

Pathway Management Guideline: Glaucoma Referral Refinement & Differential Diagnosis

Glaucoma Referral Refinement and Differential Diagnosis (GRD) provides a validation of clinical findings following assessment within a Glaucoma Repeat Measures (GRM) or Glaucoma Enhanced Case Finding service (ECF). The service allows for the diagnosis of OHT and suspected glaucoma and the formulation of a management plan. Where the primary eye care workforce has the relevant higher qualification and experience, the initiation of first-line treatment can also be considered, if working in close collaboration with the local hospital glaucoma service.

Following case-finding (Repeat Readings / Measures or Enhanced Case Finding), patients with confirmed suspicious signs of Glaucoma / OHT will be referred to the community GRD service (unless clinical circumstances indicate urgent or emergency referral is needed).

Practitioners are expected to consider NICE guidance (NG 81) and College Clinical Management Guidance

www.nice.org.uk/guidance/ng81

[Clinical Management Guidelines - College of Optometrists](#)

Clinical work up – all assessments are performed

- **Visual Field Assessment** - using standard automated perimetry (central thresholding test), repeated if necessary, to establish severity at diagnosis.
- **Assessment of the optic nerve head** - optic nerve assessment and fundus examination using stereoscopic slit lamp biomicroscopy, with pupil dilatation.
- **Optic Nerve Head imaging** - obtain an optic nerve head image at diagnosis for baseline documentation (for example, clinically appropriate imaging or OCT).
- **Intraocular pressure (IOP) measurement** - using Goldmann applanation tonometry (slit lamp mounted).
- **Assessment of the anterior chamber** - peripheral anterior chamber configuration and depth assessments using gonioscopy.
- **Central Corneal Thickness Measurement (CCT)**

NICE advises - Use alternative methods of assessment if clinical circumstances rule out standard methods (for example, when people with physical or learning disabilities are unable to participate in the examination).

Outcomes

Discharge - Suspicious findings not repeatable. The patient should be discharged and advised to continue regular visits to their primary eye care professional.

Referral to a Consultant ophthalmologist for diagnosis and management

Refer people with structural damage to the optic nerve head or repeatable glaucomatous visual field defect, or both, to a consultant ophthalmologist for diagnosis and management. Refer urgently to a Consultant Ophthalmologist if angle-closure Glaucoma is suspected.

Consider initiation of treatment, this is particularly relevant where the patient may experience a delay in assessment within the hospital eye service. Optometrists with specialist glaucoma and independent prescribing qualifications and relevant experience may initiate first-line therapeutic treatment in collaboration with the local glaucoma service.

Ocular Hypertension Diagnosis - (IOP 24mmHg or more, normal Optic nerve head and visual field)

At the time of diagnosis of ocular hypertension (OHT), assess risk of future visual impairment, taking account of risk factors such as:

- Level of IOP
- CCT
- Family history
- Life expectancy

Offer referral for treatment to people with IOP of 24mmHg or more (OHT) if they are at risk of visual impairment within their lifetime. Optometrists with specialist glaucoma and independent prescribing qualifications and relevant experience may initiate first-line therapeutic treatment.

Confirm the patient management plan - use clinical judgement to decide when the next appointment should take place within the recommended interval.

Suspect COAG Diagnosis - (Suspicious field defect or suspicious optic nerve head appearance)

Consider referral for treatment - use clinical judgement to assess control of IOP and risk of conversion to COAG (optic nerve head damage and visual field defect). Optometrists with specialist glaucoma and independent prescribing qualifications and relevant experience may initiate first-line therapeutic treatment.

Confirm the patient management plan - use clinical judgement to decide when the next appointment should take place within the recommended interval.

Offer referral for monitoring in line with management plan.

Patients with a diagnosis of OHT or suspect Glaucoma should be referred for regular monitoring following local protocol. This could be a consultant-led service in the hospital or community or an Optometry delivered service on the high street.

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