



Primary Open-Angle Glaucoma Suspect (Initial and 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)

Initial Exam History (Key elements)

- Ocular history **(A:III)**
- Systemic history **(A:III)**
- Family history **(A:III)**
- Review of pertinent records **(A:III)**
- Assessment of impact of visual function on daily living and activities **(A:III)**

Initial Physical Exam (Key elements)

- Visual acuity **(A:III)**
- Pupils **(B:II)**
- Slit-lamp biomicroscopy of anterior segment **(A:III)**
- Measurement of IOP **(A:I)**
- Central corneal thickness **(A:II)**
- Gonioscopy **(A:III)**
- Evaluation of optic nerve head and retinal nerve fiber layer, with magnified stereoscopic visualization **(A:III)**
- Documentation of optic nerve head appearance color stereophotography or computer-based image analysis **(A:II)**
- Evaluation of the fundus (through a dilated pupil whenever feasible) **(A:III)**
- Visual field evaluation, preferably by automated static threshold perimetry **(A:III)**

Management Plan for Patients in Whom Therapy is Indicated:

- A reasonable initial goal is to set target pressure 20% less than mean of several baseline IOP measurements. **(A:I)**
- Choose regimen of maximal effectiveness and tolerance to achieve desired therapeutic response. **(A:III)**

Follow-Up Exam History

- Interval ocular history **(A:III)**
- Interval systemic medical history and any change of systemic medications **(B:III)**
- Side effects of ocular medications if patient is being treated **(A:III)**
- Frequency and time of last glaucoma medications, and review of use, if patient is being treated **(B:III)**

Follow-Up Physical Exam

- Visual acuity **(A:III)**
- Slit-lamp biomicroscopy **(A:III)**
- IOP **(A:III)**
- Gonioscopy is indicated when there is a suspicion of an angle-closure component, anterior chamber shallowing or unexplained change in IOP **(A:III)**

Follow-up Intervals

- Visit intervals depend on the interaction between patient and disease, which is unique for every patient. **(A:III)**
- Frequency of periodic optic nerve head and visual field evaluation is based on risk assessment. Patients with thinner corneas, higher IOPs, disc hemorrhage, larger cup-to-disc, larger mean pattern standard deviation, or family history of glaucoma may warrant closer follow-up.

Patient Education for Patients with Medical Therapy:

- Discuss diagnosis, number and severity of risk factors, prognosis, management plan and likelihood that therapy, once started, will be long term. **(A:III)**
- Educate about disease process, rationale and goals of intervention, status of their condition, and relative benefits and risks of alternative interventions. **(A:III)**
- Educate about eyelid closure and nasolacrimal occlusion when applying topical medications to reduce systemic absorption. **(B:II)**
- Encourage patients to alert their ophthalmologist to physical or emotional changes that occur when taking glaucoma medications. **(A:III)**

* Adapted from the American Academy of Ophthalmology Summary Benchmarks, November 2010 (www.aao.org)