

## **APPENDIX 1<sup>[11]</sup>**

### **Summary of key recommendations in SIGN 144\***

- For patients with ocular hypertension or suspected glaucoma a reliable baseline measure of intraocular pressure is required. A minimum of two intraocular pressure readings on a single occasion using the same tonometer is recommended. The type of tonometer and the time of measurement should be specified in any referral to secondary-eye-care services
- Central corneal thickness should be measured in patients with ocular hypertension or suspected glaucoma and reported alongside the measured intraocular pressure results when referring to secondary-eye-care services.
- Depending on practitioner's preference and clinical competence, either the Van Herick method or gonioscopy may be used to detect narrow anterior chamber angles in patients with ocular hypertension or suspected angle closure.
- For patients with suspected glaucoma the optic discs should be examined by slit-lamp biomicroscopy. The vertical optic disc diameter should be measured using the slit beam height. This should be corrected for the magnification of the condensing lens, and the disc categorised as small, medium or large.
- The narrowest rim/disc ratio and disc size should be recorded and considered alongside additional indicators of glaucoma, such as optic disc nerve fibre layer haemorrhage and cup/disc ratio asymmetry, when assessing the need for referral to secondary-eye-care services.
- The optic discs should be photographed and the images transmitted with the electronic referral letter.
- For patients with ocular hypertension or suspected glaucoma, standard automated perimetry is recommended for visual field testing. Frequency doubling technology is also acceptable.
- Criteria for referral to secondary-eye-care services  
Irrespective of intraocular pressure, patients with one or more of the following findings should be referred to secondary-eye-care services:
  - 1) optic disc signs consistent with glaucoma in either eye
  - 2) A reproducible visual field defect consistent with glaucoma in either eye
  - 3) Risk of angle closure (occludable angle) – using Van Herick technique, if the peripheral anterior chamber width is  $\frac{1}{4}$  or less of the corneal thickness – using

gonioscopy, if  $\geq 270$  degrees of posterior pigmented trabecular meshwork is not visible.

- 4) Patients who have ocular hypertension with intraocular pressure  $> 25$  mm Hg may be considered for referral to secondary-eye-care services irrespective of central corneal thickness.
- 5) Patients who have ocular hypertension with intraocular pressure  $< 26$  mm Hg and central corneal thickness  $< 555$   $\mu\text{m}$  should be referred to secondary-eye-care services if they are aged  $\leq 65$ .<sup>+</sup>
- 6) Patients who have ocular hypertension with intraocular pressure  $< 26$  mm Hg and central corneal thickness  $\geq 555$   $\mu\text{m}$  may be monitored in the community.<sup>+</sup>

*\*Included here those only pertinent to diagnosis of glaucoma, does not include guidelines for discharge from hospitals or monitoring of at risk groups*

*+ Distinct from other guidelines including NICE and Joint College Guidance (JCG)*