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Chats

Tips for Taking Charge of Your Glaucoma Diagnosis

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Transcript of teleconference with Dr. Constance Okeke, Glaucoma & Cataract Specialist, CVP Physicians/Virginia Eye Consultants

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Please note: This Chat has been edited for clarity and brevity.

MS. DIANA CAMPBELL: Hello, and Happy New Year. Welcome to the first BrightFocus Glaucoma Chat of 2023. My name is Diana Campbell, and I am pleased to be here with you today. For those who are new to the call, BrightFocus Glaucoma Chat is a monthly program in partnership with the American Glaucoma Society, and the program is designed to provide people living with glaucoma, and their family and friends that support them, with information provided by glaucoma experts. The American Glaucoma Society counts the leading glaucoma specialists in the country in their membership, and we are looking forward to hearing them discuss many topics during the Chat series over the next year. For those of you who may not be familiar with BrightFocus Foundation, we fund some of the top scientists in the world who are working to find better treatments, and ultimately cures, for glaucoma, macular degeneration, and Alzheimer's disease, and we host events like today's Chat to share the latest news from science as quickly as possible to families that are

impacted by these diseases. You can find much more information on our website, www.BrightFocus.org.

I'm pleased to introduce today's guest, Dr. Constance Okeke. Dr. Okeke is a glaucoma and cataract specialist at CVP Physicians/Virginia Eye Care Consultants. She has two decades of glaucoma experience ranging from cutting-edge research and mastering micro-invasive surgical techniques to training other doctors, speaking, and writing about her techniques and innovative ideas. Dr. Okeke passionately prevents blindness through medical missions, glaucoma awareness campaigns, and public speaking. She is committed to educating her patients and the community about how to fight glaucoma blindness. Today, we'll share some tips and other information from her recently published book, *The Glaucoma Guidebook*. Dr. Okeke, thanks so much for joining us today.

DR. CONSTANCE OKEKE: Hello, Diana, and thank you so much for having me. I'm really excited to be here, and Happy Glaucoma Awareness Month.

MS. DIANA CAMPBELL: Happy Glaucoma Awareness Month. I imagine you keep yourself pretty busy as both a professor and a practicing glaucoma specialist. What inspired you to become an author, too, and write *The Glaucoma Guidebook*?

DR. CONSTANCE OKEKE: Well, that's a great question. I got inspired to write this book because of seeing that there was a need. As a glaucoma specialist, I often see patients, and sometimes it's a sad story where I'll see a patient who has come to me with somewhat advanced glaucoma, and with glaucoma, once damage is done, we don't have a way right now of being able to reverse it. And sometimes I'll hear a story that they had been seen before, and someone said maybe they had something but nothing that needed to be treated, and they weren't really clear on what their follow-up should be. And now seeing them, maybe several years later, there's a lot of glaucoma damage, and there's a lot of things that I like to tell my patients, I'm very big on educating, and the reality is that I don't have time in the day to be able to tell every patient everything I want them to know. And so, it dawned on me that a great way to communicate and share a lot of the tools and really basic language—a language that is to educate and not intimidate the patient, but to help them feel empowered

about understanding the foundation knowledge that they need to understand their condition, and then to be able to communicate better when seeing a doctor, asking questions because they have some of that knowledge—I wanted to put it all in one place. And then, also, my pearls of advice, advice that I feel like every patient should know, because there are really action items that a patient should know about so they can protect their vision, and I wanted to put it in a way where it was very easy to read. I didn't want patients to feel overwhelmed. I wanted them to be able to pick up the book, feel that they're having a conversation, feel enlightened, feel empowered, and then also feel encouraged. So, I asked five of my glaucoma patients to write something about their story in the book so that it could have a balance of my advice but also the real-world advice from glaucoma patients so people reading it could feel encouraged. And there's lots of practical pearls and tips and various deeper dives. So, I was inspired because there was need, and I'm real excited about the book because it's fulfilling the need that it was intended for.

MS. DIANA CAMPBELL: What a wonderful way to provide all the advice that you wish you could give to each person in a short visit into one guidebook—really, truly, a guidebook where they can follow along, reread it, not worry about taking notes, necessarily, as in-depth in your office. I think that was such a wonderful idea.

DR. CONSTANCE OKEKE: Thank you.

MS. DIANA CAMPBELL: I'm going to start with a few questions starting at the beginning of the journey. Who is at risk for being diagnosed with glaucoma, and how does your family history relate to that risk?

DR. CONSTANCE OKEKE: Well, the reality with glaucoma is that really anyone can develop glaucoma. Anyone at any age, any ethnicity, any gender can develop glaucoma. However, yes, there are certain people who are at high risk. One important risk is increasing age. Glaucoma gets more and more prevalent as one ages because we're born with a certain finite amount of optic nerve tissue, and as we age, some of that tissue will naturally die off; that's just part of the natural aging process, but typically

that process is slow. But as you age in years, there's more of a chance that some of that tissue will die off and maybe enough to the point where it can cause some level of problem with your vision.

So, increasing age is one risk factor. Also, certain ethnicities. It's known that glaucoma can be more aggressive in certain ethnicities like in African American populations. The risk of developing blindness can be six to eight times more than Caucasian populations. There's also an increased exponential prevalence of glaucoma in the Hispanic population as they reach ages above 60. There are certain different types of glaucoma. You might have heard of open angle glaucoma versus narrow or closed angle glaucoma. Well, in the United States, the open angle type is much more common than the narrow angle type, but in certain Asian populations the prevalence of narrow angle glaucoma is much, much higher. So again, there are different ethnicities that can increase the risk of glaucoma.

And then, family history is a big one. We know that there's a large genetic component to glaucoma development. When there is a family history, blood relatives, they have an increased risk—up to four to nine times that of the general population. Siblings are the highest. You can expect that one in eight relatives of someone who has glaucoma is likely to have it also. So, family history is a big component, and that's part of the reason why we encourage people who have the diagnosis of glaucoma to share it with their family members, not to be seen as a burden, but to be seen as a gift because the earlier glaucoma is diagnosed, the easier it is to treat. And it's much better to be screened for glaucoma early, and if you don't have it or there's healthy nerve tissue, great. But if you do have it, it's best to be caught early so that one can help continue seeing for the rest of their lifetime.

MS. DIANA CAMPBELL: I think that's great looking at it like a gift and not as a burden, and I've heard personally that some people don't necessarily like to scare their relatives, so they don't want to tell them. Do you have any specific advice, or would you just phrase it exactly how you said it? You know, "I'm giving you a gift of saving your sight by telling you this." What would you suggest?

DR. CONSTANCE OKEKE: Yeah, I think that it's a great opportunity when

family members gather in large settings. Like, on the holidays when people get together, or let's say there's a birthday and people are getting together, and you just gather people around and it's more of a, "Let's not be heavy, but sharing is caring, and I want to share with you the fact that I have a certain eye condition. My eye condition has been diagnosed and it's being treated, thankfully, but I understand that, because I have it, there's a possibility that people who are related to me could have it, too. And it's not that I want to scare anybody, but I understand that when you get screened early and if you do have it, the earlier that it's caught, the easier it is to treat, and so that, once that you've been seen, you have the best chance of keeping the sight well during your lifetime. And so, I just want to educate you and encourage you to get your eyes checked." And then beyond that, when you do get your eyes checked, make sure that you tell that eye doctor that you're getting your eyes checked because you specifically want to be looked for or checked out for glaucoma because sometimes I might just into a routine eye exam and, you know, they might kind of look at the back of the eye really quickly. But when you hear that term "family history," you have a tendency as eye doctors to look a little bit more keenly at the structures of the eye where glaucoma is affecting. And now, you feel a little bit more keen to do maybe a few tests in order to check it out a little bit more thoroughly. So, it's important to mention that when you're getting your eyes examined. And that's an important conversation to have. It doesn't have to be heavy, and it doesn't have to burden anybody, but it's more of, "I want to take care of you, and I love you, and I want to do my best to help you have a lifetime full of great vision."

MS. DIANA CAMPBELL: Absolutely, and I know sometimes people get confused because of the alphabet soup of vision professionals. For this type of exam, you'd want to be seeing either an optometrist or an ophthalmologist and not an optician that's just measuring you for glasses?

DR. CONSTANCE OKEKE: Correct. Optometrists are skilled to be able to look at the back of the eye and assess whether glaucoma is present or if it's suspicious. There are some optometrists who are trained and skilled to be able to monitor and follow glaucoma, especially when it's in early to mild or moderate stages, but optometrists work very closely

with ophthalmologists, who are the ones that can provide even more in-depth evaluations or also do procedures, if needed, for patients. So yes, optometrists or ophthalmologists are the best start to be able to evaluate to see if there's any signs of glaucoma inside the eye, and it takes a comprehensive eye exam in order to be able to look for it.

MS. DIANA CAMPBELL: Absolutely. Could you describe what a glaucoma suspect is?

DR. CONSTANCE OKEKE: Yeah. So, when we talk about glaucoma, we look at the structure in the eye called the optic nerve, and the optic nerve should look round, kind of like a donut—so, you have a nice thick rim, and on the inside, there's an area that we call the "cup" that's kind of like the hole of the donut, so that's an area where there's not as much nerve tissue. But the rim should be nice and full and thick full of rim tissue. What happens in glaucoma is that rim of tissue starts to get thin, and as it gets thin, that means that you're losing tissue, it's dying off. And so, the donut rim is getting thinner and thinner, and as the rim gets thinner, the center part that we call the cup gets bigger, and we call that process "cupping."

MS. DIANA CAMPBELL: Okay.

DR. CONSTANCE OKEKE: Now, if I look inside someone's eye and I see that that nerve—that rim of tissue, that disc rim—it looks kind of thin, that makes me suspicious of glaucoma. So, at that point, I will do some other tests to evaluate how well this eye is seeing. We do a certain test called a "visual field." It kind of gives us a map of how well that eye is seeing, and if it has really good function and it sees really well, then we have tests that can further evaluate that optic nerve and look at the disc rim. If those tests show that even though it looks thin, that there's still a lot of healthy tissue, then we call that person a glaucoma suspect—a suspect of someone we're not ready to actively treat for glaucoma but we're going to keep our eye on you, checking you every maybe 6 months to a year to check to see if there's any changes. If there are changes on our testing, then we will intervene and help protect that nerve tissue. If things are stable when we see you back, then we just keep watching. But that's what glaucoma suspect is—someone who looks a bit suspicious for glaucoma but they're healthy enough for us to just watch and not treat.

MS. DIANA CAMPBELL: I was really struck by an example that you shared in your book. You talked about glaucoma being sneaky and mentioned that a person can still have 20/20 vision and have advanced glaucoma. Could you discuss that a little bit more, and how does that look in the early stages? And, if you have 20/20 vision, you're still at risk and should get the eye exam, but aside from that, how does that progression happen? What does it look like in the early stages when that's the case and you're still seeing well?

DR. CONSTANCE OKEKE: I talked about before about having an optic nerve, and we were born with a certain finite amount of nerve tissue, and you could actually lose even up to half of your nerve tissue and still see perfectly fine. But when it goes past a certain reserve, that's when certain changes in the vision start to occur. However, still, those changes in the vision are still typically in places where we're not paying attention to. So, when we look at something directly, we're looking at the center of the eye, in our direct line of sight. But there's all this vision that we have that's on the side, or what we call the periphery, that we are really not paying that much attention to because we don't really need to because we're just focused on what's ahead. But what happens in glaucoma is that the nerve tissue, as it gets damaged, it starts to create blind spots, and those blind spots are more like a haze. It's not like just a dark blob all of a sudden that you really would notice; it's just kind of like a little haze. But that little haze is, again, out in the side vision, not where you're paying attention to. So, you could actually just keep focused on the center of what's ahead of you and not really notice that you're starting to lose some of that side vision. And glaucoma's sneaky because it just does it slowly, gradually, steadily, working its way typically towards the center. And as it's working its way towards the center you might start to see signs—like, for example, I'll have patients say that, "Oh, I keep feeling like someone just came up on me, like came out from nowhere," or "When I'm driving, it just seems like something comes out from nowhere," or "I feel like I'm tending to drive towards one side," or "I had a problem where I hit the side of the car on the curb because I didn't see it." There might be signs, but you might say, "Oh, that's just me getting older," or "That's just a random event." But sometimes those are early signs that something is actually happening.

But the reason why your vision could be 20/20 is that if that side vision is getting worse and worse and worse and going towards the center, it's usually the center that's the last to go. And in that center, even it's tunnel vision, one could actually see 20/20 in that area. And it's really sad because when I say this is so subtle, I can have patients who will walk into my office with advanced, let's say moderate to advanced glaucoma, and not even realize they really had a problem because there's just that gradual process has happened. And with both eyes open, sometimes with one eye really good and the other eye is really damaged, but with both eyes open, you may not even pay attention to the fact that one eye is damaged, and that's another confusing aspect. Your brain wants you to see as well as you can, so it will fuse images from the two eyes and really lean on the one that sees better, and if you never do a simple test of just checking one eye versus the other to see if there's a difference between the two, then you may never know that you actually have a problem in one eye.

That's actually something that I write about in my book in one of the chapters on the pearls of the expert tips of advice. It's called the "cover your eye so you can see test." It's not specific for glaucoma, but it's a very simple test that people can do to potentially pick up an eye condition or eye problem that should be checked by a thorough eye exam. If you cover one eye and look straight ahead and you see as you're seeing, and then cover the other eye and look straight ahead, if there's a big difference between the two eyes in terms of how well you see, then that's a red flag that you need to get your eyes examined if they haven't been already.

MS. DIANA CAMPBELL: Absolutely, and that one we can do at home, so that's nice. We know how important eye exams are, and even reminding your family about eye exams, but once you're either a suspect or you've been diagnosed, can you discuss a little bit about the importance of the follow-up appointments?

DR. CONSTANCE OKEKE: Yes. When it comes to glaucoma, understand that glaucoma is a chronic disease. Once you've been diagnosed with it, the diagnosis doesn't go away. It's either stable or it's progressing. And so, in order to try to stay on top of it, one needs to follow up regularly

in order to make sure that things are stable. For example, let's say you're being treated for glaucoma and you're on a certain eye drop regimen and your doctor says, "Oh, everything's fine and stable; I'll see you back in 3 months." And let's just say life happens or for example, let's just say, unfortunately like when COVID happened, people were like, "Oh, I'm seeing fine and I'm taking my drops and everything's okay." But what happens if you come back and unfortunately, instead of 3 months, you come back in 2 years? It's very possible that things could have changed with your glaucoma. Maybe your drops weren't working as well. Maybe in reality you aren't taking them as often as you should. Maybe the glaucoma just got more aggressive. If change happens, unfortunately, we cannot reverse and try to pick up back what was lost, we can only try to work on, from that point forward, trying to prevent any further loss of vision.

So, it's extremely important for patients to understand the reason why we have you come in to get checked periodically is because we want to stay on top of your glaucoma and make sure it's staying stable, and we need to evaluate it with certain tests that are repeated in order to see if there's any change. And if there is change, then that will alert us that maybe we need to be more aggressive with our treatment or maybe we need to change the treatment. Sometimes medications in the eye, over time, they can start to not work as well. Sometimes certain treatments, like light energy laser treatments, work for a certain period of time and then start to wear off and they need to be repeated. Sometimes a certain surgery's the same thing. They may be working well for a certain period of time and then over time, there could be scarring that occurs or changes in the glaucoma that make it such that you still need additional treatment. We can't know that unless we look inside the eye and do a certain test in order to be able to evaluate for that.

So normally, for a person who is stable with glaucoma, it can depend on how advanced the disease is. If it's a very mild disease, maybe I might see a patient every 3 to 6 months. If it's a disease that's more moderate to advanced, I might need to see them every 3 to 4 months. If there's somebody who is just a suspect, I typically see them down to about once a year. So, there's a need for following up regularly in order for us to check on your eyes. And remember, it's your eyes that we're trying to take care

of, and you want to keep seeing, so there's a certain responsibility on the patient's part to make sure that they keep up with their eye exams. And, you know, life isn't perfect. There are times when an eye appointment might have to be canceled, but it shouldn't be the patient's thought that, "Oh, I canceled the appointment, and they haven't called me yet; I'll just wait until they call me." No. Remember, you're taking care of your eyes, and if something fell through the cracks, you say, "No, no, no, no, I need to call and make sure I make my appointment with my doctors because I need to be checked regularly, so I need to get in and be seen." So, you need to make that call sometimes if the doctor's system sometimes fails. It's your eyes, again, and you want to make sure you take care of it. These are the things I say in my book. Real-world talks, because life is not always perfect, but we need to be our own advocate sometimes and make sure we're fighting for our vision.

MS. DIANA CAMPBELL: Absolutely, and it's so easy to let things slide like that but knowing that you're literally saving your vision I think is very important to have in the forefront in your mind. I want to touch on something else you said in the book, and I really love how you put this: partnering with your doctor regarding that self-advocacy. Talk about a little bit of that concept, about the doctor-patient relationship, if you can.

DR. CONSTANCE OKEKE: Yeah. I think that it's really important to really find a good doctor to treat your glaucoma that you trust. Trust is so important because, if for any reason you are a little bit skeptical about the doctor, you may not do the treatment plans that they have suggested for you. And I understand that sometimes one might even need to get a second opinion. Even sometimes I've had patients who need a third opinion before they find that right doctor or they get their answer satisfied, and that's fine. It's your eyes, so you need to do what you need to do to feel comfortable. But once you've established a good relationship with a doctor, it's important for you to always be honest and speak up. Sometimes we don't know if something is a good plan for you unless you tell us if there's an issue. So, for example, if someone takes an eyedrop that I prescribe and they go to the pharmacy, and the pharmacist says that their eyedrop is going to cost them \$200 and they're like, "Ah, I can't spend \$200 on medication," and then they just don't take it, and

they wait another 3 months until they're seen again. Well, guess what? There's another alternative, and if I had known that that was a problem, I would have quickly switched you to something else that's better covered by your insurance. Unfortunately, we don't know everybody's insurance, and sometimes one insurance is better than another, and it's hard for us to know. But if there's a problem, just reach out and communicate and call the office, talk to triage, triage will get to the doctor, "Oh, that medicine doesn't work? What's an alternative? Let me try this one. This is another ... this one is covered better by the insurance," okay?

Or let's say, you use new drops, and the drops irritate your eye or make your eye red, and you have to have a meeting and you have to present, and you don't want your eye to be red, so you don't use the drop whenever you have meetings. Well, guess what? Your pressures might be going up in your eye when you're not using the drop, and that's making your glaucoma worse, and that's not good. So, you need to communicate with your doctor that, "My eye does this when I use the drops, and is there any other alternative?" Because there's often other alternatives. There are other drops, preservative-free drops, there's light energy treatment, there's sustained release medication now, and there's other technologies within the surgical world that are minimally invasive. So, there's usually many more options to be able to consider, other than just the one that the doctor told you, that still also are a good option. So, communicating with the doctor creates a way for us to give you the best individualized plan in order to take good care of your eyes. And it's good to be honest because let's say, for example, you're having trouble remembering to use your drops because the regimen's too heavy and you're saying yes, you're doing your drops but your testing is showing that things are getting worse, and I say, "Okay, let me add more drops." Well, that's not helping the problem, okay?

MS. DIANA CAMPBELL: Right.

DR. CONSTANCE OKEKE: But if you tell me, "It's too much for me; I need to consider other alternatives," then maybe there's another way.

MS. DIANA CAMPBELL: That makes sense. I just want to mention to the audience, we will have future Chats that go over more in depth the difference types of treatments for glaucoma, and Dr. Okeke has given us a good overview today. I believe next month we'll be talking about minimally invasive surgery and some other things along those lines that are options, as well. So, I don't want you to feel like you're not going to get that information. Mary K. wrote in a question online right now: "How can I prevent glaucoma from getting worse?" I think you just kind of described it with those follow-ups and self-advocating. That's the best way, and communicating if something's not working for you, and if you stay on that treatment and stay up on your visits, there's a much better chance that you don't lose as much sight. Is that essentially right?

DR. CONSTANCE OKEKE: Yes. You need to get into good care with the doctor. That doctor needs to establish a good treatment plan for you, and questions that you can ask your doctor are, "Am I at target?" because usually we establish a target pressure for you. "Am I at target? Do my tests look stable?" I mean, those are the kinds of pieces of information that you want each time you go to the doctor's office, and asking those questions and following up, making sure you're doing your job to follow up, and adhere to the regimen to the best of your ability, and if there's a problem, communicate that with your doctor. Those are the ways in order to do your best to protect your vision. And also, educate yourself. There's a lot of resources. There's my book, but there's also resources from BrightFocus like you're doing here to listen to these Chats, there's ways to get more information so you can keep learning about the condition and feeling empowered that you're doing all that you can in order to take good care of your eyes.

MS. DIANA CAMPBELL: Absolutely. You have a chapter in your book called "Expert Tips to Prevent Blindness," and I was hoping you'd share just two or three of those. I know you mentioned the eye test with your hand earlier, but what are some of those pearls that would be easy to digest today?

DR. CONSTANCE OKEKE: I would say one is take glaucoma seriously. There's a definition that I actually like so much I put it on a poster on my

wall that says, “Glaucoma is that I see just fine, but I could go blind if I don’t take this eye condition seriously” Okay? Take glaucoma seriously. Do things that you need to do to stay on top of your eyes because the sad thing is that if glaucoma is left untreated or caught in late stages, things could happen where your independence is taken away or reduced in a way where it’s very discouraging. Taking it seriously means that you have the best chance in order to be able to keep seeing so you can have a productive and healthy and happy life with functional vision that allows you to be doing the things that you want to do.

Another tip is to have hope and not despair. Sometimes people hear the term “glaucoma” and they just think that “Oh, I’m going to go blind.” We are in such a wonderful time of technology advancement in the world of glaucoma. So many things have been happening over the last 10 years and continuing now on an explosive way of being able to better take care of our glaucoma disease, compared to where we were about 15 to 20 years ago. And there’s also research that is being done in order to look for a cure, and we’re getting closer. We’re not there yet, but we’re getting closer to the point where I feel very confident that, within my lifetime, we will be able to find a cure. So, one needs to have hope and believe that, if you’re in care and you’re doing what you need to do, the likelihood of you not going blind is there—it is very high. And so, have hope and not despair.

And then also, make sure that you get support. Sometimes glaucoma can be a very isolating kind of condition, and it’s important to share with others, whether that’s getting encouragement—there’s another section in my book called “Real-World Advice” that I have mentioned—or even when you go to your eye exam. A lot of my glaucoma patients actually get encouragement from the people in the patient waiting areas because they often talk to each other about their conditions and give each other encouragement about the doctor that they’re going to be seeing or the procedure that they might have to do. I’ve had a lot of them get feedback from even those interactions. But finding good support groups or avenues is important.

And then one other pearl that’s not always shared is keep your medical records. You know, the system of us referring records from one place to

another is good, but sometimes you might not get those records there in time. And especially if you're moving, it's okay to ask for certain records in order to be able to just have on your person so that you can share with the next person that you're going to be seeing, especially the most recent clinical exam notes that give a highlight of where you were and also information about where your targets are. Those kinds of pieces of information are really valuable and can be shared. I, again, discuss that in a little more detail in the book.

MS. DIANA CAMPBELL: Absolutely. It's wonderful, and we thank you so much for all of this. I think it's really digestible and easy to follow, and it might even seem like something that we should know, but all the things you outlined are things that we typically do forget to do for different types of conditions, so this has been really, really helpful. And you can always reach us at www.BrightFocus.org/stopglaucoma, and that's actually a special URL for our Glaucoma Awareness Campaign, so you'll be directed exactly to a lot of glaucoma information there. Again, in honor of Glaucoma Awareness Month, remember to schedule those eye exams and remind your family to do the same. Our next Glaucoma Chat will be on Wednesday, February 8, 2023, and we will be discussing "New Frontiers in Glaucoma Surgery." Just to close out today, Dr. Okeke, I think this made us all feel very empowered to take control of not just our eye care but our glaucoma diagnosis and what to do next. So, before we conclude, do you have any final remarks you'd like to share with the audience?

DR. CONSTANCE OKEKE: I just want to encourage you to make sure you talk to your family about glaucoma. Sharing is caring. And also, I encourage you to check out my book. As I mentioned, I feel like it's my gift to the world. I've had wonderful comments from everyone who's read it, from someone who is newly diagnosed to people who've had glaucoma for 20+ years. There are pearls that can help you to live your best life, to encourage you, to make you feel enlightened, and to give you tools for a deeper dive when you're ready to take on more information. So, I pray that it's an opportunity for people to help prevent blindness, and it's something that I want you to share with others, so that, again, sharing means caring. And I'm thankful for the opportunity to have shared this information with

you. I love educating, and if I've empowered you, that makes me feel very pleased. Thank you.

MS. DIANA CAMPBELL: Wonderful. I have a very quick result from our poll, and I think your message hit home because 89 percent said they're very likely to share this information and remind their loved ones to get their eyes examined. So, we're doing a great job, and I love what you said about being an advocate for yourself, staying positive, and know that much of this is in your control, and it's all about the follow-up and how you manage everything once you're diagnosed. So, with that, this concludes the BrightFocus Chat about glaucoma. Thank you again for joining us.

Useful Resources and Key Terms

BrightFocus Foundation: (800) 437-2423 or visit us at www.brightfocus.org/latest-chats

Available resources include—

- www.BrightFocus.org/stopglaucoma
- [Overview of Glaucoma](#)
- [Treatments for Glaucoma](#)
- [Resources for Glaucoma](#)
- [Clinical Trials: Your Questions Answered](#)
- [Safety and the Older Driver](#)
- [The Top Five Questions to Ask Your Eye Doctor](#)
- [Research funded by National Glaucoma Research, a program of BrightFocus Foundation](#)

Other resources mentioned during the Chat include—

- *The Glaucoma Guidebook*, by Dr. Constance Okeke; <https://theglaucomaguidebook.com/>

