

Ocular hypertension

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What is ocular hypertension?

Ocular hypertension means raised pressure within the eye, in the absence of glaucomatous damage.

It is not glaucoma, but it increases the risk of developing glaucoma. Therefore, it is important for people with ocular hypertension to be monitored carefully in order to detect glaucoma at the earliest possible stage when treatment is most effective.

What is meant by 'raised pressure'?

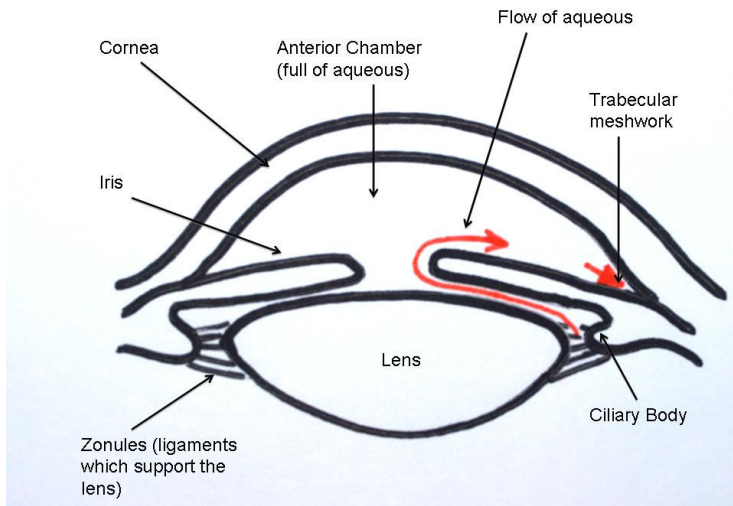
Most people have an eye pressure of between 10 and 21 mmHg (millimetres of mercury[Hg] = unit of pressure). An eye is considered to have ocular hypertension if the pressure is consistently above 21 mmHg.

The risk of developing glaucoma increases with rising pressure – it has been shown that the risk of developing glaucoma is about 10 times greater if a person has a pressure between 21 and 29 mmHg than if the pressure is below 21 mmHg.

This is why everyone with ocular hypertension should be monitored carefully for the development of glaucoma and why some people have treatment to reduce the pressure even when they don't have glaucoma, ie in order to prevent the development of glaucoma.

What creates pressure within the eye?

Eye pressure (intraocular pressure) is dependent upon the production and drainage of a watery fluid called aqueous humour, which fills the front part of the eye. This fluid is made by the ciliary body (a ring of tissue behind the coloured part of the eye, which is called the iris). It flows through the pupil and drains away through tiny channels called the trabecular meshwork. This is situated in the drainage angle between the cornea (clear window at the front of the eye) and the iris.



In a normal eye there is a balance between the production and drainage of aqueous humour. In ocular hypertension, the drainage is restricted (like leaves blocking a drain) and the pressure in the eye rises.

Are some people at increased risk of developing ocular hypertension?

Yes. There are several risk factors which make the development of ocular hypertension more likely. They include:

Age

Ocular hypertension is much more common with age. Therefore, regular testing after the age of 40 is recommended.

Race

People of African-Caribbean origin are more likely to develop ocular hypertension than people of European origin.

Family history

Any history of ocular hypertension or glaucoma in a close blood relative increases the risk of developing ocular hypertension.

How is ocular hypertension treated?

Not all people with ocular hypertension need to be treated. However, if the risk of developing glaucoma is considered to be significant, treatment will be started in the form of eye drops. The drops cause the eye pressure to drop to a more normal level, which protects against the development of glaucoma. Normally, the doctor will prescribe one drop to take once a day. There are many different types of drops available and are the same as those used to treat glaucoma.

Can I continue to drive with ocular hypertension?

Yes. There is no requirement to inform the DVLA.

What if my ocular hypertension cannot be fully controlled?

If the eye pressure remains high in spite of taking an eye drop or if glaucoma develops, the doctor may suggest additional or alternative treatment. Additional treatment means different eye drops (there are many types available). Alternative treatment means laser or surgery.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

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Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of the staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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