

## Glaucoma Challenges: Real Cases, Real Decisions

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1. Which of the following statements about primary open angle glaucoma is true?
  - a. It is a progressive, chronic optic neuropathy
  - b. It is elevated intraocular pressure
  - c. It is an uncommon cause of functional vision loss
  - d. It is a condition characterized by the presence of angle recession
2. What is the primary mechanism of action of rho-kinase inhibitors?
  - a. Increased uveoscleral outflow
  - b. Decreased aqueous production
  - c. Increased trabecular outflow
  - d. Increased episcleral venous pressure
3. Which procedure is necessary for the diagnosis of primary open angle glaucoma?
  - a. Gonioscopy
  - b. Pachymetry
  - c. Retinal nerve fiber layer analysis
  - d. Corneal hysteresis
4. Which visual field testing pattern is preferred in the evaluation of a patient with glaucoma?
  - a. 20-5
  - b. 24-2
  - c. 30-2
  - d. N-30
5. Which of the following visual field defects may be expected for a patient with a superior temporal notch in the neuroretinal rim?
  - a. Enlarged blind spot
  - b. Inferior nasal step
  - c. Superior arcuate scotoma
  - d. No visual field defect is expected
6. Which of the following is a unique adverse effect of netarsudil?
  - a. Conjunctival hyperemia
  - b. Corneal verticillata
  - c. Reduction in pulse rate
  - d. Increase in pupil diameter
7. Anterior segment OCT is most useful to determine:
  - a. If the angle is open or closed
  - b. The most posterior angle structure
  - c. The presence of a Sampaolesi line
  - d. The location of collector channels
8. What is the preferred method to evaluate the optic disc in the evaluation of glaucoma?
  - a. Binocular indirect ophthalmoscopy
  - b. Optical coherence tomography
  - c. Direct ophthalmoscopy
  - d. Slit lamp fundus biomicroscopy

9. What is the intended purpose of the COAST trial?
  - a. To demonstrate that SLT is more effective than medical therapy in reducing IOP in eyes with open angle glaucoma
  - b. To investigate the optimal energy level and frequency of laser therapy to treat glaucoma
  - c. To evaluate the duration of effect of a single SLT procedure
  - d. To assess the impact of SLT on quality of life in comparison to topical medical therapy
10. Which of the following findings is an expected effect of a topical ophthalmic prostaglandin analog?
  - a. Widening of the palpebral fissure
  - b. Slowed heart rate
  - c. Conjunctival hyperemia
  - d. Corneal verticillata
11. Which of the following represents an appropriate medication combination for glaucoma therapy (e.g. no duplications of medications or classes)?
  - a. Cosopt and timolol
  - b. Simbrinza and brimonidine
  - c. Latanoprost and Vyzulta
  - d. Vyzulta and brimonidine
12. Diagnosis of primary angle closure suspect is correctly characterized by:
  - a. Inability to visualize posterior trabecular meshwork in at least 180 degrees without peripheral anterior synechiae and without elevated intraocular pressure
  - b. No visualization of angle structures with intraocular pressure >27mmHg
  - c. Ratio between the peripheral anterior chamber depth and corneal thickness of <1:1/2 using the Van Herick technique
  - d. Trabecular-iris angle of <10 degrees measured on anterior chamber OCT
13. What is the mechanism of laser peripheral iridotomy (LPI) in the management of primary angle closure glaucoma?
  - a. To reverse or prevent pupil block
  - b. To increase anterior chamber depth
  - c. To prevent glaucomatous optic neuropathy
  - d. To increase uveoscleral outflow
14. All of the following features are relevant to determining a target IOP, EXCEPT:
  - a. Age
  - b. Disease severity
  - c. Peak, untreated IOP
  - d. Presence of dry eye disease
15. Benzodiazepine use is a relative contraindication for patients with which condition?
  - a. Primary open angle glaucoma
  - b. Glaucomatocyclitic crisis
  - c. Primary angle closure
  - d. Pigmentary glaucoma

16. Ideally, how many IOP readings should be gathered prior to making a treatment decision?
  - a. One
  - b. Three
  - c. As many as it takes until the IOP is greater than 21mmHg
  - d. IOP is not relevant to therapeutic decision making in glaucoma
17. How does the 24-2C visual field test pattern differ from the 24-2 pattern?
  - a. There is a greater distance between test points in the 24-2C pattern
  - b. There are an additional 10 paracentral test points in the 24-2C pattern
  - c. The stimulus size is larger in the 24-2C pattern
  - d. There is a wider area of the visual field tested in the 24-2C pattern
18. How do central corneal thickness values impact clinical management?
  - a. Thin central corneal thickness is a risk factor for development of glaucoma in patients with ocular hypertension
  - b. Intraocular pressure measurements should be adjusted based on central corneal thickness measurements
  - c. Central corneal thickness measurements are only valid if determined by ultrasound pachymetry
  - d. Central corneal thickness measurements do not impact clinical management
19. Maximally tolerated medical therapy is best described as:
  - a. One bottle of medication
  - b. Two bottles of medication
  - c. Three bottles of medication
  - d. The maximum number of medications that an individual can tolerate
20. Low vision consultation for patients with functional vision loss due to glaucoma is most effective:
  - a. Following bilateral loss of central fixation
  - b. When constriction of visual field encroaches within 5 degrees of fixation
  - c. Early in the course of disease
  - d. When patients no longer meet visual requirements for driving