Glaucoma can take your sight away.



Speaker's Guide for

Keep Vision in Your Future Glaucoma PowerPoint Presentation



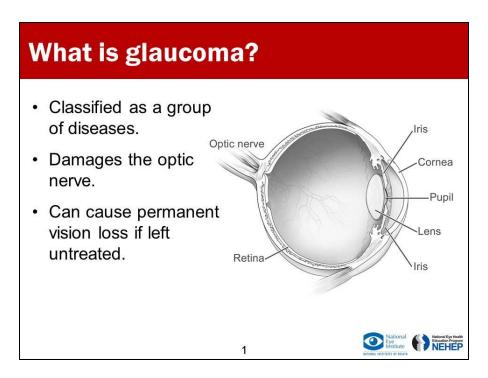




(Title page slide)

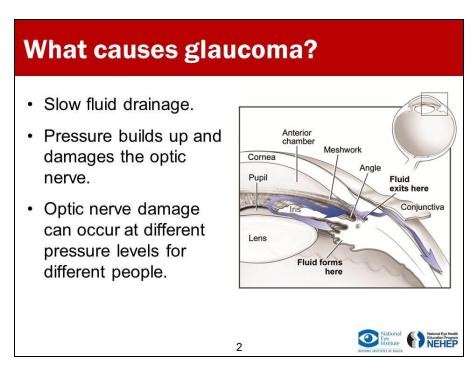
This presentation provides—

- Information about the causes, symptoms, and treatment of glaucoma.
- Answers to questions about the disease.



(Slide 1: What is glaucoma?)

- Glaucoma is a group of diseases. Primary open-angle glaucoma is the most common form.
- Glaucoma can damage the optic nerve in the eye and can cause permanent vision loss if left untreated.
- Glaucoma may be present in one or both eyes.



(Slide 2: What causes glaucoma?)

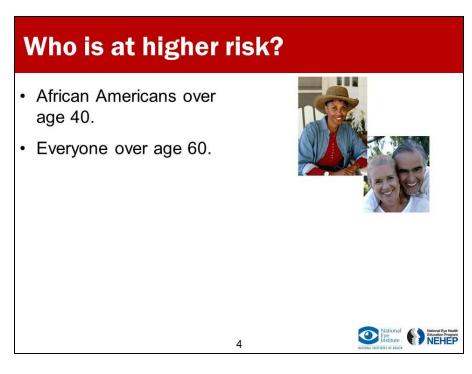
The illustration above shows how fluid flows in the eye. The blue arrows trace the fluid pathway.

- Clear fluid flows in and out of a small space at the front of the eye called the anterior chamber. This fluid bathes and nourishes nearby tissues.
- If the fluid drains too slowly, pressure builds up and damages the optic nerve.
 Though this buildup may lead to an increase in eye pressure, the effect of pressure on the optic nerve differs from person to person.
- Some people may get optic nerve damage at low pressure levels while others tolerate higher pressure levels.
- Controlling the pressure inside the eye is important.
- If left untreated, glaucoma can result in permanent vision loss or blindness.



(Slide 3: Who is at higher risk?)

- Glaucoma is a leading cause of blindness and visual impairment for Americans, affecting as many as 2.2 million people nationwide.
- Most studies show that at least half of all persons with glaucoma do not know that they have this potentially blinding condition.
- Anyone can get glaucoma, but some people are at higher risk. They include the following:
 - African Americans over age 40.
 - Among African Americans, studies show that glaucoma is—
 - Three times more likely to occur than in Whites.
 - About four times more likely to cause blindness than in Whites.
 - Fifteen times more likely to cause blindness in African Americans between the ages of 45 and 64 than in Whites of the same age group.



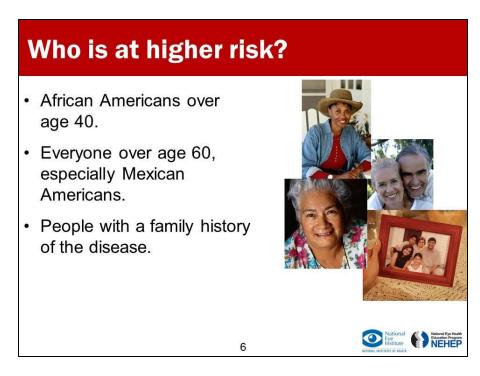
(Slide 4: Who is at higher risk?)

- o Everyone over age 60.
 - Due largely to the aging of the U.S. population, it is estimated that the number of people who have glaucoma will increase by 50 percent by 2020.
 - Glaucoma appears to be more common initially in women, but by age 65 prevalence rates become more comparable between the sexes.



(Slide 5: Who is at higher risk?)

- Especially Mexican Americans.
 - According to the Los Angeles Latino Eye Study results—
 - The prevalence of glaucoma among Hispanics/Latinos is nearly 5 percent.
 - This rate increases with age from about 8 percent for those in their 60s to 15 percent for those in their 70s.
 - This is higher than the rate reported for Whites and similar to that for African Americans.

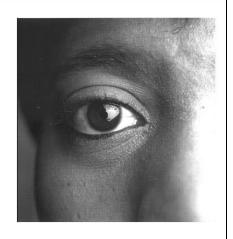


(Slide 6: Who is at higher risk?)

- o People with a family history of the disease.
- A comprehensive dilated eye exam can reveal more risk factors, such as high eye pressure, thinness of the cornea, and abnormal optic nerve anatomy.
- In some people with certain combinations of these high-risk factors, medicines in the form of eye drops reduce the risk of developing glaucoma by about half.

What are the symptoms?

- At first, there are none.
- As glaucoma progresses, side vision fails.
- Field of vision narrows as glaucoma worsens.





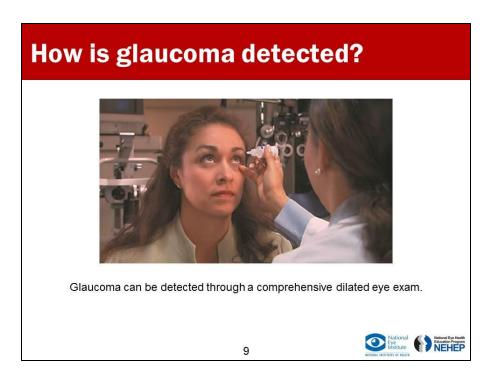
(Slide 7: What are the symptoms?)

- At first, glaucoma has no symptoms.
- In its early stages, glaucoma causes no pain. Vision stays normal.
- As the disease progresses, side vision may begin to fail. Objects straight ahead may be clear, but objects to the side (peripheral vision) might be missed.
- Left untreated, the field of vision narrows and objects in the front can no longer be seen.
- Early detection and treatment can reduce the risk of vision loss.



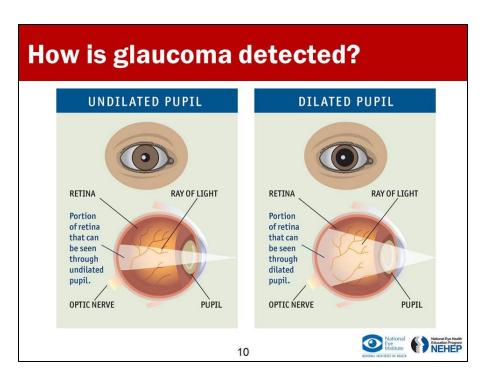
(Slide 8: What does glaucoma look like?)

- These photos show a picture as seen through the eyes of someone with normal vision and the same picture as seen through the eyes of someone with advanced glaucoma.
- Vision loss caused by glaucoma cannot be restored.



(Slide 9: How is glaucoma detected?)

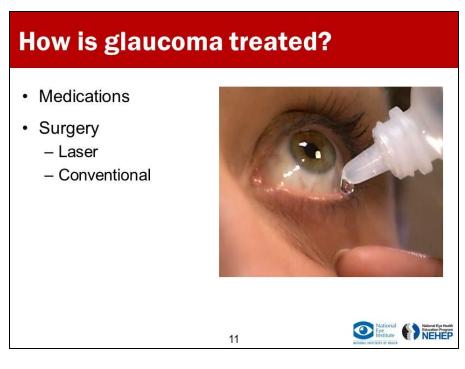
- Glaucoma is found most often during a comprehensive dilated eye exam.
- An eye care professional puts drops into the eyes to enlarge the pupils. This
 allows the eye care professional to see more of the inside of the eye to check for
 signs of damage to the optic nerve.
- The eye care professional will also measure eye pressure during the exam, but that alone does not detect glaucoma.



(Slide 10: How is glaucoma detected?)

The illustrations above show the eye before and after the pupil is dilated.

- In a comprehensive dilated eye exam, eye drops are used to dilate (or widen) the pupil. Dilating the pupil allows more light to enter the eye, just like opening a door or window shade in a dark room. Your eye care professional can then use a special magnifying lens to look at your optic nerve and other parts of your eye.
- A comprehensive dilated eye exam may also include—
 - Vision Acuity Test: An eye chart test to measure how well you see at various distances.
 - Vision Field Test: A test that measures your side, or peripheral vision.
 - o Tonometry: An instrument to measure the pressure inside the eye.
 - o Pachymetry: A procedure used to measure the thickness of your cornea.

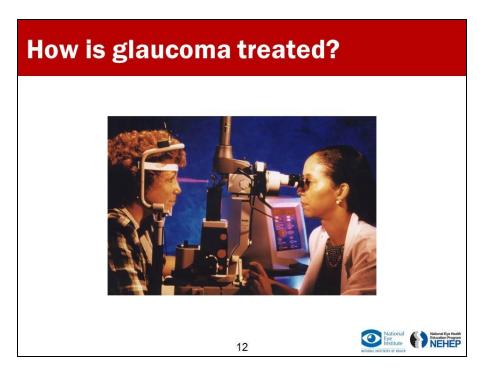


(Slide 11: How is glaucoma treated?)

- Treatment for glaucoma can often delay the progression of the disease.
- Glaucoma treatments include medicine, laser surgery, conventional surgery, or a combination of any of these.
 - Medications are in the form of pills or eye drops that cause the eye to make less fluid or lower the pressure by helping fluid drain from the eye. Patients on glaucoma medication most likely will need the medication throughout their life and need to follow up with their eye care professional regularly.

Surgeries

- Laser trabeculoplasty helps open up the drainage angle to allow more fluid to pass out of the eye.
- Conventional surgery makes a new opening for the fluid to leave the eye.



(Slide 12: How is glaucoma treated?)

- The photo above shows a patient receiving laser surgery.
- During laser surgery, a strong beam of light is focused on the part of the anterior chamber where the fluid leaves the eye. This procedure results in a series of small changes, which makes it easier for fluid to exit the eye.
- Over time, the effect of laser surgery may wear off.
- Patients who have this form of surgery may need to keep taking glaucoma medicine.

What can you do to protect your vision?

- See your eye care professional.
- If eligible, use Medicare.
- Get a dilated eye exam every one to two years.



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(Slide 13: What can you do to protect your vision?)

- Studies have shown that early detection and treatment of glaucoma, before it causes major vision loss, are the best ways to control the disease.
- If you are at higher risk for glaucoma, make sure you see an eye care professional regularly.
- If you are eligible, Medicare will help pay for a comprehensive dilated eye exam to detect glaucoma. Those eligible include—
 - People with diabetes
 - Those with a family history of glaucoma
 - African Americans age 50 or older
 - Hispanics/Latinos age 65 or older
- Have a comprehensive dilated eye exam every one to two years.



(Slide 14: How can you help family and friends?)

The National Eye Institute (NEI) wants to remind you that early detection and treatment can help protect your vision. Spread the word to family and friends.

- Encourage your loved ones and friends at risk to get dilated eye exams.
- Visit NEI at http://www.nei.nih.gov/glaucoma/ and send your loved ones personalized e-cards about glaucoma, get additional glaucoma information, and order free materials.

What should you remember?

- Glaucoma has no warning signs.
- Glaucoma can cause permanent vision loss.
- Early detection and treatment can protect your vision.
- Get a dilated eye exam.







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(Slide 15: What should you remember?)

SPEAKER'S TEXT

Glaucoma can take your sight away. Keep vision in your future. Here are some things to remember—

- Anyone can get glaucoma, but African Americans over 40; everyone over 60, especially Mexican Americans; and people with a family history of the disease are at higher risk.
- In its early stages, glaucoma has no symptoms, and there is no pain.
- Glaucoma can cause permanent vision loss, and vision loss due to glaucoma cannot be restored.
- Early detection and treatment of glaucoma are important to preventing vision loss.
- Glaucoma is detected most often during a dilated eye exam. See your eye care professional and get a comprehensive dilated eye exam every one to two years.



(Slide 16: Where can you get additional information?)

NEI is a leading resource for eye health information. Visit the NEI Website—

- For more information on glaucoma
- To obtain free materials
- To locate national organizations that serve people who have glaucoma