

TREATMENT of OPEN ANGLE GLAUCOMA

The aim of treatment is to lower the IOP as a means of preventing further field loss. It cannot restore vision. The following are in the form of drops unless marked otherwise.

Alpha2 agonists

Probably both reduces production and increases outflow of Aqueous
Brimonidine (Alphagan)

Beta Blockers

Reduce production of Aqueous; can exacerbate Asthma or Cardiac Failure
Betaxolol (Betoptic)
Carteolol (Teoptic)
Levobunolol (Betagan)
Timolol (Timoptol)
Metipranolol (Preservative free Minims)

Carbonic Anhydrase Inhibitors

Reduce production of Aqueous. Can cause tingling and other systemic symptoms, and local irritation
Brinzolamide (Azopt)
Dorzolamide (Trusopt)

Acetazolamide (Diamox) TABLETS

Prostaglandin Analogues

Increase outflow of Aqueous; can discolour the iris, eyelids and cause eyelashes to grow.
Macular oedema
Bimatoprost (Lumigan)
Latanoprost (Xalatan)
Travoprost (Travatan)

Cholinergics and Sympathomimetics

Open the angle for drainage. Largely superseded
Pilocarpine
(Dipivefrine) Propine

Various combinations also exist:

Alpha-agonist + Beta-blocker = Combigan

Carbonic Anhydrase Inhibitor + Beta-blockers = Cospot

Prostaglandin analogue + Beta-blocker = Xalacom, Ganfort, Duo Trav,

