



## Glaucoma Drugs Don't Work in Patients Who Don't Take them

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I was stunned when one of my patients said to me, in secret, "none of my eye doctors adequately explain what to do with the eyedrops prescribed, since I was diagnosed with glaucoma, let alone care to know if I did or how I administered the drops before my next visit. I liked the way you educated me on this, and I now know the effect of non-adherence to my glaucoma medication as well as why my vision has deteriorated".

Glaucoma, alas, may be linked to over 11 million cases of bilateral blindness globally, and 80 million people are projected to have primary open-angle glaucoma (POAG) in the next 18 years. Glaucoma, the silent thief of sight, is still the leading cause of treatable blindness and will often lead to visual disability if not diagnosed early, monitored, and managed effectively.

Non-adherence to high or normal tension POAG therapeutic regimens is of serious global health care concern and the causes need to be addressed, starting with patients' behavior - taking medication, medication cost, patients' lack of education about the long-term effects of glaucoma, and the way the health care providers handle their job as to proper communication, recommendation, and follow-up care.

Only about 10% of glaucoma patients would continue with their medications as recommended for a period of one year. About half of them tends to discontinue taking prescribed medications within the first few months of glaucoma therapy. One-fifth of them won't bother to visit the eye clinic in 18 months after they are diagnosed of glaucoma. Some may intentionally empty the eyedrop bottle without instilling even a single drop into their eyes or rather take a few drops shortly before next to the clinic. A third of them can't keep up with the medications due to lack of funds, while another half neither understand the long-term effects of glaucoma nor read and obey instructions given by their health care providers. Some patients do forget to take their medication and/or dosage while some choose to stop medication due to the following reasons: poor communication between health care providers and patients, difficulty with instillation of drops or poor technique, polypharmacy,

and medication-related adverse effects.

However, the need to improve adherence to glaucoma medication regimens cannot be overemphasized. Patients should be encouraged to get medication often, take the medication daily and at appropriate timing, instilling the drop correctly (one drop is sufficient per eye). Health care providers should strive to ensure that patients are educated on the consequences of the disease progression, how to handle possible side effects of the medications recommended, the needs and/or reminders to keep up with the follow-ups as well as the consequences of non-adherence to the medications. Health care providers also need to advocate for simpler treatment regimens which may reduce non-adherence, such as implantable medication-administering devices like travoprost punctal plugs, bimatoprost conjunctival fornix ring and bimatoprost coated rods, that slowly releases the active drug(s) over a period of 3 - 4 months, as well as injectable like biodegradable particle formulation of travoprost for intracameral injection that has been proven to cause a meaningful reduction of intraocular pressure (IOP) for the period of 11 months after one dose.

Eye doctors should also monitor loss of visual field and changes in IOP, amongst other measures, to determine if glaucomatous changes are progressing.

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