

EDITORIAL

Global efforts to prevent glaucoma blindness

What has the Philippine Glaucoma Society achieved in the past 10 years?

AS PART of the effort to combat one of the main causes of blindness around the globe, the first World Glaucoma Day was celebrated on March 6, 2008. This international event, organized by the World Glaucoma Association (WGA) and the World Glaucoma Patient Association (WGPA), was marked by awareness and educational activities, free screening and public services organized by glaucoma institutions and societies, hospitals and clinics, and patient support groups worldwide. Locally, the Philippine Glaucoma Society (PGS) took the lead. It organized public forums on glaucoma throughout the country, encouraged its members to provide logistical support to collaborating ophthalmologists in the provinces, participated in television and radio talk shows regarding the disease and the need for early detection, disseminated printed and online information, and conducted free screening in several institutions.

Such dedication is necessary because glaucoma is difficult to comprehend for many. Known as the “sneak thief of sight,” the disease strikes silently and gradually that most glaucoma sufferers may be unaware of its presence until the late stages when there is marked constriction in the field of vision. Like cataract, glaucoma is a chronic disease that occurs more commonly among the elderly. With an aging population, its incidence is likely to increase and become a public-health problem. Like cataract, its cause is multifactorial and age is a known risk factor. Unlike cataract where blindness is reversible, blindness from glaucoma is irreversible. Whereas treatment for cataract is straightforward—the removal of the defective human lens and replacement with an intraocular lens—

treatment for glaucoma is complex, ranging from chronic use of agents to lower the intraocular pressure to filtration surgery or use of glaucoma drainage devices to improve the outflow or drainage facility within the glaucomatous eye. Whereas the effects of cataract treatment can be appreciated almost immediately after the lens replacement with improved vision, treatment for glaucoma is lifetime with the goal of preserving vision.

All in all, the cost of treating glaucoma, a lifelong disease, is enormous.¹⁻³ An individual with glaucomatous optic neuropathy will be on lifetime treatment and monitoring that includes office visits, periodic diagnostic tests, medications, lasers, or surgeries—all aimed at halting progression and preventing blindness. Not to treat is even more costly due to the effects of permanent blindness, such as loss of productivity and need for nursing care.³

With longer life expectancy and increased incidence of blindness from glaucoma, there is heightened urgency to combat this devastating disease. In recent years, there has been an upsurge in glaucoma studies from different parts of the world representing the various facets of the disease and its effects on different populations. With a plethora of information published, critical evaluation of these studies is paramount to separate opinion from evidence. Population-based studies and randomized controlled clinical trials are the 2 pillars in the paradigm shift of evidence-based medicine. In the era of globalization, collaboration and interdependence in combating blindness of whatever cause are needed to produce a significant impact. Professional societies have networked with the explicit goals of promoting glaucoma science and care through national and international meetings, formulating and advocating practice guidelines with the aim of providing the highest standard of care, and organizing support groups to assist those with glaucoma in coping with the disease.

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The formation of the WGA set in motion a global collective effort to achieving excellence in glaucoma control and management. Composed of leading glaucoma experts and institutions throughout the world, its overall goal is to optimize the quality of glaucoma research and treatment through increased communication and cooperation among international glaucoma societies, industries, and patient organizations.⁴ The WGA works closely with the WGA, an umbrella organization that assists glaucoma associations and networks worldwide by educating and supporting their members so that all people with glaucoma can understand and better manage their disease.⁴

As it became increasingly evident that glaucoma is also a major cause of blindness in the Philippines, nine glaucoma specialists met and formed the Philippine Glaucoma Society (PGS) in November 1997. It seeks mainly to enhance the knowledge and practice of glaucoma through continuing medical education consisting of roundtable discussions, symposiums, research, information and educational campaigns. It also recognizes the importance of establishing linkages with other professional societies locally and internationally. During the congress of the Asia-Pacific Academy of Ophthalmology (APAO) hosted by the Philippine Academy of Ophthalmology in 1999, several glaucoma specialists from the region met and formally convened the Southeast Asia Glaucoma Interest Group (SEAGIG) in Manila under the leadership of Dr. Ivan Goldberg. In 2002, the PGS hosted the second SEAGIG congress in Manila and participated in the formulation of the Asia-Pacific Glaucoma Guidelines, which were launched in 2004. It also became a member of the WGA (formerly Association of International Glaucoma Societies) and took part in its inaugural meeting in Vienna, Austria in 2005. The PGS has also participated in all the SEAGIG meetings held every 2 years in different Asian countries and organized symposiums and workshops in several APAO congresses and the WGA congress in Singapore, promoting international recognition for the society.

This year, PGS celebrated its 10th anniversary with the holding of the first Philippine Glaucoma Congress in February that highlighted vital issues concerning the pathogenesis, diagnosis, monitoring, and treatment of

glaucoma. It assembled as core faculty a stellar group of international experts acknowledged for their leadership, eloquence, and expertise on the various aspects of the science and the art of glaucoma (Welcome message, Norman Aquino, MD, Philippine Glaucoma Congress, February 2008). True to its mission of becoming an internationally recognized leader in providing quality glaucoma care in the Philippines through education, exchange of ideas, research and publication, it has also maintained professional enhancement, support and fellowship among its members (Welcome message, Mario Aquino, MD, Philippine Glaucoma Congress, February 2008).

Certainly, the PGS has attained most of its goals in the last 10 years. Its members and leaders have recognized the need for a collective effort—a teamwork—to bring the highest standards of glaucoma care to the Filipino people. As a professional society, it has brought elitism to its members. To others, it is a source of assistance and information. To those in training, it is a teacher par excellence and a regulatory body as well. To the patients, it is a source of hope—that blindness can ultimately be prevented. The PGS members should not rest on their laurels, as much more needs to be done where prevention of blindness is concerned. Instead of sprinting and running out of steam at once, the society should look to run long distance and accumulate small, significant gains with every stride. Defeating glaucoma requires perseverance, and the fight is neither short nor easy.

References

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