
RNIB Logo

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Date:

Dear XXXXXXX,

# Glaucoma - Good practice guidelines for Eye Clinic / Care Liaison Officers (ECLOs)

## Background

Glaucoma is a group of eye conditions in which the optic nerve is damaged due to changes in eye pressure.

**Primary open angle glaucoma (POAG)**, sometimes called chronic glaucoma, is the most common form of glaucoma. Aqueous humour (the fluid within the front of the eye) doesn’t drain away as quickly as it is produced, causing raised pressure within the eye. This pressure damages the optic nerve at the point where it leaves the back of the eye, resulting in sight loss. Damage to sight can usually be minimised by early diagnosis and careful regular observation and treatment. This will often require lifelong adherence to medication.

## Risk factors for POAG include:

**Age** - POAG becomes much more common with increasing age. It occurs in two per cent of people over the age of 40, increasing to almost 10 per cent of people over the age of 75.

**Ethnicity** - people of African-Caribbean ethnic background are at a higher risk of POAG, and it may also come on at a younger age and develop more quickly.

**Family History** - close relatives of those with POAG have at least a four-fold increased chance of developing the condition. Family members should have regular eye health checks.

**Short sight** - people with a high degree of short sight (myopia) are more prone to POAG.

**Diabetes** - people with diabetes may have an increased risk of developing POAG.

**Some medications** – i.e., long term use of steroids.

## Effect on vision

POAG causes loss of peripheral vision initially. Without treatment, sight loss can slowly progress so that the field of vision becomes very narrow. If left untreated, central vision may also be affected.

POAG does not usually exhibit any symptoms, and the increase in eye pressure doesn’t cause any pain. People may not notice any difference in their vision until the glaucoma is advanced.

## Treatment and compliance

With appropriate treatment, further visual loss is usually preventable.

* Many people with glaucoma will be treated with eye drops, which either reduces the production of, or increases the outflow of, intra ocular fluid. If eye drops are not successful in lowering the eye pressure, other treatment may be needed (i.e., laser or surgery).
* Selective laser trabeculoplasty (SLT) is a laser treatment for open-angle glaucoma that lowers eye pressure. It can be used as initial treatment, instead of eye drop medications, or as additional treatment when medications do not adequately reduce the eye pressure.

Research tells us that non-compliance with glaucoma drops is a serious issue. There are multiple reasons for people not putting drops in as instructed, including:

* Lack of understanding of the condition itself and the consequences of not following treatment
* Lack of any symptoms, or a belief that the condition has gone
* Complicated or frequently changed medication regimes
* Forgetfulness
* Side effects of the medication, such as redness or soreness
* Difficulties self-medicating

One common misunderstanding around the medication is that eye drops should be used for the length of the prescription only; Glaucoma UK recommends people assume their drops are for life unless their doctor tells them to stop using them.

Studies have shown that glaucoma patients who are well informed regarding their condition are more likely to take their eye drops (or adhere to their eye drop regime). Problems with drop compliance are sometimes concealed from medical staff, but ‘confessed’ to support staff.

ECLOs are ideally placed to support patients in understanding their condition, and with compliance to treatment. They can offer ongoing emotional and practical support and make referrals to organisations and services that can be of benefit.

## Prevalence

Around 2% of people over the age of 40 develop glaucoma. Glaucoma is one of the most common causes of sight loss in the UK.

## Other types of Glaucoma

* Acute Angle closure glaucoma - when a blockage in the drainage of intra ocular fluid is sudden, and causes the pressure to rise very high, very quickly. **Symptoms include intense pain, redness of the eye, blurred or reduced vision, headache, and nausea.**  People should seek medical attention ASAP.
* Normal tension glaucoma – when the eye pressure is within normal range but still causes damage to the optic nerve.
* Congenital glaucoma – when the eye and drainage system hasn’t developed properly before birth

## Good Practice guidance for ECLOs

In addition to the support offered to all patients, and by way of adherence to the ECLO Quality Framework and Practice Guidance, ECLOs should:

* Educate people they meet who have glaucoma (and their family or carers) about the condition, its effects, treatments, and the risk to close family members
* Stress the importance of attending all follow up appointments
* Reinforce messages from the Ophthalmologist / medical team about the importance of medication compliance, stressing the necessity of complying with daily regimes
* Develop links with Glaucoma UK. Ask for a free Eyedrop Support Box containing demonstration dropper aids / drop dispensers
* Liaise with patients and offer referral to local glaucoma patient support groups or peer support / buddy schemes. If there isn’t a group, establish one
* Refer any patients who complain of side effects, or who have stopped using medication, back to the medical team / Ophthalmologist or Pharmacist
* Offer patients with peripheral sight loss information, advice and guidance about Falls Prevention and facilitate referrals to a Falls Prevention Service if appropriate
* Check that patients are aware of punctal occlusion, a simple mechanism to avoid the drops being dispersed before they can be effective
* Inform people of the Glaucoma UK Helpline and website

## Driving

Many people with glaucoma can carry on driving, depending on how much of their peripheral vision has been affected. **ECLOs should:**

* Explain the visual standard required to drive in the UK, and how this can be affected by glaucoma
* Advise patients with glaucoma in both eyes that they are required by law to report this to the Driver and Vehicle Licensing Authority (DVLA)
* Explain that the DVLA may arrange for them to have their visual acuity and visual fields assessed. (The programme used for the VF test is called an Esterman).
* Record details of any advice given in patient notes (if available) and on service recording systems

## Further suggested Good Practice

* Make follow up calls to patients at risk of non-compliance to check adherence to drop treatment, accessing further prescriptions and encouraging attendance at follow up appointments
* Liaise with community nursing services

Please note – ECLOs should NOT instil eye drops, teach, or demonstrate the administration of drops without specialist training, and appropriate local protocols.

## Supporting documents

### RNIB - Understanding Glaucoma

<https://www.rnib.org.uk/eye-health-eye-conditions-z-eye-conditions/glaucoma>

**Glaucoma UK** is a UK based charity that works to prevent sight loss caused by glaucoma, providing information and advice to those affected by the condition.

[www.glaucoma.uk](http://www.glaucoma.uk)

### Glaucoma UK leaflet on drops and dispensing aids:

<https://glaucoma.uk/product-category/informational-materials/>

### Glaucoma UK leaflet on glaucoma and driving:

<https://glaucoma.uk/product/glaucoma-and-driving/>

Developed in partnership with the Glaucoma UK (image below shows Glaucoma UK logo)

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