancing digital referral of new glaucoma patients to the Glaucoma Australia service.



During his term as President, he oversaw the growth of the organisation's drive for primary eye-care glaucoma screening. This included welcoming His Excellency General the Honourable David Hurley, Governor General as Glaucoma Australia's Patron and Kirk Pengilly as Glaucoma Australia's Ambassador, who both actively promote glaucoma awareness.

"We wish Simon every success as he devotes more time to his busy practice, research and young family....and we are extremely grateful for the time and expertise he has given to Glaucoma Australia," Annie Gibbins added. ●

A day in the life of an Orthoptist Educator – Through my eyes



Glaucoma Australia's Senior Patient Educator & Orthoptist, Sapna Nand

Written by Sapna Nand

Orthoptics Awareness Week (31 May – 4 June) is an annual event celebrating Orthoptists across Australia. This year's theme is 'A day in the life of an orthoptist – Through my eyes' which allows those in this profession to showcase the variety of sub-specialities they work in, and the impact of their work on their patients.

In recognition of Orthoptics Awareness Week, our Orthoptist Educator Sapna Nand, shows us what a day in the life of an orthoptist looks like – through her eyes.

As a Senior Patient Educator at Glaucoma Australia, the purpose of my role is to provide education and support to our community affected by glaucoma. Whether it be a person who is getting further testing for glaucoma, a new diagnosis, a person who has been living with glaucoma for years, a family or friend looking at supporting a loved one or a parent with a child with glaucoma, we aim to provide support throughout their journey.

There are different ways I can communicate with those who reach out to Glaucoma Australia. The most common being our free support helpline on 1800 500 880 and our national online support groups, Glaucoma Australia Support Group and the Congenital/Childhood/Juvenile Glaucoma Support Group which are both available on Facebook.

The Glaucoma Australia team is small but an amazing bunch of professionals from different qualification backgrounds who share the same vision of detecting and defeating glaucoma blindness. Our team starts off the day with a meeting called "care and share". Since most of us work remotely and have different office days, the meeting is a great way of checking in on each other to ensure we are doing well and are on track to achieve our targets. Glaucoma Australia has an amazing work culture which respects work-life balance. This keeps me motivated to put my best foot forward each day to achieve my goals for the organisation.

Soon after our team meeting, it's time for me to log onto my next meeting with one of our clinical volunteers. We currently have over 70 clinical volunteers from over 10 Australian Universities who help Glaucoma Australia provide education and support to glaucoma patients. The volunteers are enrolled in ophthalmic and medical courses and are passionate about helping our community. During the meeting I would discuss details of the patients allocated to them and the appropriate information and resources which will benefit them.

I then draw my attention to our online support groups to accept new memberships, approve posts (questions and stories) by our members and also respond to comments and questions by other members who have contributed to a post. Our two groups combined have over 1000 members from around the country and is a resourceful supportive network for anyone who has glaucoma.

After our meetings and moderating our support groups, I would then log into our system to get details of our patients who are due to be contacted today. For our new patients, we call them to discuss the upcoming or recently attended appointment with their optometrist or eye specialist.

We want to ensure our patients understand their new diagnosis and the importance of their appointments and treatments prescribed. Glaucoma is a slow progressing conditions and in most cases with no early signs or symptoms. It is very easy for a glaucoma suspect to feel that they do not need an eye check. Once educated on glaucoma and the importance of having it detected, our patients are appreciative of our call and follow through with the next step to their eye care provider.

Once a person is a part of our patient support journey, we like to follow up with them for a few months after to ensure they are comfortable with their glaucoma management and treatment plans. Most new glaucoma patients stop using their eye drops as prescribed within the first 6 months of diagnosis. Our call is a useful and friendly reminder for them to adhere to their eye drops, or any other treatment plan recommended to them by their eye specialist.

Glaucoma is hereditary and this is also a convenient time for us to remind our patients to

inform their immediate family members to get tested. Getting your eyes tested is the only way to detect glaucoma early. Our patients also have the chance to ask us any questions or for further information on a topic they may be interested in regarding their eyes. Common things we discuss at this point are side effects with eye drops and other glaucoma treatments such as SLT laser. Lifestyle questions are also popular such as glaucoma and exercise, healthy diet and vitamins that can benefit glaucoma. We are always happy to pass on the information to our patients via email or by posting it out to their home address.

Most of the day for a Patient Educator is spent communicating with our patients. Some of the calls are short and some can last as long as an hour. It is very important for me to be able to answer the questions of our patient and to help reduce their anxiety associated with their glaucoma diagnosis. All patients who will benefit from a follow up call will be offered one and a time and date for this is scheduled into our database system. Patients are of course welcome to reach out to Glaucoma Australia at any time before their scheduled call.

After a quick lunch break, in between patient calls, I will attend to some other tasks that are usually requested by our fellow team members such as reviewing existing information on our website, updating new information or proof reading articles to be featured in our upcoming newsletters. The afternoon would be spent with data entry to update our system on the patient's communications for the day.

Glaucoma Australia provides education and support to our community affected by glaucoma. Glaucoma is a slow progressing disease but can have life changing effects on not only adults but also children diagnosed with it and their families. By educating patients on glaucoma and providing them with emotional support throughout their journey, we can increase adherence to appointments and treatment and we can help detect undiagnosed cases. This prevents irreversible blindness from glaucoma and maintains a positive quality of life for our patients to help them get on with life. ●

To speak to our Orthoptist Educator call our free support line on 1800 500 880.

Latanoprost – A lasting glaucoma breakthrough



Written by Myles Hume

Glaucoma eye drop therapies have faced many triumphs and setbacks over the decades, but for pharmaceutical companies the quest for a ‘Holy Grail’ treatment has always boiled down to three factors: universal effectiveness, reduced side effects and compliance.

Intraocular pressure (IOP)-lowering medications can be traced back to the 1870s with a cholinergic agonist derived from the West African calabar bean initially used for miosis in iridectomy cases, then later found to lower IOP and address angle-closure attacks. During the course of the 20th century, however, beta blockers, adrenergics, miotics and systemic carbonic anhydrase inhibitors emerged as the four main families of anti-glaucoma drugs.

But as Professor John Grigg – an academic ophthalmologist and specialist within the Sydney Eye Hospital’s glaucoma unit – explains, up until the 1990s ophthalmologists were eager for a breakthrough first line therapy that was as effective as existing products, but required less effort for patients and fewer side effects.

“At that time, timolol was the gold standard and was a twice daily medication, but that was prohibited in people with asthma and respiratory illnesses,” Grigg, who is also head of clinical

ophthalmology and eye health at the University of Sydney’s Save Sight Institute, explains.

“We also had betaxolol which is a selective beta-blocker but it wasn’t as effective as timolol. Other than that, there was pilocarpine which needed to be given four times a day, so compliance was difficult, and then there was epinephrine, an adrenalin compound but it caused allergic eye disease – there were a lot of eye drops, but they all had drawbacks.”

That was until a new compound – latanoprost – shot to prominence after its performance in clinical trials in the mid-1990s. After two decades of development, the once-a-day eye drop represented a major leap forward in terms of effectiveness, safety and tolerability.

Latanoprost was the first in a new class of prostaglandin analogs. Grigg says it still remains one of the most-prescribed glaucoma drops among Australian ophthalmologists. Other well-known therapies to later join this group were travoprost and bimatoprost, which now provide more alternative treatment options for ophthalmologists.

As one of his first jobs as a young academic in 1996, Grigg was an investigator in a Phase 3 trial under prominent Australian ophthalmologist Clinical Professor Ivan Goldberg comparing latanoprost with

timolol. They followed approximately 30 patients at the Sydney Eye Hospital for several years, forming part of a global trial that paved the way for regulatory approval in Australia in 1997.

“Suddenly we had a drug that had less side effects and only needed to be used once a day – it was a breath of fresh air. Patients with latanoprost often had a 25% IOP reduction at first and then this would flatten out to be a 20% reduction over two years, whereas timolol would have about a 10% reduction, it was quite a dramatic difference,” he says.

“Latanoprost’s main side effects were it causes your eye lashes to grow longer and darker, and if you have hazel-coloured eyes it can turn them brown because it increases melanin production. You do get some irritation, there can be some red eye, but it still causes the least amount of side effects compared with other drops.” Grigg says a defining feature of latanoprost at the time was its mechanism of action.

“In glaucoma medications you have drops that inhibit inflow and some that increase outflow. Latanoprost works by increasing outflow through the uveoscleral pathway, so it doesn’t go through the trabecular meshwork, it actually increases space in the ciliary body to drain through that into the suprachoroidal space, so it’s exploiting a mechanism that was used to deal with trauma in the eye as we’ve evolved.”

Sixteen years later in a 2012 update of latanoprost’s use in glaucoma and ocular hypertension in the journal *SpringLink*, the authors wrote that latanoprost monotherapy reduced IOP levels by 22% to 39% over one to 12 months’ treatment. It was significantly more effective than timolol twice daily in three of four large randomised, double-blind trials. Latanoprost also demonstrated a stable long-term IOP-lowering effect, with no sign of diminishing effect during prolonged treatment.

Following the success of the clinical trials, latanoprost was commercialised and first approved in Sweden in 1996 and then in Australia in 1997.

The treatment landscape

While glaucoma eye drops have typically been a first line treatment, Grigg says selective laser trabeculoplasty (SLT) – traditionally a second line treatment – has begun to increase into the realm of initial treatment options.

The flashpoint for this was a study out of the Moorfields Eye Hospital in the UK. Published in *The Lancet*, the researchers found at 36 months, 74% of SLT patients required no drops to maintain their IOP target and were within target IOP at 93% visits compared with 91% in the eye drops group. No glaucoma surgery was required to lower IOP in the SLT group compared to 11 in eye drop group requiring glaucoma surgery in the study timeframe.

“There’s been a changing pattern as a result of the Moorfields study where more people are considering SLT as a first line treatment whereas previously it had always been eye drops first then SLT second – and that’s happening in Australia,” Grigg explains.

“Now I think they hold equal place and so that’s where patient factors come into play. People may be hesitant to have surgery in general, and you’re more wary of offering SLT to patients with inflammation. For people with uveitic glaucoma – it’s not an absolute contra-indication – but perhaps SLT’s not the best first line therapy. There’s also angle closure where after laser iridotomy, people still need drops to keep the pressure down; so there are secondary types of glaucoma where SLT isn’t appropriate, and the eye drops still are.”

He continues: “Precision medicine is the key. Until you know that patient you don’t know what their fears or concerns are; whether they’d prefer to put a drop in every night or have laser and not be aware [of their glaucoma]. You can only know as you understand their health needs and issues, and so then you can tailor the treatment to their lifestyle or medical conditions.”

In terms of compliance, Grigg says latanoprost’s once-a-day application overcame major barriers compared with its competitors, and the latanoprost/timolol combined formulation – removing the need for two sets of eye drops – was also a welcome advance.

However, correct drop installation remains as “a never-ending conversation” with many patients who wrongly attempt to blink the drop into their eye or use more than one drop. Dexterity issues for patients with conditions like arthritis also create problems. ●

This article has been republished courtesy of www.insightnews.com.au

Glaucoma and Steroids

Written by Dr Katherine Masselos

Corticosteroids or “steroids” are a group of anti-inflammatory drugs, commonly used in the treatment of a range of medical conditions including asthma, eczema and rheumatoid arthritis. They can also be used to treat inflammation within the eye.

Steroids come in a range of different formulations including topical drops and creams, inhaled, injectable and oral. Steroids, however, can increase intraocular pressure in some people. Steroid-induced glaucoma was first reported in the 1950s. The rise in pressure associated with topical therapy is usually higher than that associated with oral steroids. It is important to monitor intraocular pressure while you are on steroids. The steroid response can occur in a few weeks or in as little as a few days in highly sensitive people. These include children or people with glaucoma. A baseline intraocular pressure should be done and a follow up measurement after 2 to 3 weeks.

The mechanism by which steroids increase intraocular pressure is thought to occur due to increased resistance at the trabecular meshwork, the drain in the eye, therefore reducing outflow of the fluid in the eye.

Risk Factors

Factors that put patients at risk for a corticosteroid-induced rise in intraocular pressure include patients with a history of glaucoma or glaucoma suspects. Likewise, patients with a first degree relative with glaucoma are also at an increased risk¹. Older adults are more likely to demonstrate a steroid response than younger adults. However, children are greater steroid responders than adults². An increased risk of steroid response has also been noted in people with connective tissue disease, such as rheumatoid arthritis, as well as in people who are diabetic and who are very short sighted (myopic).

Steroids come in a range of potency. Meaning some steroids are stronger than others. The more potent the steroid the greater the risk of intraocular pressure elevation. Sometimes switching to a less potent steroid can help treat the rise in pressure.



Management of Increased Intraocular Pressure due to Steroids

The management of significant corticosteroid induced intraocular pressure elevation is similar to that of other glaucoma. Prevention and early detection are important. In most cases the intraocular pressure returns to baseline within a few weeks after the steroid treatment is discontinued. Although in a minority of people, the intraocular pressure may remain elevated despite cessation of the medication.

While on steroids the pressure rise can be treated like other forms of glaucoma with pressure lowering drops. Selective laser trabeculoplasty, a laser used to treat primary open angle glaucoma, can also be used. In rare cases where laser and drops have failed to lower intraocular pressure sufficiently, surgery in the form of trabeculectomy may be required.

The risk of an increase in intraocular pressure should not deter you from using steroids if prescribed. Steroids are necessary to treat ocular inflammation as well as systemic diseases. With early detection and treatment of a steroid induced rise in intraocular pressure steroid induced glaucoma will be avoided. ●

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Vivian's Story

I was diagnosed with glaucoma in my left eye in 1994, shortly after I had arrived in Australia from South Africa. I had gone to an optician for a routine visit and to upgrade my spectacles, only to be given the news that the pressure in my left eye was elevated, and further tests were warranted.

An ophthalmologist confirmed that I had glaucoma in my left eye, but the disease was not evident in my right. When asked if I have any symptoms, all I could recall were occasional flashes in the corner of my eye.

“I could not recall if my parents had suffered from glaucoma, but was told to advise my immediate family to have regular eye tests, as there is a high hereditary risk associated with the disease...”

Surprisingly, prior to leaving South Africa in early 1993, I had gone for routine eye tests to both an optician and an ophthalmologist, however nothing was picked up. I assumed that because there were no symptoms, the condition was missed during the examinations.

I could not recall if my parents had suffered from glaucoma, but was told to advise my immediate family to have regular eye tests, as there is a high hereditary risk associated with the disease.

What followed was a very strict regime over the years, with eye drops to lower pressure and regular visual field testing. As certain drops became ineffective, I was put onto new drops, and so the cycle of glaucoma eye drops continued.



In later years, I had numerous laser treatments and eventually a trabeculectomy in 2008, however no significant drop in pressure occurred.

In March of 2012, I had a further set back when the cornea in my left eye ceased to function. I believe this occurred as a result of trauma, due to the number of procedures I had through the years. A specialist advised that I could have a cornea transplant, but with all the risks and side-effects associated with the procedure, and at best, I would end up with an eye already compromised with bad vision from the glaucoma. As they say, it was a “no brainer”, as there was no point in having the transplant.

I now have limited vision in my left eye, but no longer need to take drops. Fortunately, my right eye is healthy with no optic nerve damage. The eye has compensated well with my vision, and I am able to function normally.

I still go for regular eye and visual field tests, and hope and trust that my right eye will not let me down, right now I am getting along well. Recently however, my brother was diagnosed with glaucoma – in his left eye too! ●

My Glaucoma Story

Jeffrey's Story

I have advanced glaucoma and use glaucoma drops morning and night to control my eye pressure. I have minimal vision in my left eye, with the vision in my right eye being good at present.



There is a strong history of glaucoma in my family. My paternal grandfather had glaucoma, and was almost blind when he passed. His sister also has glaucoma and has no vision in one eye, and minimal vision in the other. My mother too had glaucoma, and very poor vision when she passed.

"I regularly donate to Glaucoma Australia to help fund research grants, and their free glaucoma education and support service..."

I had a trabeculectomy on my left eye approximately three years ago, as I regularly had high pressure in that eye. The pressure is now considerably lower than it was previously.

I also have Grave's disease (overactive thyroid), which has caused my eyes to become very prominent. As a result of this, my eyes are very sensitive to glare and I also have difficulty driving at night.

I see my ophthalmologist regularly (usually every four months) so that he can check my pressure and vision. ●

If you wish to share your glaucoma journey go to: www.glaucoma.org.au/share-your-story OR email your story and a photo (optional) to glaucoma@glaucoma.org.au

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

- Mrs Jennifer Dawn Best
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Your Questions Answered

Q&A

with Khanh Nguyen

Pharmacist Khanh Nguyen discusses the safety of the COVID-19 vaccination for those living with glaucoma. If you have any questions, you can call our free toll support line 1800 500 880.

Q How do I know if I am eligible for the vaccine? ?

A Every Australian will eventually be eligible for this vaccination as they gradually roll it out in each State or Territory.

These vaccinations are relatively new, and in Australia we have been supplied with the Pfizer and AstraZeneca COVID vaccines.

To find out when you'll be eligible for yours, it is recommended that you visit the Department of Health website and have a look at their COVID eligibility checker.

You can do this eligibility test for yourself and also on behalf of someone else.

Q When I find out I'm eligible, how will I be able to get the vaccine?

A You can find out where you can book in for a COVID-19 vaccine by going online to health.gov.au where you can find a list of GP-led Respiratory Clinic locations around Australia. Some private GP clinics have also had small allocations and it is worth enquiring to see if you are eligible to receive these.

Q Is it safe to have the COVID-19 vaccination if I have glaucoma?

A A person living with glaucoma under the age of 60 years, it is recommended by ATAGI to have the Pfizer vaccine and in persons over the age of 60 years, both Pfizer and AstraZeneca are considered safe. If you get the COVID vaccine and you have glaucoma, there shouldn't be any issues. But having said that it is still in the early stages, so the benefits are going to outweigh any risks and we need to use this time to actually report any side effects to the drug companies.

Q What can I expect if I opt to get my vaccination at a pharmacy?

A If you've had a vaccination for the flu at your local pharmacy, the process will be very similar.

When you arrive at your pharmacy you'll be asked to complete a pre-questionnaire and consent form, which will give you the opportunity to disclose your medications, and allow an adequate assessment of your suitability.

The vaccine itself is an intramuscular injection, which means it's going to be given in your upper deltoid in your upper arm. So it means that you may experience redness or pain after getting the vaccine.

Your pharmacist will then ask you to stay behind for observation for about 15 minutes and then all going well, you'll actually be issued with a COVID certificate or record as evidence that you've received the vaccination.

If you are intending to receive the flu vaccination it is recommended to have the COVID and flu vaccines two weeks apart. If in doubt just check with your GP or your pharmacist and they'll be able to advise you.

Q If you are pregnant or breastfeeding and also have glaucoma, is the COVID-19 vaccine safe?

A It is not advised that you get the COVID vaccination if you're pregnant. There aren't actually any conclusive studies and although they have actually not indicated that there are any risks, it is best to speak with your GP or pharmacist to actually discuss other options. As for breastfeeding, it is advised that you monitor for any side effects within yourself and your newborn.

Q On the day of the COVID vaccine, is it still safe to use your glaucoma eye drops or other medications?

A The answer is absolutely yes. It's recommended that you still continue to use any other medications prescribed at the usual times, as there are no potential drug interactions between the COVID vaccine and your glaucoma eye drop medication. If you happen to be initiating a new glaucoma eye drop and you get the COVID vaccine around the same time, it's going to be difficult to distinguish which one caused the side effects. It is recommended that you organise a follow-up consult with your prescribing doctor to monitor this. It's also a very good idea to keep any notes or a diary of how you're feeling so then you can report everything back to your doctor.

Q Can the vaccine increase glaucoma?

A At this stage it's unknown if it does, but it is unlikely to as glaucoma is an eye pressure condition and COVID is more a respiratory condition. So it's not expected that there will be any direct or indirect link at this stage.

Q During the clinical trials for COVID vaccine did they test for side effects to the eyes?

A There hasn't been any conclusive studies to do with eye-related side effects. It's something that we need to be aware of, and perhaps this time next year they'll report of some.

For more information on the COVID vaccine and glaucoma visit glaucoma.org.au/covid-and-glaucoma