World Glaucoma Week 12 – 18 March, 2017

A new campaign titled Glaucoma Aware was carried out in a nationwide mission to unearth 150,000 Australians who face preventable blindness and don’t know it. Launched during World Glaucoma Week, the campaign aimed to educate Australians about glaucoma and encourage those at-risk to get a comprehensive eye check.

More than 300,000 Australians have glaucoma yet only half have been diagnosed, typically because they haven’t had a simple eye check by an eye health provider such as an optometrist or ophthalmologist.

The Glaucoma Aware campaign, sponsored by Novartis and supported by Glaucoma Australia and OPSM, aimed to encourage Australians to avoid missing out on life's special moments by having their eyes checked for glaucoma.

I thought “Better get on to this” and made another appointment to see the same specialist. Before I went to that appointment I visited a different one, went to my local licensing authority office, visited the court house and contacted legal aid.

When I had my second test appointment I again had what I now know is an Esterman Binocular eye test, this time during the early morning when I was at my brightest. In this test the Esterman efficiency score was 97- I had passed!

The letter from my specialist, the Esterman binocular test result and an eyesight report plus my own covering letter were sent to the authority and after a bit of a wait the return letter confirmed that my full licence has been reinstated. I will be 80 soon and will be required to be tested again. I wonder how I will get on. I believe I have perfect vision whilst wearing glasses and can see even when covering up any one of my eyes.

If you are in danger of losing your licence, don’t accept the decision but fight for your rights to an appeal; you just might keep your licence.

* Lizzie’s real identity has been withheld so her annual licence test is not compromised.

Feedback – Driving and Glaucoma

To the Editor: I read an article regarding the current field test required by those concerned with issuing driving licenses. Some years ago, I had to have an eye extracted. Since then I have driven well over 100,000kms with this condition with no accidents and only one near miss (a kangaroo) and no trouble with police. At 83 years of age I recently failed this test the Esterman binocular test result and an eyesight report plus my own covering letter were sent to the authority and after a bit of a wait the return letter confirmed that my full licence has been reinstated. I will be 80 soon and will be required to be tested again. I wonder how I will get on. I believe I have perfect vision whilst wearing glasses and can see even when covering up any one of my eyes.

If you are in danger of losing your licence, don’t accept the decision but fight for your rights to an appeal; you just might keep your licence.

* Lizzie’s real identity has been withheld so her annual licence test is not compromised.

Feedback – Driving and Glaucoma

To the Editor: I read an article regarding the current field test required by those concerned with issuing driving licenses. Some years ago, I had to have an eye extracted. Since then I have driven well over 100,000kms with this condition with no accidents and only one near miss (a kangaroo) and no trouble with police. At 83 years of age I recently failed the field test. I protested when there was talk of limiting my driving to 100kms range by my eye specialist. We have family who live far away from us and need to help them. It would have meant that 90% of the driving would have had to be done by my wife, who doesn’t relish the prospect. I pointed out that I played tennis at a high level and was very able to hold my own in the four times a week games. At no time have I had any trouble driving - I have to move my head a little bit more and am fully mobile.

Fortunately my driving record meant that the licence has no restrictions - which is how it should be.

I fully agree with the sentiment expressed in your magazine.

JM

Driving with Glaucoma - You Have Rights

Experts acknowledge the low level of evidence that the current field test, used for licence testing in Australia, is a good indicator of whether a person is safe to drive. Researchers have shown that people with glaucoma can compensate for vision loss and many are safe drivers, even though they may fail that test.

Every driver has the right to a transparent process before their licence is restricted or cancelled and Glaucoma Australia is advocating for increased flexibility in the interpretation of an individual’s measured visual parameters, as a guide to their ability to drive safely. Currently we are involved in a Working Party, liaising with driving researchers and representative bodies to determine the best process, including having a better understood appeal mechanism; one that may include consideration of an individual’s driving record and an increased use of individual driving performance tests when appealing an unfavourable decision.

Contact Glaucoma Australia if you have a concern about retaining your driving licence.

Feedback – Driving and Glaucoma

To the Editor: I read an article regarding the current field test required by those concerned with issuing driving licenses. Some years ago, I had to have an eye extracted. Since then I have driven well over 100,000kms with this condition with no accidents and only one near miss (a kangaroo) and no trouble with police. At 83 years of age I recently failed the field test. I protested when there was talk of limiting my driving to 100kms range by my eye specialist. We have family who live far away from us and need to help them. It would have meant that 90% of the driving would have had to be done by my wife, who doesn’t relish the prospect. I pointed out that I played tennis at a high level and was very able to hold my own in the four times a week games. At no time have I had any trouble driving - I have to move my head a little bit more and am fully mobile.

Fortunately my driving record meant that the licence has no restrictions - which is how it should be.

I fully agree with the sentiment expressed in your magazine.

JM

New Research Partnership: TARRGET Relatives of People with Glaucoma

Federal Health Minister Greg Hunt announced details of Partnership Projects – including a glaucoma project – being funded by the National Health and Medical Research Council (NHMRC) recently. National Executive Officer Mr Geoff Pollard said Glaucoma Australia was pleased to be a Funding Partner in the project together with the Department of Health WA, the University of Western Australia, Lions Eye Institute (LEI) and the Flinders University.

Glaucoma is the leading cause of irreversible blindness worldwide, with one in eight Australians aged over 80 developing the disease. Assessment and screening of near relatives was crucial to catching glaucoma early and reducing its impact. “It is the first-degree relatives of people with glaucoma that bear the highest risk,” Mr Pollard said. “The NHMRC’s glaucoma guidelines state that first degree relatives of people with glaucoma have ten times the risk of developing glaucoma and that examining relatives is a good way of catching people early in the disease.”

Lead investigator for the study, Professor David Mackey, said early detection of glaucoma was vital because once actual visual loss had occurred, the damage was irreversible. “People with a family history should get regular eye checks because, although glaucoma cannot be cured, if caught early it can usually be controlled,” he said.

“This funding through the NHMRC Partnership Projects will allow us to identify, assess and screen more Australians at risk of developing glaucoma because of a possible genetic predisposition to the disease.” Glaucoma Australia aims to increase community awareness of glaucoma as a potentially blinding eye disease for which early detection and appropriate treatment are the best protections against progressive sight loss.

Previously, Glaucoma Australia funded the Targeting at-risk relatives of glaucoma patients for early diagnosis and treatment (TARRGET) pilot study undertaken in South Australia by Flinders University’s Professor Jamie Craig. This study has shown many at-risk individuals are either unaware of their increased risk or fail to access appropriate examination and investigation.

The new partnership with the LEI will expand this study to examine the feasibility, efficacy and cost-effectiveness of TARRGET in Western Australia, South Australia, New South Wales and Tasmania to develop a strategic plan to improve outcomes nationally. “Glaucoma Australia expects to find substantially higher rates among first degree relatives due to the severity of glaucoma in the people who initially met the advanced glaucoma criteria from the Australian & New Zealand Registry of Advanced Glaucoma,” Mr Pollard said.

“Glaucoma Australia aims to use the predicted results to affect health policy, improving accessibility to comprehensive screening for this high risk group. Although screening will have a cost, early diagnosis and treatment will prevent late diagnosis and blindness saving considerable direct, in-direct and loss of wellbeing health costs.”
A Guide to Sunglasses

By Tony Gibson OAM, an Optometrist in private practice and a Glaucoma Australia Council Member.

ARE SUNGLASSES USEFUL WITH GLAUCOMA?
Many patients experience discomfort from excessive light and glare including those with glaucoma. Patients with glaucoma often report blurred vision and glare sensitivity. In addition, the medications used to treat glaucoma can make the problem more noticeable.

WHY DO WE NOTICE GLARE?
The discomfort we experience from glare is caused by scattering of excessive visible light. Glare is worse when the eye is out of focus, has light pigmentation or with ocular diseases such as cataract, corneal disorders, dry eyes, retinal or optic nerve damage including Glaucoma.

Australian conditions expose us to excessive ultraviolet (UV) and visible sunlight. Those of European heritage, with light pigmentation of skin and eyes, are not protected well in our sunny conditions.

Eye care practitioners recommend wearing sunglasses and a brimmed hat whenever you’re in the sun long enough to get a suntan or a sunburn, especially if you live at a high elevation or near the equator.

WHAT ABOUT UV LIGHT?
Damaging ultraviolet (UV) rays are invisible but can cause damage to the external and internal structures of the eye. Long term UV exposure can lead to skin cancers, pterygia, cataracts and macula damage.

The good news is that all reputable brand sunglasses conform to an Australian standard. Look for a lens with labelled category of at least 2 or preferably 3 when choosing sunglasses and you will be well protected.

UV blocking is standard on all lenses regardless of the lens colour.

Many clear prescription spectacle lenses have an incorporated UV blocking tint. The majority of sunglasses and spectacle lenses are plastic not glass. Plastic lenses naturally block UV better than glass and with hard protective surface coatings are almost as durable as glass lenses.

Plastic lenses can be tinted by dyeing the lens while glass lenses require a surface coating.

HOW DO I CHOOSE THE BEST SUNGLASSES?
Sunglasses are an easy solution that make life more comfortable when outdoors by reducing the amount of visible light reaching the eyes and surrounds. All reputable sunglasses block the invisible UV rays. The darker the lenses, the more visible light they block. Typical dark sunglasses block 70% and transmit 30% of the visible light.

Your eyes would not be easily visible when viewed from the front behind 70% tinted lenses. 70% tinted lenses allow 30% of the light through.

The actual colour of the lenses is your own choice. 70% grey lenses are more common in Australia as they are dark enough to be comfortable in bright sunlight. Grey lenses also do not alter your colour perception. 70% Brown lenses are more common in Europe. These lenses reduce haze from smog and pollution by enhancing reds and darkening the blues making the sky appear bluer.

Large wrap around sports sunglasses also provide good protection but have limitations when attempting to incorporate a spectacle correction into them.

You should try lenses on before purchasing and ensure they are comfortable and the colour chosen suits you. Look through sample lenses to choose your preferred colour and density.

ARE POLAROID LENSES ANY BETTER?
Polaroid filters cut out most light reflected from horizontal surfaces such as water or sand and are particularly useful for water sports or fishing. The direct light blocked by them is similar to other 70% grey tints.

Both plastic and glass lenses can have a thin polarizing tint integrated achieved by laminating the polarized film in between two thin half lenses.

Some frames are supplied with an integrated magnetic clip-on Polaroid filter which turns a clear pair of glasses into prescription sunglasses.

Plain 70% grey or brown Polaroid lenses are used in fit-over sunglasses designed to fit over your prescription spectacles with the added advantage of side and wind protection.

A disadvantage of Polaroid filters is that when viewing some displays such as smart phones, tablet devices or GPS units, some characters may disappear from view.

In addition, laminated windscreens can appear to have dark patterns when viewed through these lenses.

HOW ARE OTHER LENSES TINTED?
Tints can be a uniform colour over the whole lens or graduated from top to bottom. Plastic lenses are tinted by direct dyeing and many colour combinations can be created.

Graduated lenses may have some advantages for specific tasks and are usually darker at the top of the lenses.

Graduated tints are a little more difficult to create but as with full tints, the colours chosen and graduation type are entirely personal.

Thin metallic based surface coatings can be applied to all lenses to reduce internal reflections or achieve different colours. These coatings are applied under a vacuum during manufacture and need protective outer hard coating to ensure their durability. Most glass tinted lenses are coated.

PHOTO SENSITIVE LENSES
Photosensitive dyes can be incorporated into lenses. A common brand is Transitions. These lenses will then darken when exposed to UV light. They become automatically darker in minutes but need to be exposed directly to sunlight for this to work.

This can be a problem in a car as any laminated windscreen or window may block UV but not the visible light. The lenses may not be dark enough when driving, unless you happen to have a convertible car with the roof open. In general, you will not be aware of photosensitive lenses changing as they react automatically within minutes.

Continued on Page 7...
Many Thanks

Reader feedback – Wow! I found out more about the work Glaucoma Australia does from your World Glaucoma Week posts on Facebook. Your Glaucoma Aware video was awesome! It made my son make an appointment to get his eyes checked, something I haven’t been able to manage for years. Ava V.

Many Thanks to the companies, clubs and organisations who provided financial and other support:

- Allergan Australia Pty Ltd
- Anonymous
- Carr Family Trust
- EviHope Family Trust
- Glaukos
- Insight Magazine
- Mivision Magazine
- Marcus Quinlivan OAM
- Novartis Australia Pty Ltd
- Pfizer Australia Pty Ltd

In Memoriam

We acknowledge with gratitude gifts, from family and friends, In Loving Memory of:

- David and Shirley Purchase

Bequests

- Estate of the Late Roy Charles Dadson
- Estate of the Late June Margaret Hewham
- The Public Trustee of QLD

Community Chest

Please purchase tickets for the Community Chest, drawn on Monday 17th July, 2017. Tickets make great presents and our Friends & Supporters have previously won the great prizes. Please complete and mail the enclosed order form or buy online at: https://glaucoma.org.au/help-us/community-chest/You have to be in it to win it!

Vale: Professor Peter Watson

Those of you who have had a trabeculectomy operation to assist you with managing your glaucoma will be particularly saddened to learn of the passing of Professor Peter Watson. He and Dr John Cairns revolutionised the practice of ophthalmology with their invention of trabeculectomy for the surgical treatment of glaucoma. His textbook on scleritis redefined the field and became the standard reference.

Remembrances have described Peter as an excellent teacher, tireless in his charitable work, a great friend, a mentor, a fountain of inspiration, hospitality, and humour. To read tributes to Peter, including an overview of his life and contributions to ophthalmology, go to: http://www.icoph.org/PeterWatsonTribute.pdf

Kate Reilly Correspondence Cards – Rozelle Interiors

Kate Reilly is a much awarded mixed medium artisan, who works from her home/studio in Sydney’s inner west. Her artworks, both traditional and contemporary, are prize winning and beautiful. Having glaucoma herself led Kate to Glaucoma Australia and to her generous donation of her Rozelle Interior designs. 100% of the proceeds of the sale of the correspondence cards bearing Kate’s designs, goes to Glaucoma Australia.

Six cards and envelopes- 3 designs, 2 of each per pack
https://www.glaucoma.org.au/shop/catalog/correspondence-cards/ or give us a call to purchase.

CAN PRESCRIPTION LENSES BE TINTED?

All these tint options are available for prescription lenses that are either single vision, bifocal or multifocal. If you currently wear a distance correction you should also have a tinted pair. Consider using the photosensitive lenses, clip on or fit over permanent tinted lenses or a dedicated pair of prescription sunglasses.

The photosensitive tints have a big advantage and can be very cost effective in that one pair of glasses can double as a clear and sunglass pair.

Photosensitive lenses mimic the way our retinas adapt to changes in light level and photosensitive lenses can assist when our retinal adaptation has been affected by conditions such as macular degeneration or glaucoma.

The time taken for photosensitive lenses to alter from dark to light can be an issue if you were coming quickly from sunny conditions to indoor. You may need to wait a few minutes until the lenses are light enough for you.

Many people use an additional tinted fit-over polarized sunglass or a dedicated permanently tinted pair when driving.

The photosensitive tints have a big advantage and can be very cost effective in that one pair of glasses can double as a clear and sunglass pair.

The good news is that sunglasses do not need to be expensive. Marketing with fancy brand names and claims of superior lenses is just that. If you consider sunglasses a fashion accessory or wish to advertise visible brand names on the sides then select the ones you prefer. Just make sure they are comfortable and fit well with lenses you prefer. Be aware you may be paying a lot for the image.

Discuss all the options with your optometrist or eyewear provider and choose the sunglasses you prefer.

EYE SAFETY

Remember, even the best sunglasses cannot protect your eyes from certain intense light sources. Arc welding, tanning lights, high altitude snowfields or gazing directly at the sun such as during an eclipse can all cause permanent damage to your eyes including retinal burns. These activities need specific protective lenses or should be avoided.

Kate Reilly is a much awarded mixed medium artisan, who works from her home/studio in Sydney’s inner west. Her artworks, both traditional and contemporary, are prize winning and beautiful. Having glaucoma herself led Kate to Glaucoma Australia and to her generous donation of her Rozelle Interior designs. 100% of the proceeds of the sale of the correspondence cards bearing Kate’s designs, goes to Glaucoma Australia.

Six cards and envelopes- 3 designs, 2 of each per pack
https://www.glaucoma.org.au/shop/catalog/correspondence-cards/ or give us a call to purchase.
Q. What does MIGS stand for, what is it and what can it do to treat my glaucoma?

A. MIGS is the acronym for Minimally Invasive Glaucoma Surgery. It refers to a collection of different glaucoma surgery techniques that have some features in common. They all aim to reduce eye pressure by increasing the drainage of intraocular fluid (aqueous) from the eye. They are quick procedures that may be performed in combination with cataract surgery or in some cases on their own. They have a very good safety profile compared to more traditional forms of glaucoma surgery and help treat glaucoma by reducing eye pressure and/or reducing dependence on medication to keep the eye pressure at a certain level.

Q. Why would a MIGS device be used instead of eye drops and / or a laser procedure?

A. Eye drops used over a long period of time can cause either local or systemic side effects and their cost also adds up. Many patients have difficulty using drops and as a result adherence to therapy declines, compromising glaucoma control. Laser treatments are appropriate for some, but not all types of glaucoma and they can be ineffective in some cases and of short-term benefit in others. MIGS can potentially address these problems.

Q. From 1st May, I have been told a MIGS procedure will no longer be reimbursed by Medicare. Why has that happened and what does that mean if I need a MIGS procedure in the future?

A. The MBS code currently used to claim a reimbursement for some MIGS procedures is being suspended from the 1st of May as part of a broader MBS review. If you are undergoing a MIGS procedure after that date, check with your ophthalmologist to confirm if another MBS code has replaced it. MIGS will still be available for use in Australia, but without an MBS code no claim can be made from Medicare and no reimbursement will be available from health funds. Patients wanting MIGS won’t receive any reimbursement for the cost of the surgery or device until a new code is available.

Q. Will other surgery still be used for glaucoma?

A. Yes. MIGS does not replace other forms of glaucoma surgery but instead allows for better tailored treatment to individual needs. There will be many clinical situations where MIGS is an inappropriate treatment and other treatments, including traditional glaucoma surgery should be offered.

Q. I had glaucoma in both eyes for nearly 18 years until the cataracts were removed from both. The pressure has been normal in both eyes in the 3 years since. Is this a common occurrence? What is the likelihood of glaucoma returning in the future?

A. Cataract surgery is associated with a reduction in eye pressure in some, but not all, cases. The data on the longevity of this effect is not very good but some findings suggest that any reduction in eye pressure after cataract surgery does not last indefinitely, possibly diminishing within the first few years after surgery. Having a “normal” pressure doesn’t necessarily mean the eye pressure is low enough to prevent your glaucoma from progressing. There are many cases of glaucoma that progress despite the pressure being “low”. It is also important to note that glaucoma does not go away after cataract surgery. In fact, it does not go away at all. If the eye pressure is within the target range and no ongoing treatment is needed (e.g.: eye drops), the glaucoma is still there, albeit controlled.

Q. What does MIGS stand for, what is it and what can it do to treat my glaucoma?

A. MIGS is the acronym for Minimally Invasive Glaucoma Surgery. It refers to a collection of different glaucoma surgery techniques that have some features in common. They all aim to reduce eye pressure by increasing the drainage of intraocular fluid (aqueous) from the eye. They are quick procedures that may be performed in combination with cataract surgery or in some cases on their own. They have a very good safety profile compared to more traditional forms of glaucoma surgery and help treat glaucoma by reducing eye pressure and/or reducing dependence on medication to keep the eye pressure at a certain level.

Q. Why would a MIGS device be used instead of eye drops and / or a laser procedure?

A. Eye drops used over a long period of time can cause either local or systemic side effects and their cost also adds up. Many patients have difficulty using drops and as a result adherence to therapy declines, compromising glaucoma control. Laser treatments are appropriate for some, but not all types of glaucoma and they can be ineffective in some cases and of short-term benefit in others. MIGS can potentially address these problems.

Q. From 1st May, I have been told a MIGS procedure will no longer be reimbursed by Medicare. Why has that happened and what does that mean if I need a MIGS procedure in the future?

A. The MBS code currently used to claim a reimbursement for some MIGS procedures is being suspended from the 1st of May as part of a broader MBS review. If you are undergoing a MIGS procedure after that date, check with your ophthalmologist to confirm if another MBS code has replaced it. MIGS will still be available for use in Australia, but without an MBS code no claim can be made from Medicare and no reimbursement will be available from health funds. Patients wanting MIGS won’t receive any reimbursement for the cost of the surgery or device until a new code is available.

Q. Will other surgery still be used for glaucoma?

A. Yes. MIGS does not replace other forms of glaucoma surgery but instead allows for better tailored treatment to individual needs. There will be many clinical situations where MIGS is an inappropriate treatment and other treatments, including traditional glaucoma surgery should be offered.

Q. I had glaucoma in both eyes for nearly 18 years until the cataracts were removed from both. The pressure has been normal in both eyes in the 3 years since. Is this a common occurrence? What is the likelihood of glaucoma returning in the future?

A. Cataract surgery is associated with a reduction in eye pressure in some, but not all, cases. The data on the longevity of this effect is not very good but some findings suggest that any reduction in eye pressure after cataract surgery does not last indefinitely, possibly diminishing within the first few years after surgery. Having a “normal” pressure doesn’t necessarily mean the eye pressure is low enough to prevent your glaucoma from progressing. There are many cases of glaucoma that progress despite the pressure being “low”. It is also important to note that glaucoma does not go away after cataract surgery. In fact, it does not go away at all. If the eye pressure is within the target range and no ongoing treatment is needed (e.g.: eye drops), the glaucoma is still there, albeit controlled.