PREVENTION

- **Get regular eye care.** Regular comprehensive eye exams can help detect glaucoma in its early stages before irreversible damage occurs. As a general rule, have comprehensive eye exams every three to five years after age 40 and every year after age 60. You may need more frequent screening if you have glaucoma risk factors. Ask your doctor to recommend the right screening schedule for you.
- **Treat elevated eye pressure.** Glaucoma eyedrops can significantly reduce the risk that elevated eye pressure will progress to glaucoma. To be effective, these drops must be taken regularly even if you have no symptoms.
- **Eat a healthy diet.** While eating a healthy diet won't prevent glaucoma, it can improve your physical and mental health. It can also help you maintain a healthy weight and control your blood pressure.
- **Wear eye protection.** Serious eye injuries can lead to glaucoma. Wear eye protection when you use power tools or play high-speed racket sports on enclosed courts. Also wear hats and sunglasses if you spend time outside.

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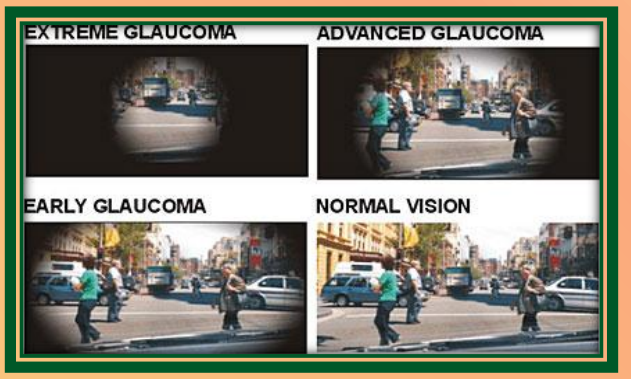
GLAUCOMA
CAN MAKE YOU BLIND



Published By

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GLAUCOMA

It's an eye disease that can cause irreversible loss of vision

Glaucoma is a group of eye diseases characterized by damage to the optic nerve. In its early stages, glaucoma may present few or no symptoms and can gradually steal sight without warning. In fact, most people affected by glaucoma do not know they have it. If left undetected and untreated, glaucoma can lead to blindness.

One of the major risk factors for glaucoma is elevated intraocular pressure (IOP), or pressure inside the eye. A healthy eye produces a fluid, called aqueous humor, at the same rate at which it drains. High pressure occurs when the drainage system is blocked and the fluid cannot exit at a normal rate. This increased IOP pushes against the optic nerve causing gradual damage, which may result in vision loss, usually starting with the peripheral, or side vision. Increased eye pressure is often associated with gradual damage to the nerve fibers that make up the optic nerve. IOP is currently the only treatable risk factor for glaucoma.

SYMPTOMS

The most common types of glaucoma — primary open-angle glaucoma and angle-closure glaucoma — have completely different symptoms.

Primary open-angle glaucoma signs and symptoms include:

- Gradual loss of peripheral vision, usually in both eyes
- Tunnel vision in the advanced stages

Acute angle-closure glaucoma signs and symptoms include:

- Eye pain
- Nausea and vomiting (accompanying the severe eye pain)
- Sudden onset of visual disturbance, often in low light
- Blurred vision
- Halos around lights
- Reddening of the eye

Both open-angle and angle-closure glaucoma can be primary or secondary conditions. They're called primary when the cause is unknown and secondary when the condition can be traced to a known cause, such as eye injury, medications, certain eye conditions, inflammation, tumor, advanced cataract or diabetes. In secondary glaucoma, the signs and symptoms can include those of the primary condition as well as typical glaucoma symptoms.

WHO ARE AT RISK FOR GLAUCOMA?

- People with a family history of glaucoma
- People over 40 years of age
- People with diabetes
- People who have used steroids for a long period of time
- People with physical eye injuries

TEST AND DIAGNOSIS

A comprehensive eye check-up by an ophthalmologist is the best way to detect glaucoma. A compete eye examination includes measuring IOP an evaluating the drainage angle of the eye and the optic nerve. Additionally, visual field tests are used to evaluate the peripheral vision of each eye.

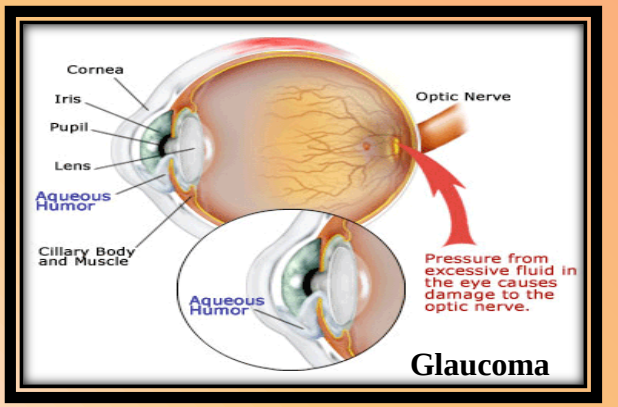
Measuring intraocular pressure: Tonometry is a simple, painless procedure that measures your internal eye pressure (intraocular pressure), after numbing your eyes with drops. It's usually the initial screening test for glaucoma.

Test for optic nerve damage: To check for damage in your optic nerve, your eye doctor uses instruments to look directly through the pupil to the back of your eye. This can reveal slight changes that may indicate the beginnings of glaucoma.

Visual field test: To check whether your visual field has been affected by glaucoma, your doctor uses a special test to evaluate your side (peripheral) vision.

Visual acuity: Your doctor will test your ability to see from a distance.

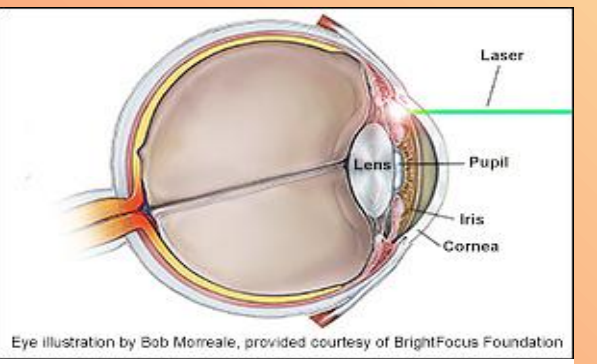
Measuring cornea thickness (pachymetry): Your eyes are numbed for this test, which determines the thickness of each cornea, an important factor in diagnosing glaucoma. If you have thick corneas, your eye-pressure reading may read higher than normal even though you may not have glaucoma. Similarly, people with thin corneas can have normal pressure readings and still have glaucoma.



Other tests: To distinguish between open-angle glaucoma and angle-closure glaucoma, your eye doctor may use a technique called gonioscopy in which a special lens is placed on your eye to inspect the drainage angle. Other tests, such as imaging tests, have been developed and may sometimes be used.

TREATMENT

While there is no cure for glaucoma, elevated IOP is currently the only treatable risk factor. It is important to treat aggressively with the most effective products such as prescription eye drops that can provide maximum reduction of elevated IOP with long-term control. In some cases, surgery can also help. It is important for patients to use medication as prescribed and maintain regular examinations with an ophthalmologist who can evaluate glaucoma progression and treatment options.



Eye illustration by Bob Morreale, provided courtesy of BrightFocus Foundation