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International Council of Ophthalmology/  
International Federation of Ophthalmological Societies

## ICO International Clinical Guidelines

### Primary Open-Angle Glaucoma (Follow-up Evaluation)

**(Ratings:** A: Most important, B: Moderately important, C: Relevant but not critical  
**Strength of Evidence:** I: Strong, II: Substantial but lacks some of I, III: consensus of expert opinion in absence of evidence for I & II)

#### Exam History

- Interval ocular history **(A:III)**
- Interval systemic medical history **(B:III)**
- Side effects of ocular medication **(A:III)**
- Frequency and time of last IOP-lowering medications, and review of use of medications **(B:III)**

#### Physical Exam

- Visual acuity **(A:III)**
- Slit-lamp biomicroscopy **(A:III)**
- Measurement of IOP and time of day of measurement **(A:III)**
- Evaluation of optic nerve and visual fields (see table below) **(A:III)**
- Pachymetry should be repeated after any event that may alter central corneal thickness **(A:II)**

#### Management Plan for Patients on Medical Therapy:

- Reconsider current IOP and its relationship to the target IOP at each visit. **(A:III)**
- At each exam, record dosage and frequency of use, discuss adherence to the therapeutic regimen and patient's response to recommendations for therapeutic alternatives or diagnostic procedures. **(A:III)**

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## ICO International Clinical Guidelines: Primary Open-Angle Glaucoma (Follow-up Evaluation)

Page 2

- Perform gonioscopy if there is a suspicion of angle closure, anterior-chamber shallowing or anterior-chamber angle abnormalities or if there is an unexplained change in IOP. **(A:III)** Perform gonioscopy periodically (e.g., 1-5 years). **(A:III)**
- Assess treatment regimen if target IOP is not achieved and maintained in light of potential risks and benefits of additional or alternative treatment. **(A:III)**
- If a drug fails to reduce IOP, replace with an alternate agent until effective medical treatment is established. **(A:III)**
- Adjust target pressure downward if disc or visual field change is progressive. **(A:III)**
- Within each of the recommended intervals, factors that determine frequency of evaluation include the severity of damage, the stage of disease, the rate of progression, the extent to which the IOP exceeds the target pressure and the number and significance of other risk factors for damage to the optic nerve. **(A:III)**
- Deleting or adding medication justifies a follow-up visit at an interval appropriate for washout or maximal effect of medication withdrawn or added. **(A:III)**

### Follow-Up:

Recommended Guidelines for Follow-up:

Target IOP Achieved	Progression of Damage	Duration of Control (months)	Follow-up Interval [B:III]	Optic Nerve Head Evaluation [A:III]	Visual Field Evaluation [A:III]
Yes	No	≤ 6	Within 6 months	3-12 months	3-12 months
Yes	No	> 6	Within 12 months	3-12 months	3-12 months
Yes	Yes	(n/a)	Within 4 months	1-12 months	12 months
No	Yes or No	(n/a)	Within 4 months	1-12 months	12 months

**Patient Education for Patients with Medical Therapy:**

- Encourage patients to alert their ophthalmologist to physical or emotional changes that occur when taking glaucoma medications. **(A:III)**
- Refer for or encourage patients with significant visual impairment or blindness to use appropriate vision rehabilitation and social services. **(A:III)**

\* Adapted from the [American Academy of Ophthalmology Summary Benchmarks, November 2006 \(www.aaofoundation.org\)](http://www.aaofoundation.org/summary-benchmarks)

(For more ICO International Clinical Guidelines, see [www.icoph.org/guide](http://www.icoph.org/guide))

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**Preface to the Guidelines:**

International Clinical Guidelines are prepared and distributed by the International Council of Ophthalmology on behalf of the International Federation of Ophthalmological Societies.

These Guidelines are to serve a supportive and educational role for ophthalmologists worldwide. These guidelines are intended to improve the quality of eye care for patients. They have been adapted in many cases from similar documents (Benchmarks of Care) created by the American Academy of Ophthalmology based on their Preferred Practice Patterns.

While it is tempting to equate these to Standards, it is impossible and inappropriate to do so. The multiple circumstances of geography, equipment availability, patient variation and practice settings preclude a single standard.

Guidelines on the other hand are a clear statement of expectations. These include comments of the preferred level of performance assuming conditions that allow the use of optimum equipment, pharmaceuticals and/or surgical circumstances.

Thus, a basic expectation is created and if the situation is optimum, the optimum facets of diagnosis, treatment and follow up may be employed. Excellent, appropriate and successful care can also be provided where optimum conditions do not exist.

Simply following the Guidelines does not guarantee a successful outcome. It is understood that, given the uniqueness of a patient and his or her particular circumstance, physician judgment must be employed. This can result in a modification in application of a guideline in individual situations.

Medical experience has been relied upon in the preparation of these guidelines, and they are whenever possible, evidence-based. This means these Guidelines are based on the latest available scientific information. The ICO is committed to provide updates of these guidelines on a regular basis (approximately every two to three years).

## **ICO International Clinical Guidelines: Primary Open-Angle Glaucoma (Follow-up Evaluation)**

Page 4

(Also see the Introduction to the ICO International Clinical Guidelines at [www.icoph.org/guide/guideintro.html](http://www.icoph.org/guide/guideintro.html) and the list of other Guidelines at [www.icoph.org/guide/guidelist.html](http://www.icoph.org/guide/guidelist.html).)