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## An analysis of first line treatment in open angle glaucoma in Trinidad and Tobago, Caribbean

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**Aim:** To qualify the epidemiology of patients diagnosed with primary open angle glaucoma; to analyze education pathway and to determine, within the practical clinical setting, the efficacy of first line treatment within a high risk population.

**Method:** A retrospective, consecutive series was analyzed. The patient pathway incorporated multiple educational components i.e. educational videos, booklets, perimeter questionnaire, drop instillation techniques, compliance tips, prognosis and risks to family members. Inclusion criteria: age >35yrs, open angle glaucoma, new diagnosis and treatment initiation (glaucomatous optic neuropathy and/or visual field defect consistent with retinal nerve fiber layer damage), refractive error +3.0 to -5.0DS.

**Results:** N 131 eyes; mean age 60yrs (36-80yrs, SD 8.92); 28% had family history of glaucoma. The pre-treatment IOP mean 24.5mmHg (12-62mmHg SD 8.59); mean CCT 537um (483-619umSD 26.4); 78.5% of eyes had a CCT <555um. 8.4% had a mean deviation of <-12 db. There was no statistically significant difference, one way ANOVA p 0.06.

**Conclusion:** Education needs to be emphasized within the patient pathway in developing countries. First line therapy demonstrates good efficacy in a practical clinical scenario in a high risk population.

### Biography

Shelly-Anne Lalchan pursued her Postgraduate degree in Ophthalmology and is fellowship trained in glaucoma. She worked at Leeds Teaching Hospitals, Moorfield's Eye Hospitals and The Western Eye Hospital in London. She is a member of the International Society for glaucoma Surgery and was awarded The International Ophthalmology in Education Award by AAO in 2015. She is a scientific advisor for the Diabetes Association of Trinidad and Tobago. Additionally, she is the founder and President of the non-profit GiFT (Glaucoma iFoundation of Trinidad and Tobago) and Director of Lily-The Eye Specialist Ltd. and The Glaucoma Specialist Centre.

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