



National Institute for Health and Clinical Excellence

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PRESS RELEASE

New NICE guidelines to help save the sight of thousands of people with or at risk of glaucoma

Thousands of people with or at risk of developing a potentially blinding form of glaucoma will benefit from a new guideline to be published this week. The National Institute for Health and Clinical Excellence (NICE) and the National Clinical Guideline Centre will issue a guideline to improve the diagnosis and management of chronic open angle glaucoma (COAG) and ocular hypertension (OHT). Available from 22 April, it will set out how best to diagnose COAG, how people with COAG, OHT or at risk of COAG should be monitored, and which treatments should be considered.

Affecting an estimated 480,00 people in England, COAG is a common condition involving optic nerve damage and loss of the visual field that can lead to blindness if it's not diagnosed early and treated promptly. Around 10% of UK blindness registrations are due to glaucoma. However many people won't know that their eyesight is at risk – there are usually no symptoms until the later stages when their vision is already seriously damaged. OHT (raised pressure in the eye) is a major risk factor for developing COAG, although COAG can occur with or without raised eye pressure. Glaucoma is more common with increasing age, and people of African or Caribbean descent or with a family history of glaucoma may be at greater risk of developing the condition.

Andrew Dillon, Chief Executive of NICE said: “Glaucoma can deprive people of their sight if it's not picked up early and treated, or if those at high risk of developing it aren't monitored closely. There is variation in current clinical practice, so this new NICE guideline means that for the first time we now have the means for a consistent

national approach to managing glaucoma or suspected glaucoma, and high eye pressure. The recommendations will enable health professionals to provide the best care for people with glaucoma or at risk of developing it, helping reduce the long term impact of the condition on patients' vision and everyday lives.”

Recommendations from the guideline include:

- People who have COAG, who are suspected of having COAG or who have OHT should be offered a suite of tests including assessments of the eye pressure, the thickness of the cornea, the drainage area in the eye, and field of vision and an assessment and image of the appearance of the optic nerve heads
- People at risk of developing glaucoma (whether they are having treatment or not), should be monitored regularly using tests similar to those used to diagnose glaucoma. The frequency of these tests will depend on how high the risk is of developing glaucoma
- Clarity on monitoring intervals for testing people who have glaucoma or are at risk of developing it, and recommendations on follow-up of patients who turn out not to have glaucoma after a period of careful monitoring
- Treatment with prostaglandins or beta-blockers to reduce high eye pressure in people with glaucoma or those at risk of the condition
- After previous treatment switches, earlier consideration of alternative treatments for worsening glaucoma, such as surgery or laser treatment to avoid disease progression.

Mr John Sparrow, Chair of the Guideline Development Group and Consultant Ophthalmologist, said: “This guideline is an important step forward in raising the standards of care for people at risk of vision loss from glaucoma. For example, monitoring intervals have been specified for COAG follow-up, which should help resolve the widespread delays in follow-up appointments which are currently a significant problem. Also, management of OHT has been clarified with criteria for deciding where treatment is needed based on risk of future blindness and cost effectiveness. This places an emphasis on prevention – it’s always better to take action early, before the disease causes loss of sight. In short, implementing this guideline will prevent more people from going blind.”

Paul Spry, Guideline Developer and Consultant Hospital Optometrist, said: “The good news is that early diagnosis of COAG and careful monitoring or treatment can slow down the progression of the disease and save sight. High street optometrists will have an important role to play in identifying people at higher risk, and potentially in managing both people with glaucoma and those at risk of glaucoma. The guideline gives formal recognition that suitably trained non-medical health care providers, including high street optometrists, are an appropriate group of professionals for taking care of certain categories of glaucoma patients.”

David Wright, Chief Executive of the International Glaucoma Association, and Patient and Carer Representative on the Guideline says: “It’s vital that this NICE guideline is put into practice as quickly as possible to save the sight of thousands of people with glaucoma, or at risk of developing it. Sight can’t be restored once it’s lost, so prevention or controlling the condition to minimise damage is essential. People at higher risk of developing glaucoma, such as those with a family history, of Caribbean or African descent or those over 60 should be aware of the condition and consider getting checked. This guideline will help patients understand what monitoring or care they should expect to receive, to help lower the risk of glaucoma damaging their eyesight.”

Cecilia Fenerty, Guideline Developer and Consultant Ophthalmologist said: “This guideline provides an essential opportunity to ensure that people with OHT and suspected COAG benefit from evidence-based treatment. The recommendations mean that those at risk of progression of their condition are referred to ophthalmologists and treated, and those at low risk are not treated unnecessarily. By following the recommendations for treatment, eye care health professionals can make sure that effective treatment is offered to patients according to the stage of the condition and patient preference.”

Ends

Notes to Editors

About the guideline

1. The guidance is available at www.nice.org.uk/CG85 (available from 22 April)
2. Glaucoma is the name for a group of eye disorders that involve damage to the optic nerve, which can cause sight loss and blindness if it continues to get worse. The most common form of glaucoma in the UK is chronic open angle glaucoma, a long-term condition which develops slowly and is persistent. The ‘open angle’ refers to the drainage area of the eye where fluid (not the tears) normally leaves it. This form of glaucoma is often accompanied by

increased pressure in the eye, although many people with glaucoma or suspected glaucoma have normal eye pressure.

Increased eye pressure can exist without any damage to a person's sight, in which case the condition is called ocular hypertension (OHT). OHT increases the risk of someone developing glaucoma, but doesn't necessarily lead to it.

About NICE

1. The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE produces guidance in three areas of health:

- **public health** – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- **health technologies** – guidance on the use of new and existing medicines, treatments and procedures within the NHS
- **clinical practice** – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.