



SEARCHLIGHT ON GLAUCOMA

The Glaucoma Service Foundation to Prevent Blindness

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Announcing the 7th Annual CARES Conference Please Register Now!!!!

The Glaucoma Service Foundation to Prevent Blindness is hosting the 7th Annual CARES Conference on Saturday, April 26, 2014, at Dorrance H. Hamilton Building at Thomas Jefferson University, 1001 Locust Street, Philadelphia, PA from 8:00 AM to 3:00 PM.

Since January 2007, the Glaucoma Service Foundation located at the Wills Eye Hospital has held a day long conference called the "CARES Conference." CARES stands for "Committed to Awareness through Research, Education, and Support." This is a patient directed educational conference about glaucoma. Last year, over 150 patients and their families from around the United States (primarily Pennsylvania, New Jersey, Delaware, and New York) attended this conference at Wills Eye Hospital.

The event includes lectures by Wills Eye Glaucoma physicians. Free screenings for glaucoma are offered and encouraged. In addition, edu-

cational resources and information are available at the CARES Conference to patients living with glaucoma.

Representatives from pharmaceutical companies, Low Vision Services, Associated Services for the Blind, Glaucoma Research Center, and Center for the Blind and Visually Impaired will be on hand to answer questions.

The conference begins with a continental breakfast. We look forward to seeing you there!

Some of the exciting lectures that will be presented:

Dr. Michael Pro:
Medical Treatment

Dr. Scott Edmonds:
Acquired Brain Injury - The adverse effect on vision and visual function

Dr. Jonathan Myers:
Risk of Blindness

Dr. George Spaeth:
Caring for the Whole Patient

Dr. Tim Sullivan:
Types of Glaucoma

Dr. Sonya Shah:
How Glaucoma is Diagnosed

Dr. Wanda Hu:
Glaucoma Epidemiology; Who, What, Where, and When (Age)

Dr. Scott Fudemberg:
Tube Shunt Surgery

Other speakers include:

Brittany Morgan (glaucoma patient)
"Living with Glaucoma and the Impact on Work/Life"

Joe Saunders
Chairman of the Board, Center for the Blind and Visually Impaired,
"Gaining Independence and Employment Opportunities for the Blind and Visually Impaired"

Diane Brown, M.Ed.
Health Promotion Consultant,
Philadelphia Corporation of Aging
"Philadelphia Corporation of Aging Services"

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7th Annual CARES Conference

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A special thanks to the Robison D. Harley Fund for Glaucoma Education and Research for sponsoring this event.

Thank you to Allergan and Carl Zeiss Meditec for their continued support of the CARES Conference.

Register by e-mailing:

Rita Stern (rita@mrs-stern.com) or Rob Kump (rkump@willseye.org)

Please call Rob Kump at (215) 928-3190 or Rita Stern at (484) 678-4535. You will need to provide your name, address, phone number, number of guests, and email.

Website: The following link takes you to a web page dedicated to CARES with information on registration, parking, accommodations, etc:

www.willsglaucoma.org/cares

There will be no charge to attend but space is limited, so please register NOW! ■

I hope you enjoy the GSF's Searchlight on Glaucoma Newsletter.

If you do, please be sure to visit their website at www.willsglaucoma.org and join their monthly live chats on the first Wednesday of every month to ask your questions to a glaucoma specialist.

Thanks,
L. Jay Katz, MD
Secretary, Glaucoma Service Foundation

Letter from the President:



While the world of health care policy, insurance, and programs are changing, the needs, interests and desires of those who require help have not. People still rely on health care providers for answers and seek spiritual guidance from sources in which they believe and find meaning. People are trending towards owning more of the responsibility to prevent disease or to treat, manage and cure it. And, we see healthy lifestyles going mainstream.

And while discovery and technology offer promise for the future, for many of us managing disease is an arduous task that is in the moment. Frankly, for patients and the caregivers, it is hard. Even when we have a disease like glaucoma and we are receiving treatment, we get weary of the routines and sometimes do not adhere because it is tiring, challenging, and frustrating. The daily routine of drops, diet, positive thinking, and physical activity prevents irreversible blindness and supports better outcomes but it is a marathon not a sprint. So, we do the best we can!

At the Glaucoma Service Foundation, not only do we understand the challenges of patients receiving treatment for glaucoma, also we understand the plight of those walking around with the disease having no clue of what lies ahead. We have embraced a mission to seek ways to support those in treatment through education/advocacy and to reach out to high-risk individuals across the region to make them aware of the possibility and point them towards help.

Whether it is providing fellowships and financial support for promising up and coming glaucoma specialists – MDs, investing in important research activities, or going to houses of worship educating and raising awareness about glaucoma, The Glaucoma Service Foundation is on the front line.

I've had the pleasure of serving as a Trustee of the Glaucoma Service Foundation for five years and as President for nearly two years. I am joined by a talented and committed group of Trustees and committee members, who give of their time and resources to support our work.

This issue of the Searchlight has a number of articles and ideas that might be of interest to you. We have not figured out how to prevent additional snowstorms but we can share with you new ideas regarding treatments and alert you to upcoming activities and events that you might want to attend.

As always, we appeal to your generosity and good will to support our work. The newly appointed Chair of our Fundraising Committee Ms. Katerina Simonetti is doing a wonderful job reaching out to as many of you as possible to let you know personally how much we appreciate your support.

If you are interested in making a donation or bequest, please contact us at (215) 928-3190 and we will get back to you immediately.

Sincerely,
Jeremiah J. White, Jr.
President
Glaucoma Service Foundation



Glaucoma: The Silent Thief of Sight

Wanda D. Hu and Marlene R. Moster

Glaucoma often presents silently. Over 2 million people in the United States have glaucoma but may be unaware they have this disease until large portions of their visual field are irreversibly lost. It is critical that people get screened properly for the early signs of glaucoma by a trained eye professional before visual field loss begins.

1. Do I have risk factors for glaucoma?

The populations at greater risk for glaucoma include African Americans, Hispanics, people over 60, those with a family history of glaucoma, steroid users, prior eye trauma and possibly high myopia. Asians are at increased risk for angle closure glaucoma and those of Japanese descent are at higher risk for normal tension glaucoma.

2. How often do I need to get a complete eye examination?

It is important to have your eyes examined on a regular basis with a complete dilated eye examination. If you are between 40-60 years of age, you should have your eyes checked every one to two years and after 65, every 6-12 months. However, if you belong to one of these “higher risk” populations, you should get checked more often.

3. What are the tests that should be checked during a glaucoma evaluation?

Tonometry: A tonometer measures the pressure within your eye.

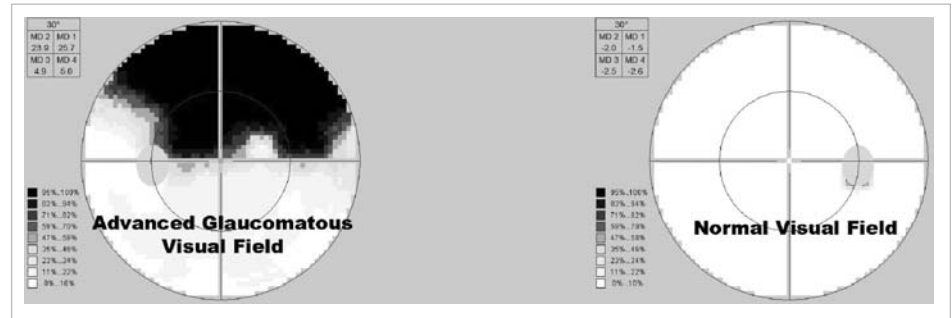


Figure 1. An example of advanced glaucomatous visual field loss in the superior visual field (left) and an example of a normal visual field (right).

Glaucoma usually is diagnosed with eye pressures greater than 21 mmHg, but up to one third of cases have eye pressures less than 20 mmHg. There is no “normal” eye pressure as eye pressure is unique to the individual.

Ophthalmoscopy (dilated eye exam): This allows your doctor to examine your optic nerve to assess for any signs of damage from glaucoma by looking at the shape and color of the nerve. Oftentimes, the nerve can show early damage before there are any changes on the visual field.

Perimetry: This test produces a map of your visual field to determine if you have any defects consistent with glaucoma. Not all visual field defects mean that you have glaucoma. Artifacts such as droopy eyelids and thick glasses can cause visual field defects that are not due to glaucoma (Figure 1).

Optical Coherence Tomography (OCT)- In glaucoma there is thinning of the retinal nerve fiber layer, which can result in corresponding visual field and optic nerve changes. The

OCT is a noninvasive simple test that can directly measure and quantify this nerve fiber layer thickness to check for any progressive retinal thinning. This test can also detect early glaucomatous changes before there are any changes in the visual field.

Gonioscopy: This exam determines whether the angle where the iris meets the cornea is open, narrow or closed. If you have a narrow angle, you may benefit from a laser, which could prevent a severe acute attack of glaucoma.

Pachymetry: This test checks for the thickness of your central cornea with a probe called a pachymeter. Corneal thickness can influence your eye pressure readings and low corneal thickness has been associated with the development of glaucoma.

In summary, quick efficient testing as part of a comprehensive eye exam can prevent blindness from glaucoma, especially in those patients at greater risk. ■



Edmund B. Spaeth Oration – January 23, 2014

Rita Stern

The Edmund B. Spaeth Oration lecture and dinner was held on January 23, 2014 at the College of Physicians in Philadelphia. Dr. Julia Haller, Ophthalmologist-in-Chief of the Wills Eye Hospital and Professor and Chair of the Department of Ophthalmology at Jefferson Medical College at Jefferson Medical College of Thomas Jefferson University and Thomas Jefferson University Hospitals, was the featured speaker this year. Her topic “Not In Vein: The Evolution of Therapy for Retinal Venous Occlusive Disease” was outstanding. This year we had approximately 180 attendees.

This is the 37th year of the event which honors Edmund B. Spaeth, an

internationally respected physician and teacher who died in 1976. The evening, devoted to celebrating great teaching and great teachers, brings together fellows, residents, medical students from Wills Eye, Temple, Jefferson, Scheie Eye Institute, Drexel, Children’s Hospital of Philadelphia, Philadelphia College of Osteopathic Medicine, and ophthalmologists from all over the Greater Delaware Valley. Alcon, Allergan, Carl Zeiss Meditec, Glaukos, Dilworth Paxson LLP, and Small Simonetti Group/UBS Private Wealth Management were the joint sponsors for this wonderful and informative evening. The intent of this unique event is to broaden and deepen oph-



Dr. Julia Haller and Dr. George Spaeth
(Photo: Roger Barone)

thalmologists’ understanding of the art and science of medical practice. It is an educational evening both academically and socially. The event is also part of the Greater Ophthalmic Society’s series of programs. ■

Do You Examine Yourself? You Should!

Dr. George Spaeth

If you are a woman over the age of 20, do you self-test yourself for breast cancer? The American Cancer Society (ACS) has for many years been urging women to examine themselves to see if they have the signs of cancer. The ACS has constant reminders of the importance of looking out for the signs that suggest that a cancer may be present or that person is at risk for getting a cancer.

There is remarkably little in the way of publicity about the signs of ocular disease and what needs to be done in order to give yourself the best chance of preventing loss of vision. Illustrated here is a poster about

how each of us can watch out for the signs that we may have glaucoma. I, personally, don’t recall ever having seen anything like this. Isn’t that really appalling?!

It is a tragic fact that most patients who are diagnosed with glaucoma are diagnosed when they have already developed severe loss of vision in one eye. The reason for this is that the commonest type of glaucoma develops slowly, and like the hands on your wristwatch, you can’t see the hands moving. But moving they are! Unlike the hands on a wristwatch, we have two eyes. The vision in the good eye sees most of the same areas that the

vision in the bad eye sees. As a result, most of what we are looking at we see with our good eye as our bad eye is getting worse. And it is only when the good eye starts getting worse or something happens to interfere with the vision in the good eye that we realize that the bad eye isn’t seeing well. Imagine a clock in which there are two little hands and two big hands, and that the one set of hands is bright, bright, bright, whereas the other set of hands is very dull and very difficult to see. In such a situation, it wouldn’t be surprising for the person looking at that watch to see only the bright hands, and not notice that the dull hands had stopped, and that that aspect of the clock was broken. Vision is like that. If all people were to test each eye separately, that is look at some-

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Preventing Blindness From Glaucoma in Underserved Areas of Philadelphia

Michael Waisbourd, MD, Lisa Hark, PhD, RD, Harjeet Sembhi, MPH, George Spaeth, MD, Jonathan Myers, MD, Jeffrey Henderer, MD, Ayman Suleiman, MD, John E. Crews, DPA, Jinan B. Saaddine, MD, MPH, Jeanne Molineaux, COT, Nicole Hale, MPH, Deiana Johnson, MPH, Shalya Stratford, MSHA, Laura Pizzi, PharmD, and L. Jay Katz, MD

Beginning January 2013, a 2-year large-scale demonstrational project was initiated at the Wills Eye Glaucoma Research Center, aiming to reduce the burden of glaucoma-related blindness in underserved areas of Philadelphia. Under the leadership of Dr. L. Jay Katz, Director of the Wills Eye Glaucoma Service and Dr. Lisa Hark, Director of the Wills Eye Glaucoma Research Center, a \$1.8 million grant was received from the Centers for Disease Control and Prevention (CDC), in order to screen and treat persons at high risk for glaucoma living in Philadelphia.

This unique project is mobilizing 5-person team to community centers, targeting distinct neighborhoods in Philadelphia where the poverty rate is above the national average of 10%, in order to reach vulnerable populations at greatest risk for glaucoma. First, an educational workshop is conducted, presenting information about glaucoma, how it is diagnosed, who is at risk, and why people should be more aware of it. Educational materials are distributed in English, Spanish, Russian, Cantonese, and Mandarin Chinese in order to inform and motivate older adult Philadelphia residents to sign up for on-site glaucoma examinations. Next, examinations are being carried out. All the testing and treatments are free of charge, and include obtaining medical and ocular history, automated visual field testing, slit-lamp examination by a physician and medical treatment by lasers or medications.

To date, more than 1,200 persons at risk for glaucoma were screened in 39 community sites all over the city. Examples of community partners include Philadelphia Corporation for Aging, Philadelphia Senior Center, Philadelphia Housing Authority, YMCA, and faith-based organizations. We are also partnering with government agencies, non-profit organizations, and community-based organizations that serve African Americans and older adults.

Forty-five percent (45%) of those examined had a glaucoma-related condition, including glaucoma, glaucoma suspect, or anatomically narrow angle. Many of them were successfully treated by laser on site, and returned for follow-up exams at the same community sites. We also detected other eye diseases such as cataract, diabetic retinopathy and age-related macular degeneration, and referred patients for further evaluation and treatment as needed. Satisfaction survey results of patients enrolled in the project showed that 98% were either satisfied or very satisfied with our examination.

Recently, the Partridge Foundation generously funded a continuation study that aims to determine the best way to follow the patients who were detected with glaucoma-related conditions in this CDC-funded project. Starting in June 2014, we aim to randomize patients to either the community site with a patient navigator, at Wills Eye Hospital with a patient navigator,

or usual care. Patient navigators will help overcome barriers to receive eye care, for example making appointments, determining insurance requirements, and arranging transportation.

In conclusion, we believe that this exciting ongoing project provides patients in underserved areas in Philadelphia better eye care, and thereby reduces the burden of blindness and visual disabilities in these areas. Five separate manuscripts are currently being developed in order to share the results of this pioneering project with the scientific medical community, in order to allow scaling-up this intervention to a national level. ■

The CDC team

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Timothy Sullivan, MD
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Patient's Glaucoma Visit Has A Happy Ending

Dr. George Spaeth

The surgical resident told me, as I entered the examining room, that Mrs. X had come to the clinic for a laser treatment for her glaucoma. After introducing myself, I asked her about her general health.

"It's not good. My diabetes is acting up. My back hurts all the time from my sciatic [nerve]. My knees don't work well."

I asked, "How about your eyes?"

"They don't seem to be too bad."

"And why are you here today?"

"The last doctor told me I needed a laser treatment for my eyes."

I looked over the chart. At her last visit, the pressure in her eyes was in a range that usually causes loss of vision. But she was still seeing well, and the pressure did not appear to have caused significant glaucoma damage.

I wondered if laser treatment was really necessary. I had asked her about her health because I had to consider how long she was going to live. If her eye damage was slight and her health poor, she would probably die before she lost any vision from glaucoma; In that case, laser treatment would not be needed.

I asked, "Why do you think your diabetes is acting up and your back and knees hurt? And also, why is your vision not quite as good as you would like?"

"The doctors can't find the right medicines for me. They keep changing my sugar pills."

I asked, "And the vision?"

"You're the doctor."

I asked, "What do you think is behind all of those problems?"

"I just told you. The doctor can't find the right medicines."

"Do you think it has anything to do with your weight?" I asked.

"Look! I came in for my eyes, not to get my weight thrown in my face!"

The resident had told me that it had been extremely hard to examine Mrs. X because she didn't fit into the examination equipment. She weighed close to 300 pounds.

Using a handheld instrument, I looked inside Mrs. X's eyes: The optic nerve, the part that gets damaged from glaucoma, was quite healthy, but diabetes had damaged the blood vessels.

I said, "I mentioned your weight, because all the things that you told me that are bothering you are related to your weight: Your diabetes is hard to control because of how you are eating. Your back aches and your knees are giving out because they weren't made to carry around 250 pounds. Your diabetes is starting to affect your ability to see. So, all of those things are related to your weight. They all work together."

"Well, are you going to do that laser

treatment or not?"

How I was to answer that question was not straightforward. The number of years that she would survive was probably very small unless she changed her way of life.

But the pressure inside her eyes was high enough that it might cause damage within a year, and the laser was remarkably safe and could prevent that.

I concluded that the laser should be tried. Its outcome would not be affected by her weight, or whether she took her drugs properly. Also, she wanted to have it done. We suggested it would be a good thing, and she agreed.

Laser treatment is performed with a machine very much like the one used for examination. So I was concerned about the unavoidable difficulty of getting the laser close enough to her eye to do the procedure. We struggled with that. It was almost impossible to focus the rays of light properly because she was too big for the instrument.

I think back on this all-too-common event. Why did it happen? Our present health system doesn't work for everyone.

Fifty years earlier, the school nurse should have counseled the patient when she was a young girl who, understandably, did not recognize the consequences of getting heavier.

Every physician she saw should have taken the time to make it clear that she

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Detection of Angle Closure Glaucoma: Can Emerging Technology Help?

Anand Mantravadi MD, FACP

Glaucoma is one of the leading causes of blindness worldwide. One major mechanism that leads to the characteristic optic nerve degeneration defined as glaucoma is 'angle closure' glaucoma. This is a disturbingly common process affecting an estimated nearly 16 million people worldwide. Angle closure glaucoma can affect people suddenly or chronically over years. A primary risk factor for angle closure glaucoma is the presence of a 'narrow angle', which denotes a crowded anatomical configuration in the region of the eye's natural internal drains called the trabecular meshwork. The detection and management of a narrow angle hinges critically upon accurate detection. Gonioscopy is a method of evaluating this angle anatomy during ocular exam that uses a prism to see this part of the eye's structure.

Gonioscopy has been long considered the gold standard for evaluating the anterior chamber angle anatomy to identify patients at risk for angle closure. The difficulty is that gonioscopy is a skill that requires considerable training. Consequentially – the ability to screen large populations that are at risk for this condition is hampered by the availabilities of those clinicians who possess this examination skill. The population is growing and aging and therefore the numbers of those afflicted are expected only to increase with time.

Optical coherence tomography (OCT) is a technology that uses light to

quickly capture cross-sectional and impressively detailed images of different parts of the eye, and is commonly employed in evaluation of the optic nerve and various parts of the retina. This is a very quick (1-5 seconds) non-invasive tool that has been a major advance for use in diagnosis and treatment of a variety of ophthalmic conditions.

The anterior chamber angle can also be imaged using this device (Anterior-Segment OCT) and in many studies has demonstrated significant promise in not only detection of narrow and closed angles, but also contributing to the understanding of the disease process itself. The promise of this technology is that it can provide an objective view of the angle, require less skill than gonioscopy, thereby enabling more people to be screened. Given that early detection is so critical in this disease – there is exciting potential to explore. Furthermore - theoretically areas that lack access to care but are at high

risk for angle closure can be remotely screened.

To evaluate how anterior segment OCT (AS-OCT) technologies compare to gonioscopy in determining risk for angle closure – we performed a study at the Wills Eye Hospital Glaucoma Service comparing the 2 methods. Our findings suggested that the gonioscopy method of evaluation has very high agreement amongst skilled clinicians, but AS-OCT roughly half the time could not precisely identify all the angle structures.

Despite some current weaknesses identified in our study, the promise of this technology continues to impress, and there are very large advances that continue in image quality and ease of use. There remains very great potential for this technology to be employed on larger scales for screening populations at risk, and facilitating future accurate diagnosis of this disease. ■



Wills Eye Mobile Unit will continue to conduct glaucoma examinations and laser treatments in community-based settings.

(Photo: Roger Barone)



Table 1

Age	Frequency of Exam	What to do	What needs to be done at each examination	If the examination is thought to be "normal"	If the examination shows something abnormal
20-40	Once	Get complete ocular examination	Reading an eye chart; eye pressure; exam of the eye's "drain;" magnified exam of the front and the inside of the eye (lens, vitreous, retina, disc), photograph of the optic nerves	Repeat examination at age 50. Keep the report of the examination and copies of the disc photographs. Self-test vision in each eye independently with one eye covered as the other eye is being tested (preferably using SPARCS), each January 1st and July 4th. Record the score of the vision tests.	Follow the advice of the health professional noting the abnormality. Consider getting a second opinion
41-80	Every 5 years				
Over 80	Every 3 years				

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thing with only one eye at a time, probably 90 percent of those people who have glaucoma would come to be diagnosed, rather than the present 50 percent. Furthermore, if people who had glaucoma tested the vision in each eye separately, they could tell when

one of their eyes was getting worse, which would be enormously valuable information for their physicians and would help them to preserve their vision.

All of which is to say, the public deserves to get information from us that is similar to what they are

already getting from the American Cancer Society. Two thoughts come to mind. 1) Develop posters similar to the one that is shown on page 9, and 2) To disseminate information that is similar to that in Table 1 above.

We can do better! ■

GLAUCOMA SERVICE STAFF AT WILLS EYE HOSPITAL TO GO GREEN

Searchlight on Glaucoma is an informative newsletter from the Glaucoma Service Foundation that provides helpful articles about glaucoma written especially for patients and their families.

We currently send out approximately 22,000 *Searchlight* copies of each edition. If you are receiving a hard copy of the *Searchlight*, and would like instead to receive it by email, you can let us know by calling

(215) 928-3190 or by emailing us at webmaster@willsglaucoma.org.

The December issue of *Searchlight on Glaucoma* cost us approximately \$14,000 to produce, print and mail. Each of you who decides to receive the issues electronically instead will help us save so that we may direct our limited funds towards our core programming of education, outreach and research. ■

Each year the Glaucoma Service Foundation spends over \$50,000

to allow a Clinical Fellow to study with the world renowned glaucoma physicians on the Wills Eye staff. Past fellows sponsored by the Foundation have gone on to become world leaders in the treatment of glaucoma around the world. This is only possible through your continuing support. Please consider making a donation today to help us continue this important program. After all, glaucoma can only be adequately managed by a highly trained, experienced physician. There are no better glaucoma physicians than the ones at Wills. Help us support them as they try to pass on their knowledge to the next generation.



DON'T LET GLAUCOMA TAKE YOUR SIGHT!

GLAUCOMA

Often GLAUCOMA symptoms are NOT apparent until the disease is advanced!

How Glaucoma can effect YOU

Normal Vision → Early Changes → Dense Blindspots → Advanced Disease → Very Advanced

Signs of Glaucoma!

Rainbow colored halo around lights

Reading

Do you enjoy this issue of the Searchlight. We are excited to tell you about our new initiatives... our desire to eliminate blindness from glaucoma in the Greater Philadelphia Area. With early detection and treatment, we know we can improve the quality of life for many.

Those with Glaucoma tend to lose their place often while reading.

It can become unclear where lines end and begin. Blind spots occur as eyes travel the page as they read, resulting in losing their place

Hey, don't you think it's too dark in here to read the menu?

Huh, too dark? I can see just fine!

Well lit areas appear dim/dark to see or read

Symptoms usually advance in ONE eye more than the other, so it's easy to miss how Glaucoma is damaging your vision.

Self test for Glaucoma by checking sight in ONE eye at a time, especially often after age 50.

FIND OUT IF YOU HAVE GLAUCOMA! TEST YOURSELF!

Slow Onset Glaucoma

- Not being able to see curbs
- Missing the cup when pouring
- Everything looking faded out
- Only being able to see straight ahead

Sudden Onset Glaucoma

- Periodic headaches, especially when reading, when at a movie theatre, or in another dark place
- Sudden onset of severe pain associated with poor vision

Wills Eye Hospital
America's First World's Best

Contact your Doctor or www.willseye.org
Telephone/
215-928-3197 (Wills Eye Hospital Glaucoma Service)
215-928-3190 (Glaucoma Service Foundation)

Donor Advised Fund: A Simple, Powerful Approach to Giving

Katerina Simonetti, CFP
GSF Trustee

A donor advised fund is a charitable giving vehicle to which donors can make an irrevocable contribution of personal assets, receive tax deduction and personally direct grant distributions to various charitable organizations. It is available at most major banks and investment firms. Due to the fact that all gifts are deducted at their full fair-market value, donors enjoy an immediate and maximum tax deduction. Most qualified charities and non-for-profit organizations can be designated as recipients of the funds. Donors can take up to five years to decide how and when to make their distributions. Meanwhile, the balance of the fund can be invested in multiple investment options and grow tax free within the fund. Additional benefits of the Donor Advised Funds include ability to donate: appreciated stocks, restricted securities, privately held stocks, real estate, oil, gas and timber rights. We recommend that you consult your Financial Advisor to determine the suitability of the Donor Advised Fund for your particular situation. We ask that you please designate the Glaucoma Service Foundation as one of your Donor Advised Fund recipients. We will be grateful for your donations and put your funds to good use by funding glaucoma research, community outreach programs, and professional education for the resident fellows and medical students.

Poster design by Kelsey Wagner, Senior at Moore College of Art



FROM THE "CHAT HIGHLIGHTS" OF THE GLAUCOMA SERVICE WEBSITE

Glaucoma Awareness

Chat Highlights – January 8, 2014

Guest Speaker – Dr. Jillia Bird

Lorraine Miller - Editor, Chat Topic Researcher

Moderator: Welcome to this evening's chat on "Glaucoma Awareness" with our guest expert, Dr. Jillia Bird! Dr. Bird is the current President of the World Glaucoma Patient Association.

P: Dr. Bird, would you tell us a bit about yourself and your role in the glaucoma community?

Dr. Bird: I am from Antigua. I am an optometrist who studied in New York and had my first job with the Barbados Eye Study in 1989. It is a population study on glaucoma and the first of its kind exploring black eyes.

Moderator: Dr. Bird, tell us about your work with the World Glaucoma Patient Association?

P: More and more trabeculectomy patients are also having the Ex-Press mini shunt added to their surgical procedure. Why is this shunt becoming so popular?

Dr. Bird: My passion to educate people about the silent nature of glaucoma began when I returned home to Antigua after two years with the Eye Study to find my mom with advanced undiagnosed glaucoma.

Dr. Bird: When I was asked to head the World Glaucoma Patient Association, I didn't hesitate. It's challenging to try to link populations across the globe with so many languages and cultures but we need to because glaucoma affects everybody.

Moderator: Dr. Bird, will you share with us the most recent award you won at SUNY (The State University of New York at Stony Brook) in New York City? What was it for?

Dr. Bird: SUNY named me their Alumna of the Year because of my work that started at SUNY with the Stony Brook Eye study and continues with raising awareness all over the world with enthusiasm.

P: What type of glaucoma awareness programs should I see in my geographical area?

Dr. Bird: Outreach and awareness is key to silent disorders like glaucoma. Information or lack of information is the chief reason people present late in the disease. Even more important or at least equally important, is that people understand what glaucoma is and come in for testing.

P: Are any of the tests painful?

Dr. Bird: Most tests for glaucoma are painless. The Visual Field test is tiring but not painful.

P: What tests are performed in a Glaucoma Awareness free screening hosted by a facility?

Dr. Bird: I call "Screening" the S-word! It is very dangerous to attempt screening for glaucoma in a public setting because more cases are missed than detected. Gonioscopy involves a contact lens placed on the eye in which anesthetic has been used. There is still no test sufficiently sensitive enough for glaucoma to make it effective in a public facility.

P: Are there ever fees or co-pays for these events?

Dr. Bird: Many screenings are free. Please be advised that only a full dilated eye exam should be used to definitively diagnose glaucoma. Glaucoma is easily missed if only eye pressures are screened.

P: At what type of facility should I look for information concerning Glaucoma Awareness Month?

Dr. Bird: Check local hospitals and doctor's websites. Lions Clubs and other service organizations also might publicize information. Stay tuned to the

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Glaucoma Awareness / Chat Highlights January 8, 2014

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World Glaucoma Patient Association Facebook page. We try to keep activities updated as information becomes available.

P: Who can diagnosis glaucoma? Can my general practitioner?

Dr. Bird: No, your general practitioner can do a risk factor analysis for you and calculate a risk for you getting glaucoma. Only an ophthalmologist or optometrist diagnoses glaucoma after giving a battery of tests and analyzing the results.

P: How many people have glaucoma and don't know it?

Dr. Bird: It's estimated that 50% of those with glaucoma in your part of the world don't know they have it and that rises to 95% in the so-called developing world. It is a terrible state of affairs and why we need to bind together to change this information deficit.

P: Is there a blood test to diagnosis glaucoma?

Dr. Bird: There is no blood test available but work has been underway in laboratories resulting in some gene markers being identified for certain types of glaucoma.

P: Are there preventative measures that a patient can follow to avoid glaucoma?

Dr. Bird: We try to encourage general wellness as the way to meet glaucoma head on but there aren't any preventive measures other than early detection and proper lifelong treatment. It helps to know your family history and get tested in your youth and regularly thereafter.

P: Dr. Bird, what are some causes of angle closure glaucoma in people with no family history?

Dr. Bird: Angle closure glaucoma is an anatomical disease. People without any family history could possibly be born with that shape to their eyes. Because you do not have family history doesn't not mean there isn't one. Many individuals can die with glaucoma undetected.

P: Are there any known ties between migraines or thyroid disease and angle closure glaucoma?

Dr. Bird: Migraine and glaucoma have been linked mainly due to a vascular spasm theory rather than to the anatomy of the angle. Speculative links between thyroid disease and glaucoma have also been made, again not anatomically, but due to hormones and other imbalances in the body.

P: Is an open angle glaucoma and migraine correlation more likely?

Dr. Bird: Yes, it is more likely.

P: Doctor, what message would you like to send to not only the participants in the chat tonight but also to the many that will read the chat highlights in years to come?

Dr. Bird: Advocacy and awareness are key to silent and blinding diseases like glaucoma. Both are useless unless the populations are educated and made aware, and then mobilized to change their behaviors, get tested, and adhere to treatment regimens.

Moderator: Our time is up for this evening. Our thanks to Dr. Jillia Bird for joining us tonight and educating us on your passion! ■



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(continued from page 6)

was eating herself to death. In a world in which there is much we cannot control, our weight is one of those things that is, to a considerable extent, within our grasp.

When Mrs. X came for her next visit,

we were delighted that the pressure in her eyes was lower. The laser had worked.

But what was especially exciting was her comment to me. She said, "I'm sorry I jumped all over you last time. You're the first doctor that really made

it clear to me. I want you to know I've already lost a pound and I am going to keep working on it."

It was a wonderful moment.

Read more at
<http://www.philly.com> ■

CHAT SUPPORT GROUP

Join Moderators Vivian, Steve and Brittany for a chat about glaucoma hosted by a glaucoma specialist.

1st Wednesday of the month 8:30 pm – 9:30 pm

Hosted by a Wills Glaucoma Specialist

For a complete schedule visit:
<http://willsglaucoma.org/chatsched.htm>

All chat highlights are available on our website www.willsglaucoma.org. If you do not have access to a computer, call the Foundation to have a printed copy mailed to you. If you are interested in a topic, please let us know.



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