

# 22

QUESTION

## HOW SHOULD I BEGIN TREATMENT FOR A PATIENT WITH NEWLY DIAGNOSED PRIMARY OPEN-ANGLE GLAUCOMA?

Annisa L. Jamil, MD and  
Richard P. Mills, MD, MPH

The diagnosis of primary open-angle glaucoma (POAG) carries with it different implications for the treating physician and the patient. For the physician, optimizing a treatment plan is a trial-and-error process often requiring several visits. For the patient, education about the chronic, asymptomatic nature of disease and techniques on how best to use the medication present unique challenges.

As clinicians, we know that establishing the diagnosis is often easier than planning and executing a treatment regimen. First, the degree of glaucomatous optic neuropathy and the concurrent damage to the visual field must be evaluated to set a target goal of intraocular pressure (IOP). It is important to recognize that once an optic disc has exhibited structural involvement, it is more susceptible to additional damage and may require lower target pressures. The previous chapter on establishing a target pressure highlights this important part of our treatment considerations. When we initiate therapy, we must have an open discussion with the patient about the chronic nature of disease that requires lifelong therapy. It may be a difficult concept to comprehend since many patients do not experience overt symptoms, other than those related to the side effects of topical medications used to treat their POAG. Education about this disease will help impart an awareness of the possible risk of irreversible blindness as well as establish the necessary steps to prevent it. Discussions should include a review of some of the pertinent clinical trials such as the Early Manifest Glaucoma Trial (EMGT), which clearly illustrates that with an average 25% decrease in baseline IOP, progression occurred in 45% of the treated patients compared with 62% in the untreated group.<sup>1</sup>

You should tailor the therapy for each patient to encourage adherence to the regimen. This requires taking into consideration many factors, including the patient's lifestyle, the financial burden, and the presence of other medical comorbidities. Some patients are self-aware and realize that persisting with a medical regimen is difficult, and therefore they may be ideal candidates for laser