

Targeting Glaucoma

Take the first step in caring for your vision



Know the facts about Glaucoma



Glaucoma is the second leading cause of blindness and the most frequent cause of irreversible blindness worldwide.¹



60 million people worldwide are affected by glaucoma.²



50 % of glaucoma cases are undiagnosed?



1 in 40 adults older than 40 years has glaucoma with loss of vision.²



As many as 60 % of glaucoma cases run in families.³

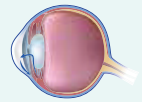
What is Glaucoma?

Glaucoma is a group of diseases that causes damage to the optic nerve in the eye and may result in vision loss and blindness.²

Glaucoma is often called the “silent thief of sight” because of its slow onset and progression, causing permanent vision loss with very few or no early warning signs.³

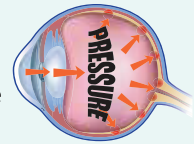
What causes Glaucoma?

Glaucoma is frequently accompanied by a build-up of pressure inside the eye, called intraocular pressure (IOP).³ Normally eye fluid circulates through the front chamber of the eye to nourish and protect eye structures.³ The fluid then flows out through a drainage canal situated in the angle of the front part of the eye.³



Normal eye

If the drainage canal becomes blocked, pressure builds up inside the eye and damages the optic nerve, which is responsible for transmitting images to the brain.³ Because the optic nerve cannot regenerate, damage results in permanent vision loss.³



Eye with glaucoma

How is Glaucoma treated?

Although glaucoma cannot be cured, treatment can often effectively stop the progression of the disease. Lowering eye pressure is the only effective way to halt progression of glaucoma and preserve vision. All glaucoma treatments are aimed at lowering eye pressure and include medical therapy, surgery and laser therapy.⁴ However, most people receive initial treatment with eye drops, which lower eye pressure by either reducing the amount of eye fluid produced, and/or by improving drainage of fluid out of the eye.^{1,4}

How often should eye drops be administered?

Glaucoma is a progressive disease that requires continuous, long-term administration of medication as directed by your healthcare professional.¹ The most effective first-choice eye drop are prostaglandin analogues, which require only once-daily administration.¹ These eye drops reduce eye pressure by 25 – 35 %.¹ Some people require more than one type of eye drop to lower eye pressure to target. When available, it is preferable to use a combination 2-in-1 eye drop, to avoid separate installations.¹



How often should you see your eye specialist?

Glaucoma is a chronic disease requiring regular visits to an eye specialist to assess progression of the disease and response to therapy.⁵ Once the diagnosis and treatment regimens are established, the average patient needs to see his or her eye specialist 3 – 4 times yearly, depending upon severity of illness.⁵

What you can do to preserve your vision

One of the most important reasons to continuously use glaucoma treatment as directed is to protect your eyes against further vision loss.^{1,4} Yet, 30-70 % of people do not use their treatment as prescribed, e.g. instilling too many or too few drops at a time, skipping days or getting the timing of the dosages wrong. The American Glaucoma Society Patient Care Improvement Project identified forgetfulness as the main barrier to using glaucoma medication.⁶

Here are a few practical tools and tips to remind you to use your medication



Develop a habit of taking drops with certain daily routines, e.g. putting drops in when brushing your teeth



Design your own dosing schedule on a wipe board or a printed piece of paper



Set an alarm or program electronic reminders to keep track of your dosing schedule



Ask your doctor for written or printed instructions that you can consult or tick off



Ask the receptionist to call you before an upcoming appointment, or add the appointment to your electronic diary

Remember to always speak to your healthcare professional should you have any concerns or questions.

References: 1. Blanco AA, Bagnasco L, Bagnis A, Barton K, Baudouin C, Bengtsson B, et al. TERMINOLOGY AND GUIDELINES FOR GLAUCOMA. EUROPEAN GLAUCOMA SOCIETY, 4th ed, 2014. [Online]. Available from: http://www.icoph.org/dynamic/attachments/resources/egs_guidelines_4_english.pdf. Accessed: 20 May, 2018. 2. Quigley HA. Glaucoma. Lancet. 2011;377:1367-1377. 3. Hazin R, Hendrick AM, Kahook MY. Primary open-angle glaucoma: diagnostic approaches and management. J Natl Med Assoc. 2009;101:46-50. 4. Arias A, Schargel K, Ussa F, Canut MI, Robles AY, Sánchez BM, et al. Patient persistence with first-line antiglaucomatous monotherapy. Clin Ophthalmol. 2010;4:261-267. 5. Cioffi GA, Van Buskirk EM. Glaucoma basics & frequently asked questions. American Glaucoma Society. [Online]. Available from: <http://www.americanglaucomasociety.net/patients/faq#A20>. Accessed: 20 May, 2018. 6. The AGS Patient Care Improvement Project. American Glaucoma Society. [Online]. Available from: http://www.americanglaucomasociety.net/patients/patient_care/. Accessed: 20 May, 2018.

Genop Healthcare (Pty) Ltd. PO Box 3911, Halfway House, 1685, South Africa. Tel: 0861 436 674. Co. Reg. No.: 1984/011575/07. www.genop.co.za.

Marketed by
Genop
healthcare