Contemporary Glaucoma Care – Test Questions

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1. The primary therapeutic objective in managing primary open-angle glaucoma (POAG) is to:

A. Eliminate all conjunctival hyperemia

B. Lower intraocular pressure (IOP) to an individualized target range

C. Improve best-corrected visual acuity to 20/20

D. Normalize the cup-to-disc ratio to 0.1

2. In evaluating a glaucoma suspect, which factor most strongly argues for closer surveillance and/or treatment consideration?

A. Mild seasonal allergic conjunctivitis

B. Positive family history of glaucoma in a first-degree relative

C. History of soft contact lens wear

D. Stable low myopia

3. Current data suggests that even with significant advances around primary open angle glaucoma, many patients with this condition:

A. Present with acute pain and hyperemia

B. Are already correctly diagnosed at first examination

C. Remain undiagnosed despite routine eye care access

D. Demonstrate entirely normal optic nerve morphology

4. During optic nerve head assessment for glaucoma, the clinician should focus primarily on:

A. Iris color and pupil reactivity

B. Cup-to-disc ratio, neuro-retinal rim contour, and focal notching

C. Lens clarity and nuclear sclerosis

D. Eyelid position and lash orientation

5. Central corneal thickness (CCT) is clinically important in glaucoma because it:

A. Determines final refractive outcome

B. Influences the interpretation of applanation IOP measurements

C. Predicts the need for cataract extraction

D. Has no meaningful relationship to glaucoma risk

6. The systemic blood-pressure profile most associated with glaucoma progression is:

A. Low blood pressure with exaggerated nocturnal dips

B. Persistent fever

C. Labile sinusitis

D. Iron-deficiency anemia

7. In the area of visual field testing and glaucoma progression it is known that visual-field interpretation:

A. Is rarely useful for glaucoma management

B. Often relies on clinician judgment when determining progression

C. Requires only a single reliable field to establish trend

D. Has been completely replaced by OCT in current practice

8. A key clinical advantage of the SITA-FASTER visual-field algorithm is that it:

A. Eliminates the need for patient responses

B. Substantially reduces perimetry test time while preserving useful information

C. Does not require any perimeter hardware

D. Measures central corneal thickness simultaneously

9. What is one of the principal concerns with anatomically narrow angles?

A. Elevated risk of rhegmatogenous retinal detachment

B. Increased risk of acute or chronic angle-closure glaucoma

C. Higher likelihood of significant dry eye disease

D. Greater risk of intraoperative cataract complications

10. Laser peripheral iridotomy (LPI) is primarily indicated to:

A. Reverse advanced POAG optic neuropathy

B. Relieve or prevent pupillary-block angle closure

C. Remove visually significant cataracts

D. Stimulate aqueous humor production

11. A major challenge with glaucoma drop adherence is that many patients:

A. Consistently over-instill their topical medications

B. Require minimal education regarding their disease

C. Have difficulty maintaining prescribed dosing regimens

D. Prefer intravitreal injections over topical therapy

12. Prostaglandin analogs (e.g., latanoprost, bimatoprost) lower IOP primarily by:

A. Markedly reducing episcleral venous pressure

B. Increasing uveoscleral outflow of aqueous humor

C. Inducing ciliary body paralysis

D. Thickening the central cornea

13. A well-recognized ocular side effect profile of prostaglandin analogs includes:

A. Development of blue sclera in most patients

B. Iris pigmentation changes and increased eyelash length

C. Universal corneal ulceration

D. Complete loss of color discrimination

14. Topical beta-blockers (e.g., timolol) reduce IOP chiefly by:

A. Enhancing trabecular meshwork outflow

B. Suppressing aqueous humor production by the ciliary body

C. Reducing optic nerve head perfusion

D. Decreasing corneal thickness

15. It is a well-known fact that topical beta-blockers:

A. Do not enter the systemic circulation to a clinically relevant degree

B. Can produce significant cardiovascular and respiratory side effects

C. Affect only the fellow eye and not systemic organs

D. Are uniformly safe in patients with COPD or asthma

16. Based on the SLT content, selective laser trabeculoplasty is best characterized as:

A. A destructive procedure that removes the trabecular meshwork

B. A reasonable first line option for IOP reduction in appropriate POAG/OHT patients

C. An intervention reserved solely for end-stage glaucoma

D. A therapy that invariably eliminates the need for topical medications

17. In the area of glaucoma treatment options SLT:

A. May demonstrate waning effect over time, necessitating repeat treatment or adjunctive drops

B. Provides permanent, lifetime IOP control after a single session

C. Cannot be repeated once performed

D. Has no proven role in open-angle glaucoma management

18. Minimally invasive glaucoma surgery (MIGS) is best described as:

A. A modality with evolving evidence, aimed largely at reducing medication burden with a favorable safety profile

B. A definitive cure that restores damaged retinal ganglion cells

C. A procedure indicated only for primary angle-closure glaucoma

D. Universally more effective than trabeculectomy in advanced disease

19. In order that clinicians “not miss glaucoma” and “not get sued” it is important they:

A. Minimize documentation to save time

B. Reassure patients that early field loss is typically inconsequential

C. Carefully document optic nerve findings, risk factors, and follow-up plans

D. Base all management decisions solely on IOP readings

20. Intracameral implants for glaucoma treatment are designed to:

A. Control IOP indefinitely

B. Improve IOP for several months

C. Prevent narrow angle-closure glaucoma

D. Replace the need for SLT in glaucoma management