

Dr. Joel Schuman: Hello, welcome to the Wills Glaucoma Chats. We're really happy to have you here today. And I'll tell you that today we have Dilru Amarasekera, who is Wills through and through.

Dr. Dilru Amasakera: Yes. Wills residency, Wills fellowship, and now Wills faculty. And Jefferson Med School.

JS: Oh yeah. Yeah. That is really, that's really very Philadelphia.

DA: Yes.

JS: So this is the first episode of our Wills Glaucoma Chats. And I'm really happy that you are up first.

DA: Thank you for having me.

JS: Yeah, you're very welcome. And I have a question for you. And it's very appropriate considering, you know, Dr. Spaeth and how he taught glaucoma. So Dilru, what is glaucoma?

DA: So that's a great question, Joel. And it's probably the number one question our patients ask us. Glaucoma is a disease where typically the pressure in the eye is elevated, but not all the time. And over time, this high pressure can cause damage to the nerve in the back of the eye. And over time, when this nerve becomes damaged, you start to lose vision. It starts in the periphery of your vision in the earlier stages. And then in more advanced stages of glaucoma, it can affect central vision.

JS: So patients always ask me when I give them an explanation like that, well, what causes it?

DA: That's also a great question. There's different types of glaucoma and different mechanisms for glaucoma. Some of the types of glaucoma, we know what causes them, like certain medications or uncontrolled diabetes. But one of the most common types of glaucoma, which is primary open angle glaucoma, has a pretty incompletely understood mechanism. We do know that there's a hereditary component to it. We also do know that there are certain things that are risk factors, such as African-American race, older age, being very nearsighted or very farsighted.

JS: Does it make a difference when you're treating glaucoma, what particular subtype that the patient has?

DA: Definitely. So the type of glaucoma you have kind of dictates the treatment. Some types of glaucoma, such as narrow angle glaucoma, you may be offered certain types of lasers or surgeries. Open angle glaucoma, you can also be offered lasers or surgeries, but it can be different types. And then glaucoma that's caused by medications or

diabetes, it usually involves stopping the offending medication or getting the diabetes under control as well.

JS: Would you say that it's most important for patients to see a doctor in order to know whether or not they have glaucoma if they have no symptoms?

DA: Yeah, so one of the tough parts about glaucoma is in its earlier stages, it really only affects the peripheral vision, and that's difficult for people to notice that they're losing. And so screening is a really important part of diagnosis and catching it early. And right now, I think the national recommendation is that every adult over the age of 40 should get a baseline ophthalmology exam, and during that exam, they can do an evaluation and see if you have any risk factors for glaucoma. But that's really a good way to catch it early, because otherwise it's hard to notice if you have it or not.

JS: So what fraction of people do you think have glaucoma and don't even know it?

DA: So that's a really good question, Joel. Actually about 50% of all people with glaucoma don't realize that they have it. So it's important if you have any of the risk factors to make sure you get screened, and also to just have a baseline ophthalmology exam.

JS: Now I realize that the people watching this may be physicians, they may be patients, could be anyone watching this. What advice would you give to people watching this?

DA: I think the number one piece of advice I can give is that if you're someone that's diagnosed with glaucoma, it's extremely important to keep up with your follow-up appointments and visits and your treatment plan. Because as we discussed, it's really difficult for you to tell on your own if glaucoma's getting worse until it gets to the most advanced stages. Unfortunately, with glaucoma once damage has been done, we don't at present have a way for us to recover damage.

We can only try to prevent things from getting worse in the future. And so keeping up with appointments, medications, treatments, screening visits if you're someone who's not diagnosed with glaucoma is really important.

JS: Is there anybody who in particular should make sure that they get checked?

DA: Yeah, so people that have a first degree relative with glaucoma have a significantly higher risk of developing glaucoma. And so if you have anyone in your family that has a diagnosis of glaucoma, you should definitely get screened and recommend that your family members get screened as well.

JS: Well, I really appreciate you being here, Dilru, and I think that that's great advice for our audience out there.

DA: Thanks, Joel.

JS: Thank you. Bye, till next time.