**Glaucoma: What should the general practitioner know?**

**Appendix 1**

**List of photographs**

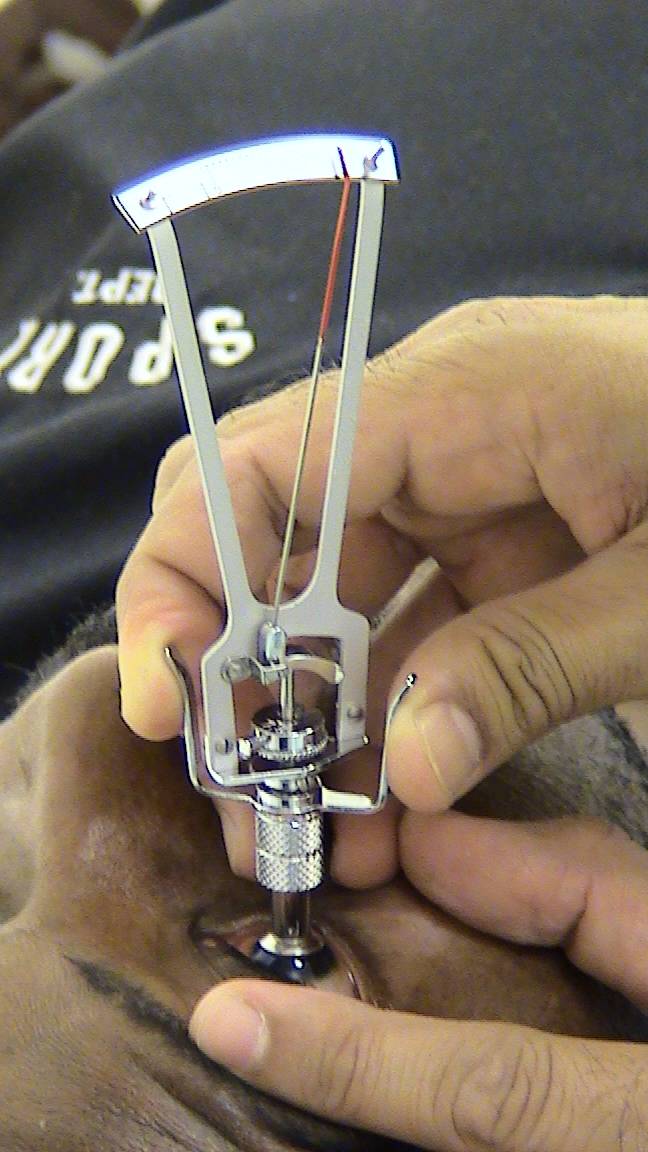


Figure 1 Schiotz Tonometer

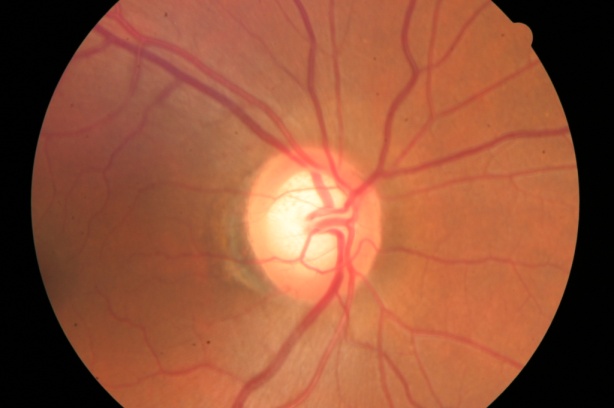
 

Figure 2 Glaucomatous optic discs



**Features of glaucomatous disc**

Bayonetting of blood vessel

Cup to disc ratio of more than 0,4

Pale disc with nasally displaced blood vessels

Thin rim that does not comply with the ISNT rule

Peripapillary choroidal atrophy

Figure 3 Features of a glaucomatous disc



Figure 4 Congenital glaucoma in the left eye of a baby with Sturge-Weber syndrome

**Appendix 2**

**List of Tables**

Table I **Classification of Glaucoma10**

Primary Open Angle Glaucoma (POAG)

Normal Tension Glaucoma (NTG)

Ocular Hypertension (OHT)

Primary Angle Closure Glaucoma (PACG)

Secondary Glaucoma

Congenital glaucoma

Table II **Risk** **factors for developing POAG**

**General**

Increasing age (the prevalence of glaucoma for persons <40 years = rare; 40-60 years = 1%; 60-80 years 2%; >80years = 4%) 12

African-Caribbean origin (5x higher than Caucasians)1,12,13

Genetic make-up (first degree relatives of patients 10%)1,12,13

Diabetes mellitus 1,12,13

Myopia 1,12,13

Obesity 12

Vascular factors ( migraine; vaso-spastic disease; Raynaud’s disease; hypotension and hypertension) 12

**Ocular**

Level of IOP1,12,13 (Higher baseline IOP)

Pseudoexfoliative syndrome12,13

Optic disc features. Cup: disc ratio of more than 0.4, narrowing of neuroretinal rim, disc haemorrhages

Thin corneas 12,13

Retinal disease (retinal vein occlusion 5%; rhegmatogenous retinal detachment, 3% and retinitis pigmentosa) 13

Table III **Practical tips when screening for glaucoma**

* Optic disc examination with an ophthalmoscope is particularly useful when screening for glaucoma in a family practice.
* IOP of higher than 21mmHg with Schiotz tonometer should be referred to an ophthalmologist to evaluate the patient and confirm the diagnosis and initiate treatment.
* When performing routine medical examinations (e.g. ECG, PAP smears, cholesterol) on persons older than 40 years, do a fundoscopy to check for glaucomatous changes of the optic disc and measure the IOP and do visual acuity with a pinhole, to screen for glaucoma.

Table IV **Groups at risk of developing acute ACG**

* Hypermetropic patients12, 19
* Woman (3-4 times higher)12, 19
* Eskimos (40 times the rate) and Asians have a higher incidence than Caucasians.12, 19
* People of mixed race in Western Cape region, South Africa (Southeast Asian ancestry) 2.3% prevalence 16
* Black patients have a low risk for developing ACG2,12,19
* Highest incidence between 55-65 years of age 12

**Appendix 3**

**SAGS algorithm for glaucoma treatment**