



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 **(A:I)**
- Evaluation of optic nerve head and visual fields (see table below) **(A:III)**
- Measurement of central corneal thickness should be repeated after any event that may alter it **(A:II)**

Management Plan for Patients on Medical Therapy:

- 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)**
- 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)**
- Reassess treatment regimen if target IOP is not achieved and benefits of a change in therapy outweighs risks. **(A:III)**
- Adjust target pressure downward if optic 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 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)**

Follow-Up:

Recommended Guidelines for Follow-up:

Recommended Guidelines for Follow-up Glaucoma Status Evaluations with Optic Nerve and Visual Field Assessment **(B:III)***

Target IOP Achieved	Progression of Damage	Duration of Control (months)	Approximate Follow-up Interval (months)**
Yes	No	≤6	6
Yes	No	>6	12
Yes	Yes	NA	1–2
No	Yes	NA	1–2
No	No	NA	3–6

IOP = intraocular pressure; NA = not applicable

* Evaluations consist of clinical examination of the patient, including optic nerve head assessment (with periodic color stereophotography or computerized imaging of the optic nerve and retinal nerve fiber layer structure) and visual field assessment.

** Patients with more advanced damage or greater lifetime risk from POAG may require more frequent evaluations. These intervals are the maximum recommended time between evaluations.

Patient Education:

- Educate about the disease process, rationale and goals of intervention, status of their condition, and relative benefits and risks of alternative interventions so that patients can participate meaningfully in developing an appropriate plan of action. **(A:III)**
- Refer 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 2010 (www.aao.org)