

Gaining on Glaucoma: Detection and Treatment

Alan Cohen, O.D., has seen a lot of patients during his 47-plus years in practice. Here, the Collingdale, Pa. VSP doctor shares some facts about the sight-stealing condition, glaucoma. Dr. Cohen has treated hundreds of glaucoma patients during his career, and knows what to watch out for.



Q. What is glaucoma, and how many people have it?

A. It's an eye disorder that is caused by too much pressure in the eye. It can damage the retina, optic nerve or both, and cause vision loss and blindness. About 3 million Americans have it, and around 120,000 are legally blind because of glaucoma. It's important to catch it and treat it early, because it can lead to blindness in three to 15 years.

Q. Who's at greatest risk?

A. Like a lot of vision conditions, it typically happens to older people. Most often, people over 40. If there's a family history of glaucoma, risk goes up. Also, people who are very nearsighted or diabetic have a higher risk. Race can also play a role. Some research has shown that black Americans are about seven times more likely to develop glaucoma. In fact, it's the leading cause of blindness among black Americans. Hispanic people also are at higher risk.

Q. What causes glaucoma?

A. As part of normal functioning, your eyes produce an internal fluid to help the eyeball keep its shape. The fluid drains out of the eye all the time, but sometimes the drain "backs up" – and that's what usually happens with glaucoma. When this happens, the pressure from the fluid starts building up inside the eye and damages sensitive nerve tissues. In most cases what you get is chronic glaucoma that slowly worsens over time. There's also a type of glaucoma in which damage occurs without elevated pressure, but it's very rare.

Q. What are the symptoms of glaucoma?

A. The tricky part is that early stages of glaucoma are usually symptom-free. That's why an annual eye exam is a must. A glaucoma "puff test" is a standard part of a comprehensive eye exam. There's also an acute form of glaucoma in which the "drain" shuts down rapidly. This condition is rare but extremely painful, so there's no mistaking it. Acute glaucoma requires immediate attention in a hospital emergency room.

Q. Is there hope for glaucoma patients?

A. Yes – to an extent. There have been quite a few powerful new medications developed in recent years. They can be very effective at slowing or even halting the progression of glaucoma. Laser surgery, with medications, also helps make drainage in the eye better, which reduces the dangerous pressure. While it's not curable, glaucoma is often very treatable – the earlier, the better.

Q. How do your patients feel when you detect their glaucoma early and save their eyesight with treatment?

A. Often, relieved. For example, a good friend told me a few years ago her eyes felt funny. I gave her a thorough eye exam, found she had low-pressure glaucoma and sent her to a specialist. She hasn't lost any additional vision at all, and her eyesight has improved thanks to medication and surgery.

Get yearly eye exams to increase your odds of early detection of eye diseases like glaucoma that could potentially cause future problems.