Does glaucoma therapy have impact on ocular surface diseases?

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Description

Glaucoma therapy objectives include reducing intraocular pressure and retaining eyesight. The standard type of treatment is topical hypotensive drops, which are frequently accompanied with symptoms of toxicity, ocular inflammation, allergy, or Ocular Surface Disease (OSD). OSD is a prevalent comorbidity in glaucoma patients, and its incidence with age increase.The use of topical therapy may further enhance OSD symptoms, owing to preservatives added to multidose prescription bottles to prevent the danger of microbial infection. This toxicity has been linked specifically to BAK (Benzalkonium chloride), the most often used preservative, which destroys conjunctival and corneal epithelial cells and significantly worsens OSD symptoms. OSD has a negative impact on patients' quality of life by creating pain and vision issues, which can lead to noncompliance, lack of adherence, and finally visual impairment. OSD symptoms should not be neglected in the treatment of glaucoma patients. If they are present, topical glaucoma therapy should be modified by reducing the number of drops administered daily and, if necessary, utilising BAK-free or preservative-free medicine and lubricants. Awareness of the prevalence and significance of OSD will increase patients' adherence and compliance, resulting in the long-term preservation of vision.

Glaucoma is a chronic progressive visual neuropathy characterised by elevated intraocular pressure (IOP). It is characterised by gradual optic nerve degeneration and functional impairments in the visual field, which might lead to blindness in the final stage. According to recent World Health Organization data, glaucoma is responsible for the blindness of 4.5-5 million of the 37 million persons who are now blind. Glaucoma is a condition that is becoming more frequent. Glaucoma affects roughly 60.5 million individuals globally, and the figure is expected to rise to 79.6 million by 2020, owing mostly to the growing ageing population. Its prevalence rate rises with the ageing population; for example, 2.4 percent of people over the age of 40 have glaucoma, and this rises to 7 percent of people over the age of 70.

Although various risk factors are linked to the initiation and progression of glaucoma, the presence of high IOP levels is the most critical risk factor and the only one that can presently be addressed. As a result, decreasing IOP is the most effective and clinically acknowledged method of treatment for preventing optic disc damage and development of visual loss and thereby preserving eyesight. Despite advancements in laser and surgical therapies, topical hypotensive drops continue to be the conventional type of therapy for glaucoma, which, as a chronic illness, need long-term care, frequently with various ophthalmic drugs. Topically given drugs for the treatment of glaucoma fall into five categories: cholinergic agents, adrenergic agonists, carbonic anhydrase inhibitors, -adrenoceptor antagonists, and prostaglandin analogues (PGAs), all of which have demonstrated efficacy and safety.

OSD is a prominent complication in glaucoma patients, in part because its frequency, like glaucoma, increases with age. OSD affects around 15% of the general aged population and is documented in 48% to 59% of individuals with medically treated glaucoma. One in every six glaucoma patients had OSD symptoms severe enough to require therapy. Nonetheless, the diagnosis of OSD in a glaucoma patient is sometimes ignored since the focus of care is on the examination of the disease. Even short-term usage of topical glaucoma drugs in healthy people can have a negative impact on the ocular surface, such as decreasing corneal sensitivity, tear film stability, or basal secretion. Furthermore, in individuals with preexisting OSD, long-term topical glaucoma drug therapy worsens symptoms.

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