NICE guidance on managing chronic open angle glaucoma and ocular hypertension

A member of the NICE guideline development group highlights the important issues from the latest evidence-based guideline for readers of Nursing Times

Chronic open angle glaucoma (COAG) is a condition characterised by changes to the optic nerve head and typical visual field defects, with or without elevated intraocular pressure. It affects about 2% of the population over the age of 40 years, and is one of the commonest diseases seen in hospital eye departments. Management of this condition varies nationally, not least in the way ophthalmic services are organised and delivered. Thousands of people with or at risk of developing this potentially blinding form of glaucoma will benefit from the new NICE guideline, which sets out how best to diagnose and manage the condition. Early diagnosis and monitoring or treatment can slow disease progression and save sight.

SCOPE
The NICE (2009) guideline covers adults with a diagnosis of COAG or ocular hypertension (consistently elevated intraocular pressure, greater than 21mmHg, in the absence of optic nerve damage or visual field defect) and COAG and ocular hypertension (OHT) associated with pseudoexfoliation or pigment dispersion. It makes recommendations on how people are diagnosed and monitored and considers both surgical and pharmacological treatments in terms of clinical and cost-effectiveness. The guidance examines tests for diagnosing and monitoring, and the frequency of monitoring, considering risk factors. It looks at service provision, extending its scope to who should be looking after these patients. While cost-effectiveness of treatments is considered, the recommendations provide sufficient flexibility for clinicians to use judgement over the choice of therapies.

WHAT THE GUIDELINE DOES
- Reaffirms the need for gonioscopy at diagnosis to assess angle depth and configuration to exclude angle closure.
- Identifies Goldmann applanation tonometry as the reference standard for assessing intraocular pressure.
- Establishes the need to measure central corneal thickness, as this is particularly relevant in OHT when assessing risk of conversion to COAG.
- Recommends treatment for people with OHT who are considered to be at significant risk of converting to COAG. As well as central corneal thickness, other risk factors highlighted include intraocular pressure and age.

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- Evaluates the effectiveness of different treatment options, including complementary and alternative treatments.
- Uses high-quality evidence on which to base its recommendations.
- Guides healthcare professionals on information patients need to be sufficiently informed and empowered to make decisions.
- Acknowledges the limitations of available quality evidence and provides recommendations for further research.

WHAT THE GUIDELINE MEANS TO NURSES
The guideline acknowledges the important role of healthcare staff, and provides guidance on the knowledge, skills and expertise they need. Many ophthalmic nurses are involved in managing COAG and OHT, and the guideline provides a framework to ensure their practice is evidence based and of a high standard. It states that healthcare staff involved in the diagnosis of OHT and COAG suspect status should be trained in detection and be able to identify abnormalities based on clinical tests. They must be able to interpret the outcome of assessments such as automated perimetry, stereo biomicroscopy and gonioscopy.

Different models of service delivery exist and many ophthalmic nurses work in glaucoma clinics, under the supervision of a consultant ophthalmologist, and are experienced in referral refinement and monitoring. The guideline says that healthcare professionals involved in monitoring and treating OHT, suspected COAG and established COAG should be trained to make clinical decisions on risk factors for conversion from OHT and in detecting change in clinical status. They should also have knowledge of intraocular pressure-lowering medication and be aware of the contraindications and interactions. This is especially pertinent for independent nurse prescribers.

The guideline says that diagnosis of COAG should be made by a consultant ophthalmologist – confirming or excluding the diagnosis of glaucoma has serious consequences for people referred for suspected glaucoma. Nurses are well placed to educate and counsel patients about their condition, treatment and the need for lifelong monitoring. They can allay anxiety while emphasising the importance of the individual’s role in their management, particularly regarding the instillation of drops.

Ophthalmic nursing roles are evolving and the guideline provides a framework whereby nurses can work with other healthcare professionals to enhance care. *

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REFERENCE