

Glaucoma Research Society of Canada News & Information



Vol. 22 No. 2 Fall 2011

We Support New Ideas

Antidepressants linked to glaucoma in elderly

Older people starting to take antidepressants and noticing changes to their vision should consult an ophthalmologist as a new study links recent use of antidepressants with the development of acute angle closure glaucoma (AACG).

Dallas P. Seitz, MD, of Queen's University in Kingston evaluated records on more than 5600 elderly people diagnosed with AACG between 1997 and 2009. He found that people developed AACG soon after starting an antidepressant.

Dr. Seitz cautioned psychiatrists to be aware that people complaining of visual problems after taking antidepressants may have a more serious problem than dry eyes. – *American Association for Geriatric Psychiatry 2011 Annual Meeting*

Nearsighted people twice as likely to develop glaucoma

A study conducted at the University Medical Center Groningen in the Netherlands combined data from 11 previous studies that included tens of thousands of people, tracking who were nearsighted and had glaucoma.

The researchers found that, overall, nearsighted people were about 90% more likely to also develop open-angle glaucoma. Those with higher levels of myopia appeared to be at higher risk of glaucoma, as well.

The results of this study mean that nearsighted people may want to undergo regular eye screening. – *Ophthalmology online, June 2011*

In Memoriam

Albert Waxer

The Board of Directors and members of the Glaucoma Research Society of Canada mourn the passing on August 12 of long-time supporter, past-President, and Board Director, Albert Waxer.

Al joined the Society in 1990 soon after its founding. Since then, he generously gave his time and expertise to improve the Society and raise its profile.

The Society appreciates his outstanding contribution and will sorely miss his ongoing enthusiasm, encouragement and guidance.

Mary Alice Stuart

Mary Alice, Chair Emeritus of Jazz FM91, passed in May. She was Honorary Board Member of the Glaucoma Research Society since 1992.

Even a small rise in eye pressure increases risk for glaucoma

A new study concludes that key risk factors for glaucoma progression included a thinning of the cornea, loss of the visual field and an IOP of 18 millimeters of mercury or higher.

The effect of intraocular pressure may be the most significant finding, the study authors noted. For each increase in millimeters of mercury in IOP, there is a significant increase in the risk of progression for treated glaucoma patients.

– *Archives of Ophthalmology, May 2011*

President's Message



I want to update you on some sad events and some changes since our last newsletter.

On behalf of the Board, I regret to inform you of the passing of Albert Waxer, a past-President and a dedicated and active member of the Board, who only 2 years ago celebrated his 90th birthday at the AGM. Our condolences to his wife Mae and his family.

We also wish to express our condolences to the family of Mary Alice Stuart, an honorary Board member since 1992, who passed away in May.

After 7 months with the Society, Lindsay O'Connor has resigned as Executive Director. With the economy still in a recession, and no increase in donations, we could no longer justify the expense. Although Lindsay achieved a lot of valuable media exposure for the Society, it did not raise the funds we desperately need to support glaucoma research.

On a brighter note, I am pleased to inform you that we were still able to fund \$55,000 in research grants. Many thanks to our generous members and corporate sponsors.

Our chartered accountant for the past 8 years, Karen Williamson has resigned as her company no longer handles non-profit organizations. The Board has replaced her with Gail Bergman, CA of the firm Chaplin & Co. Chartered Accountants who deal with many charities. The membership will need to ratify this appointment at the AGM.

We still need volunteers to assist our Board in increasing our membership and fundraising. Please call our offices if you would like to help.

Please join us at our Annual General Meeting on Tuesday, October 18th. Our featured speaker at the AGM is Board member, Dr. Neeru Gupta who will discuss current medical treatments to protect sight in glaucoma patients, as well as exciting emerging treatments.

You will also hear from leading ophthalmologists and have an opportunity to ask questions about glaucoma. I look forward to meeting you personally at the AGM.

– **Martin Chasson, President**

Society joins Vision 2020 Canada

Vision 2020 Canada is part of a global coalition that seeks to eliminate avoidable blindness and vision loss by the year 2020. They are a network of organizations focused on fostering greater collaboration and education among organizations and governments in Canada and around the world on key issues related to vision loss.

Study looks at Asian Americans' glaucoma risk

Racial-ethnicity risk rates help people and doctors plan for eye care and take extra precautions if appropriate. Asian Americans are the second fastest growing population in the U.S., so risk information is urgently needed.

A National Eye Institute funded study found glaucoma risk for Asian Americans to be 6.5%, about the same as U.S. Latinos. The study detailed the Asian American ethnic groups most likely to develop the 3 main types of glaucoma.

- The rate of narrow-angle glaucoma was higher in Asian Americans than in any other racial group in the study and highest of all among Chinese and Vietnamese Americans.
- The risk of normal tension glaucoma was 3 to 10 times higher in Japanese Americans than other Asian ethnicities studied, and nearly all of the Asian sub-groups were at higher risk than non-Asian Americans.
- Among Asian Americans, open-angle glaucoma rates were highest among Japanese Americans, followed by Indian and Pakistani Americans. – *Ophthalmology online, April 2011*

Screening patients twice a year better than annual screenings

A recent study found that twice-yearly visual field testing resulted in earlier detection of glaucoma progression compared with a yearly schedule.

It's important to identify patients whose disease is progressing faster so that they can receive more aggressive treatment or more frequent follow-up, the researchers explained.

– *Archives of Ophthalmology, online August 2011*



Dr. Rajiv Bindlish Answers Your Questions about Glaucoma

I had cataracts removed from both eyes 30 years ago and several years later had an implant in one eye. In the other eye, I use a soft contact lens. I have had 3 Heidelberg tests over the last 3 years without good results. The technician has tried taking the Heidelberg – both with my contact lens in and with it out. Why is it difficult to get an image in this eye?

The test is probably difficult because you don't have a lens in the eye. Most diagnostic machines have a certain focal range and when you are aphakic (no lens in the eye), you fall out of the machine's focal range. As well, your contact lens may blur the image.

Some attachment lenses for the HRT can extend the focal range and also correct for astigmatism. Another option is to try to get the image with your regular glasses on instead of a contact lens .

Because you are aphakic and have worn a contact lens for many years, issues with your cornea may block the image quality.

My father was diagnosed with glaucoma more than 5 years ago and has been treated with eye drops. What are the benefits of having surgery rather than continuing with eye drops?

The standard glaucoma surgery is a trabeculectomy with Mitimycin C. It's a 45 minute procedure with recovery of about 6 to 8 weeks.

Benefits of surgery are lower eye pressure, less eye pressure variability and possible discontinuation of eye drops. Risks include

bleeding, loss of vision, infection and failure of about 20% over 5 years.

Some newer operations are less invasive with faster recovery (Trabectome, iStent, Canaloplasty) but they do not lower eye pressure as well as trabeculectomy, so patients may still need to take eye drops or may need more surgery.

What is low tension glaucoma?

Normal tension or low tension glaucoma is a condition where there is damage to the optic nerve and/or the visual field in the setting of normal eye pressure (<22). More than 50% of normal tension glaucoma patients don't worsen even without treatment so it is okay to watch.

Are there any possible causes for optic nerve damage other than glaucoma?

Other things can mimic glaucoma field loss. These include a "stroke" to the eye which can cause a similar visual field defect, previous eye trauma with damage to the retina, or, more rarely, a brain tumor.

Why would my vision loss be from the top and not the sides?

Not all glaucomatous visual field defects are from the sides. Quite commonly with low tension glaucoma, many defects may be top or bottom.

Are any other medical problems associated with glaucoma?

Raynauds Sx and migraine are commonly associated with normal tension glaucoma as is low blood pressure and major blood loss.

Questions about Glaucoma?

Email your questions for Dr. Bindlish to

info@glaucomaresearch.ca

or call

416-483-0200 1-877-483-0204

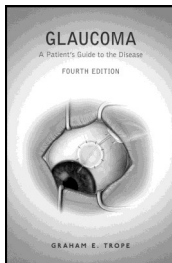
Gifts of Life Insurance

A powerful way for you to fund research

Small annual premium payments treated as a charitable tax deduction can create significant gifts in the future.

You can make a gift of an existing policy or purchase a new one naming the Glaucoma Research Society of Canada as owner/beneficiary. Gifts of an existing policy entitle the donor to a fair market value tax receipt, which can be greater than the cash surrender value.

Just Published 4th Edition Glaucoma – A Patient's Guide to the Disease



Dr. Graham Trope answers more than 180 questions about glaucoma, tests and treatments in this newly updated book.

You can get a copy from the Society for just \$15.

All proceeds from book sales support research grants.

Send your name, address and daytime phone number with a cheque, or VISA or MASTERCARD number and expiry date, to the address below.

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The Glaucoma Research Society of Canada is a national registered charity funding research into finding a cure for glaucoma. Since 1988, GRSC has raised over one and a half million dollars for research. Charitable Registration No 889178695 RR0001

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