Glaucoma Australia
Saving sight

Glaucoma News

Spring 2021 / No.82

Our vision is for Australians to be free of glaucoma blindness

Glaucoma Australia to fund promising new imaging technology

Sydney, Australia – To commemorate World Sight Day, Glaucoma Australia and its Patron, the Governor-General of Australia, His Excellency General the Honorable David Hurley AC DSC (Retd), are delighted to announce the 2021 'Quinlivan' Research Grant recipient.

This years' glaucoma research grant has been awarded to Professor Ewa Goldys, from the University of New South Wales' Graduate School of Biomedical Engineering, who has developed a novel imaging technology for the early detection and monitoring of glaucoma.

"I congratulate Professor Goldys on receiving the 2021 Quinlivan Research Grant. Around 300,000 Australians have glaucoma. The work of researchers such as Professor Goldys and her team, and by Glaucoma Australia, is so important to one day ending glaucoma blindness," the Governor-General said.

Glaucoma Australia funds $200,000 a year toward important research and this project will provide an opportunity to detect glaucoma early. This novel imaging technology obtains information about the health status of the light sensitive membrane (the retina) at the back of the eye and the nerve of sight; providing the opportunity for early disease detection and the ability to commence treatment before the permanent damage which causes irreversible blindness is done.

"Our approach termed fluorescent hyperspectral imaging (fHSI) has the genuine potential to produce a paradigm shift in ophthalmic practice in a similar manner to how optical coherence tomography became a commonplace clinical imaging tool in glaucoma management" states Professor Goldys. "We believe this technology will be particularly useful in the early detection of glaucoma and its subsequent monitoring".

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From the CEO

Dear friends and supporters

Thanks to the effectiveness of our risk awareness campaigns, our office now supports more than 20,000 people and we are 100% committed to helping people to get diagnosed early and prevent irreversible sight loss.

Thanks to those who have been returning their patient feedback forms, they provide a wonderful opportunity to continually improve our service delivery to our growing community.

Can you believe we are already approaching Christmas! What a crazy year it has been. For those of you who have sent in their Christmas card order forms, they are all being processed and should be on their way so you can prepare them for your loved ones. If you are yet to place your order, you can do so online at www.glaucoma.org.au/shop/gifting, or contact us directly on 1800 500 880.

Our community is extremely generous in supporting our 'Quinlivan' Research Grant Program and I hope you have been enjoying reading the regular updates on how our sponsored projects are progressing. It was wonderful to see such high-quality applications received again this year and we are thankful to our independent panel of experts for reviewing them all. Our winning recipient, Professor Ewa Goldys, was announced on World Sight Day by our Patron, His Excellency General the Honourable David Hurley AC DSC (Retd).

Wishing you all the very best

Annie Gibbins

CEO

Education

Upcoming Events

Guest Speaker: Dr Rhuju Mehta, Ophthalmologist

Perth Glaucoma Support Group

Date: Saturday 20th November, 2021

Time: 2:00pm – 4:00pm

Location: Harry Perkins Building: QQ Block, QEII Campus, Nedlands

Parking: Paid parking near Harry Perkins Building or Free parking cnr Smyth Road and Verdun Street (on Bowling/Hockey Club grass verge).

Entry: $5.00 per person, includes raffle ticket and afternoon tea kindly sponsored by Perth Eye Hospital.

RSVP: If you would like to confirm your attendance and pay in advance you can now book online at www.glaucoma.org.au/events OR you can call/text Gaela on 0416 074 415 or email gaela12@hotmail.com to RSVP and then pay $5.00 cash on the day.

"I enjoy interacting with, and educating patients about their ocular health. I am passionate about glaucoma and cataract surgery and find it a privilege to help improve my patients' vision."

- Dr Mehta, Lions Eye Institute

Cover Story

Glaucoma Australia to fund promising new imaging technology

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The novel technology obtains real time monitoring of dynamic disease status by non-invasively obtaining information about retinal energy metabolism. This highly focussed research strategy provides a powerful scientific foundation for clinical translation by first mapping the fHSI data to pathological changes in experimental glaucoma. The next step is to obtain fHSI data in the lab-based microscopy system and then use an adapted clinical fundus to image the same samples and link the results. This approach paves the way for future widespread clinical application of fHSI.

A world leading biomedical engineer, Professor Goldys, and medical and data scientists with complementary skill sets will work together with internationally recognised glaucoma clinician-scientists Professor Andrew White and Professor Robert Casson, to lead this exciting interdisciplinary project on the translational trajectory from lab to clinic. With an Australian SME providing device engineering and state-of-the-art infrastructure support from the Centre for Nanoscale BioPhotonics, her team is perfectly positioned to lead the world in this technology.

Glaucoma Australia's Independent Research Panel Chair and Professor, Optometry and Vision Sciences at The University of Melbourne, Allison McKendrick said that "there were some very strong proposals and highly competitive pool of applicants which is testament to this wonderful initiative of Glaucoma Australia".

Since 2006, Glaucoma Australia has committed $1,424,783 to support Australian glaucoma researchers across a diverse range of projects. The grant announced today is the fourth to be awarded through the Glaucoma Australia's 'Quinlivan' Research Grants Program which was re-launched in 2019.

Chief Executive Officer Annie Gibbins, states that "it is very exciting to receive grant applications every year from researchers exploring new ways to detect, monitor and treat glaucoma. We are proud to be able to fund these wonderful projects thanks to the generosity of our donors. 100% of donations to the William A. Quinlivan Research Fund go directly towards glaucoma research which will translate into some major breakthroughs for future generations"

Glaucoma Australia is committed to supporting research which focuses on the following four domains which are framed around on our mission to increase early detection and improve treatment adherence to prevent glaucoma blindness.

1. Improving the rate and reliability of early detection of glaucoma
2. Improving the treatment and care experience
3. Improving the quality of monitoring the progression of glaucoma
4. Providing management tools for people with glaucoma to improve their quality of life.

The Glaucoma Australia 'Quinlivan' Research Grants are awarded following rigorous evaluation, based largely on the National Health and Medical Research Council (NHMRC) process, along with peer review, to ensure that the successful applicants meet the highest standards. Submissions are reviewed by the Glaucoma Australia Independent Research Panel consisting of internationally recognised experts in glaucoma research including the fields of Ophthalmology, Optometry and Pharmacy.

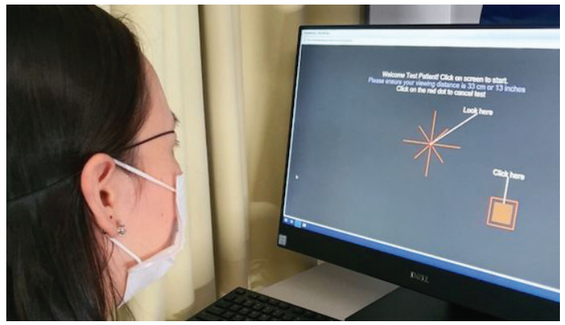
The research funds would not be possible without the generous donations from our supporters to the William A. Quinlivan Research Fund. The Fund is a significant legacy of William's son and principal patron, Marcus James Quinlivan OAM; who was a long-time friend and supporter of Glaucoma Australia.

The next round of grants for research commencing in 2023 is expected to open on 1 May 2022, and close on 1 June 2022.

Contributions to this research are welcome by making a tax-deductible donation to Glaucoma Australia today.

Monitoring of glaucoma at home – The future of glaucoma care

Written by Dr George Kong



Glaucoma is the leading cause of irreversible blindness worldwide. For patients with glaucoma, the ability to detect any changes in their peripheral vision (visual field) is critical to their management. However the current practice of visual field testing in clinic is often not frequent enough, and some patient's vision can deteriorate before their next routine clinic visit. This can lead to delay in confirming a change in clinical condition and result in delay in initiating new treatments.

During the COVID-19 pandemic, this problem is exacerbated by many routine glaucoma reviews being postponed. Therefore it has been extremely valuable for Glaucoma Australia to provide the critical research funding to look into innovative Telehealth technology that helps patients with glaucoma to monitor their own visual field at home.

Previous research from my research team showed that it is possible to test visual field using specially designed software, Melbourne Rapid Fields, running on a computer or tablet device found in most Australian households[1,2]. The software is designed to allow self-directed visual field testing by following simple computer voice guidance.

The Glaucoma Australia funding allowed our team to conduct the world's first long term (18-month) study to examine whether patients with glaucoma are able to perform visual field testing at home reliably and consistently, following an earlier pilot study that showed promising results.

To date, we have completed a 12 month study of home monitoring of visual field testing with 60 patients enrolled. Our study showed that after a short learning curve, the visual field test results obtained from home correlate strongly with test results performed in clinic. Importantly, our study was uninterrupted by COVID-19 lock-downs. Our study has attracted strong interest internationally with our recent publication in American Journal of Ophthalmology[3]. This technology will especially benefit patients living in rural and remote locations, who otherwise would need to travel long distances for specialist care.

It is hoped that this research could lead to earlier detection of glaucoma progression compared to standard clinic visits, allowing patients most in need to receive specialist treatment in a timely manner, thereby increasing the likelihood of preserving sight for more patients with glaucoma.

References

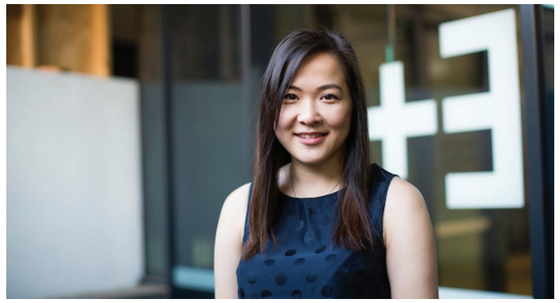
Kong YX, He M, Crowston JG, Vingrys AJ. A Comparison of Perimetric Results from a Tablet Perimeter and Humphrey Field Analyzer in Glaucoma Patients. Translational Vision Science & Technology. 2016; 5(6):2.

Kong YXG. Visual field testing in the era of portable consumer technology, Clinical and Experimental Ophthalmology. May 2018.

Uptake, persistence, and performance of weekly home monitoring of visual field in a large cohort of patients with glaucoma. Prea SM, Kong YXG, Guymer R, Vingrys AJ. American Journal of Ophthalmology Nov 2020

Targeting metabolic insufficiency in glaucoma with Nicotinamide

Written by Dr Flora Hui



The TArgeting Metabolic INsufficiency in Glaucoma with nicotinamide (TAMING) trial is a world-first randomised-controlled clinical trial to be conducted in partnership with Glaucoma Australia and the Centre for Eye Research Australia (CERA).

Glaucoma affects the health and function of nerve cells at the back of the eye leading to irreversible vision loss. Whilst all our treatments are targeted towards lowering eye pressure, many patients continue to progress towards vision loss. New treatments such as nicotinamide, a form of vitamin B3, that can directly enhance the survival of nerve cells in the eye and assist them in functioning properly can transform patient management and improve quality of life. Our previous research has shown that nicotinamide may play an important role in protecting against the nerve damage that leads to blindness in glaucoma. This was the first clinical trial to show that high daily doses of nicotinamide can lead to early and significant improvement in visual function of people with glaucoma – and that nicotinamide has potential as a clinical supplement to support patients who are receiving glaucoma treatment. Nicotinamide has the distinct advantage of being a commercially available supplement meaning that if shown to be useful, it can be immediately implemented into clinical care for glaucoma.

Building upon our earlier work, we devised the TAMING trial, which aims to determine whether daily treatment with high-dose nicotinamide is useful in slowing the progression of glaucoma over a two-year period. We are grateful to be working with Glaucoma Australia on this landmark study to determine whether nicotinamide should be utilised in glaucoma management.

Since late 2020, we have been in discussions with local and international manufacturers of nicotinamide and placebo tablets for clinical trial use. From this, we have partnered with a global manufacturer with exceptional experience to supply our Australian and international trial sites. Together, we have worked to develop a new nicotinamide tablet to be used in the clinical trial. This will allow for an improved dosing schedule and was developed following feedback from our patients in the first study. We have designed a comprehensive clinical protocol that will not only look at changes to vision, but also assess changes to quality of life, and include blood sampling to look for genetic and metabolic clues in how a person responds to taking nicotinamide.

With the announcement of the support from Glaucoma Australia, we have received significant interest from the public and have had a surge of applications to our clinical trial registry to be considered for the trial. Anyone who wants to be considered for this, or any other glaucoma trial at CERA, can register their interest on the CERA website.

We have also leveraged the support from Glaucoma Australia to apply for nationally competitive grants so we can expand the number of trial sites across Australia and recruit greater numbers of patients. This will increase access to the trial to more Australians living across the country and increase the impact of our study.

Currently, we are finalising the logistics of the supply of the tablets to be used in the trial, and despite delays due to COVID, we are on track to recruit our first participants in the next couple of months.

We believe nicotinamide could potentially be an important complement to existing glaucoma treatments – like adding oil to a car engine to allow it to run smoothly, nicotinamide could be used to protect cells from further injury and help the cells that have been affected by glaucoma work better.

2021 TARRGET update - Targeting at risk relatives of glaucoma patients for early diagnosis and treatment

Written by Bronwyn Ridge

The Targeting At Risk Relatives of Glaucoma patients for Early diagnosis and Treatment (TARRGET) study is a partnership project between Glaucoma Australia, the Australian and New Zealand Registry of Advanced Glaucoma (ANZRAG) based at Flinders University, Adelaide and the Lions Eye Institute, University of Western Australia.

The TARRGET study provides educational information directed at immediate family members of people with advanced glaucoma to encourage regular eye health checks. With a focus on early detection, the program is novel in providing personalised risk information to the family member to take with them to an eye health practitioner for a glaucoma screening appointment. All those who receive this information have an immediate relative with advanced glaucoma taking part in the ANZRAG. First-degree relatives of people with glaucoma have a 10 times risk of developing the disease and early detection is the best defence against irreversible vision loss.

Family Tree forms, requesting glaucoma status and contact details for first-degree relatives (FDRs), were mailed to 2001 advanced glaucoma index cases in the ANZRAG. 759 forms have been returned providing names and contacts details for 2069 FDRs, an average of 3 FDRs per advanced case. Details for an additional 311 FDRs have been provided directly to the ANZRAG resulting in a total of 2380 FDRs. 187 index cases are now deceased, however 50 of these had previously returned forms or forms were completed by family members.

A TARRGET information pack, comprising a letter, personalised flyer and a specifically designed Glaucoma Australia brochure, has been mailed to 2368 FDRs. 17 packs have been received back as "Return to Sender" so 2351 FDRs have so far received personalised information about their risk. Feedback from FDR eye health checks has been received via reply-paid mail, email and an online survey. Direct results have been received to date from 446 individuals in addition to information already provided to the ANZRAG for 58 FDRs.

Feedback to date indicates: 273 with no glaucoma, 109 glaucoma suspects, 15 ocular hypertension without glaucoma and 202 with glaucoma (including 102 index cases who are also FDRs). Encouraging family members to communicate regarding the risk of glaucoma continues to be a prominent concern with approximately 40% of non-participating FDRs reported with "Unknown" glaucoma status. Feedback of results continues to occur as we have follow up and reminder processes built into the study.

> **"These preliminary results suggest approximately 53% of first degree relatives have glaucoma or have suspicious signs...and require close monitoring."**

The TARRGET study continues to send Family Tree forms to all new, suitable advanced cases in the ANZRAG to recruit their FDRs. The study is extending to cases in the ANZRAG with non-advanced glaucoma and their relatives. FDRs who are not already part of the ANZRAG have been invited to take part so that their genetic risk can be further assessed with a blood or saliva sample.

The TARRGET study is now also investigating the possible role of Polygenic Risk Scores (PRS) in determining care and treatment of patients with a mutation in the Myocilin gene. To assist in investigations 1,000 controls without glaucoma are being recruited to assess their PRS (with 121 recruited to date).

Funded by the National Health and Medical Research Council (NHMRC), the TARRGET study is a partnership project between Glaucoma Australia, Flinders University, the University of Western Australia/Lions Eye Institute, the University of Tasmania and Sydney Eye Hospital and WA Country Health Service (Department of Health WA).

Does stress make my glaucoma worse?

Written by Professor David Mackey & Dr Samantha Sze-Yee Lee

One of our body's natural responses to stress, whether physical or psychological, is the release of cortisol – a steroid that is part of our fight or flight response. While steroid eye drops and oral steroid medications are known to increase intraocular pressure (IOP), and may even worsen glaucoma, increased levels in our own naturally produced cortisol usually won't significantly increase IOP.

Recently, we measured the thicknesses of the retinal nerve layer, the layer of nerves that get damaged in glaucoma, and cortisol levels of over 800 young adults from Gen2 of the Raine Study. The participants undertook a laboratory-based test that evaluates how people react to psychological stress by measuring changes in cortisol and other stress hormones.

The test consists of a 3-minute preparation time, a free speech interview in front of a non-responsive panel of 3 to 4 adults in office attire, and an arithmetic challenge.

Blood samples were collected just before the start of the test (baseline; 0-minute), after completing the test (15-minute), and then the 25-, 35-, 45-,60-, 75-, and 105-minute time points. Individuals are classified as 1 of 3 groups of stress responders: 1) Anticipatory-, 2) Reactive-, or 3) Non-responders.

1) The anticipatory response pattern has been associated with chronic stress and post-traumatic stress disorder.

2) The reactive response is the most common response to acute stress. These individuals start with relatively lower levels of cortisol, which peak soon after the test starts, and then gradually return to baseline over the course of the test.

3) The non-response pattern is an abnormal response pattern where there is a blunted response to acute stress. These individuals have no clear hormonal response to the test, with little change in plasma cortisol over the study duration. The non-response pattern is associated with exposure to adverse early life events and other negative health outcomes, including panic disorders, obesity, depression, and poor cognitive function.

We compared eye measurements related to glaucoma in the three main subgroups of stress responders. We did not find any association between these measures and cortisol, suggesting that neither cortisol or stress significantly affects glaucoma severity.

So there is no need to worry that stress will impact your glaucoma.

Did wearing glasses make me more likely to have glaucoma?

Written by Professor David Mackey & Dr Samantha Sze-Yee Lee

Many people think that myopia (short-sightedness) is a harmless condition that simply requires wearing glasses or undergoing laser surgery to help with eyesight. However, myopia is linked with an increased risk of several eye conditions and visual impairment. The lifetime risk of visual impairment increases by 3 times if you have high myopia (worse than -6 dioptres) and by 22 times if you have very high myopia (worse than -10 dioptres).

Having myopia, especially high myopia, also doubles the risk of glaucoma. Myopia is becoming more common in Australia and around the world. By the year 2050, 50% of the world population may have myopia, including 10% with high myopia – up from 23% and 3% in the year 2020!

More people will also be at increased risk of glaucoma and other myopia-related complications. It is unclear why people with myopia are at increased risk of glaucoma. We believe that it may be due to changes in the structure of the optic nerve as the eyeball grows longer in myopia.

Since myopia cannot be reversed, only controlled, we need to find effective myopia control methods. Myopia typically develops and progresses fastest during childhood. Thus, controlling myopia at a young age is promising. Several myopia treatment methods have been proposed, including atropine eye drops or orthokeratology (OK) contact lenses (special-designed contact lenses that are worn overnight). However, none of these proposed treatment methods has been proven effective in non-Asian children, whose eyes tend to be lighter and thus may react to various treatment methods differently. Moreover, because OK contact lenses are meant to be worn overnight, when the tears in our eyes are unable to wash away debris and protect us from infection, wearing OK lenses carry a small risk of infection. Atropine eye drops seem more promising in controlling myopia. Our WA Atropine for the Treatment of Myopia (WA-ATOM) Study is underway to explore its effectiveness.

The best myopia prevention method may be sunlight, or increased time spent outdoors. However, we don't know if spending time outdoors can help control myopia that has already developed. A lack of time spent outdoors has been established as the major reason for the myopia epidemic. With increased city living and years of education, children are spending less time in the sun and more time indoors. Something as simple as encouraging children to spend at least 2 hours a day outdoors (with appropriate sun-protection habits) may be enough to slow down this epidemic, and thus lessen the burden of glaucoma in the future generations.

Julie's story

In 2004, at 55 yrs of age my local optometrist suspected a problem with my left eye, being especially concerned about my peripheral vision test. I was referred to a specialist in Orange, NSW. When I was shown the "pictures" representing the current loss, I was shocked! Approx 10% loss in the left eye and almost nil in the right.

By September 2005, the specialist recommended a trabulectomy, because the eye drops did not seem to be controlling the deterioration well enough. After the operation I maintained a routine of drops (3 per eye each day) and I also required a few changes of drops and slow deterioration continued. My check ups were always 6 months apart.

By 2017, my specialist was very concerned and referred me to another glaucoma specialist in Sydney. It was decided that I would benefit from the insertion of CyPass micro-stents, in both eyes. My cataracts would also be removed during the operations. My own specialist in Orange, performed the operations, 2 weeks apart and just 2 weeks before we headed off to the Kimberleys on a holiday, in 2018! These stents are tiny, 0.6cm and placed just below the surface of the eye to help drain the fluid causing pressure on the optic nerve.

> **"My children are very aware of my condition and know that they must have regular eye tests, especially the peripheral tests."**

The difference was immediate and of course the cataract removal was also a big part of the improvement. At 69 years old I no longer needed my glasses for reading, unless the print was extremely tiny and my long distance vision was better, although I have always felt more confident with glasses on, especially for driving.

A huge advantage has been the change to only 1 eye drop each evening, for each eye.

During my last check up, my specialist emphasised how lucky I have been that my right eye has not deteriorated as much as the left. I have approx. 37% loss in my left eye and only 9% in the right.

I know of no other glaucoma in my family, except for my great grandmother, who lost the sight in one of her eyes and perhaps that was through glaucoma??

I may require some laser work in the future, mainly to correct some minor scarring which occurred as a result of the cataract extraction and insertion of intraocular lens.

Now at nearly 72 yrs, I am extremely grateful for my continued good sight, the control of my glaucoma and the expertise of my specialist.

Faye's Story

My story began when I was in my 40s, after an annual visit to the optometrist. He referred me to an eye doctor who prescribed me eye drops, which reduced the pressure significantly.

I am now 73 and have continued to use glaucoma eye drops at night since this initial diagnosis.

During 2017, my eye pressure rose significantly so my current specialist changed the eye drops, which then reduced my IOP to normal or better.

I continue to have 6 monthly checks, and so far am not too impacted with vision problems.

My family are aware of the hereditary "trait".

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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In Memoriam

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

Jessie Nokes
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Mrs Jennifer Dawn Best
Mrs Rus Gaske

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If you or someone you care for has been diagnosed with glaucoma we recommend you join our community to access free resources, guidance and support.

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Your Questions Answered

Q&A with Khanh Nguyen, Pharmacist

Ms Khanh Nguyen has been working as a community pharmacist for 15 years after completing a B.Pharm (UQ) in Queensland. She worked on the frontline in a 24-hour Supercare Pharmacy in Victoria during the lockdown in 2020.

Q How can I access pharmacy services during lockdowns?

A The five essential reasons for leaving home are to purchase food and essential household goods, to exercise within a close vicinity, for caregiving purpose, to work or provide education that cannot be done from home and also to receive a COVID vaccine in a nearby facility.

Pharmacies fit into two categories. Pharmacies are an essential service for healthcare needs and some pharmacies can also now supply and administer the COVID vaccination. Pharmacies have remained open during these lockdown periods. The 24-hour pharmacies in Melbourne remain open around the clock, even after curfew for emergencies.

Q So what happens when your pharmacy is closed due to being a close contact location?

A If the pharmacy is a COVID close contact location, the deep clean process that needs to occur may result in the pharmacy only closing for one to two days at the most, as it is an essential service. This process involves spraying a fine mist into the air and requires a minimum of 12 hours to settle, before someone can enter the premises. A pharmacy would be a destination that would be on the high priority list for a deep clean. This is to ensure that the business can reopen promptly to continue to provide health care to the community.

In order to prevent any delays in receiving medication, it would be ideal for individuals to collect their medication one-week prior to it running out.

Q What if I am experiencing any COVID 19 related symptoms?

A If a person happens to wake up with any COVID related symptoms or feels unwell it is best to get a COVID test and not enter a pharmacy or any other facility. Pharmacies can still serve customers from their car or home, if they phone to inform them of the situation. It is essential that a person with symptoms does not enter a pharmacy, because this can put someone at risk of contracting the the virus and also result in the pharmacy needing to close for a deep clean, if they are a confirmed positive case.

Q Are pharmacies providing the COVID vaccine?

A Vaccinations are the latest service that pharmacies have been able to provide, in some areas of some states, and it is a gradual rollout. Most likely a patient will have at least one pharmacy within their area that is providing the COVID vaccination.

Findapharmacy.com.au is a website that contains a full list of pharmacies that are providing the COVID vaccine. To book a vaccine appointment, an online booking platform can be used or the pharmacy should be called in advance, to ensure they can prepare the vaccination. The vaccinating pharmacists have been required to complete the compulsory training modules to be able to administer the vaccine. There are also strict storage and handling requirements for the vaccines, to ensure patient safety.

Q Can pharmacies deliver my glaucoma eye drops to my house?

A Most pharmacies will have a delivery service and there may be some banner groups that will have a click and collect service available. A legal prescription would need to be provided so it can be dispensed. There would be an arrangement for these pharmacies to access the prescription from the customer.

Q I have glaucoma at the time of getting the COVID vaccine. Should I tell the pharmacist and get my eye pressure checked to ensure it has not increased after getting the vaccine?

A Patients are asked to complete a questionnaire identifying known allergies, other medications and any coexisting medical conditions.The pharmacist would therefore be alerted of any glaucoma. As the vaccine is reasonably new it is always a good idea to gather as much information as possible to determine if later on it can affect certain conditions. There is still a lot of research being done, so it is difficult to say if it will cause a raise in IOP. It would definitely be a good idea to inform the pharmacist of the glaucoma diagnosis and it would be ideal to get an eye pressure test done beforehand.