# OHTMS - Protocol and Guidelines

## Administrative procedure

1. Following a full glaucoma assessment (see appendix 1) by an ophthalmologist or hospital optometrist, patients who are given a diagnosis of Ocular Hypertension (OHT) will be registered onto the OHT monitoring scheme (OHTMS)

| **Inclusion criteria** |
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| 1. Patients diagnosed with OHT who do not require treatment<br>2. Patients diagnosed with OHT who are on IOP lowering drops but who's treated IOP is within the target IOP<br>3. Pseudoexfoliation syndrome or pigment dispersion syndrome with IOP greater than 21mmHg but no other signs of glaucoma |
| **Exclusion criteria** |
| 1. Primary open angle glaucoma (including with pseudoexfoliation or pigment dispersion)<br>2. Suspect glaucoma<br>3. Raised IOP with anterior angles in danger of closing |

2. The referring clinician decides on the monitoring intervals, based on the degree of risk of conversion to glaucoma: either 6, 12 or 24 monthly

3. The patient nominates a community optometrist on the scheme

4. The patient is given a letter and an information leaflet, instructing them to arrange an appointment with their designated optometrist.

5. An OHTMS referral (including target IOP) is completed by the clinician and sent, to the nominated optometrist, who then arranges an appropriate appointment with the patient.

6. The GP is informed of the OHTMS referral and the name of the designated optometrist in a clinic letter.

7. The optometrist sends for the patient every 12 months (or appropriate interval) and undertakes the review appointment (see below).

8. The possible outcomes are

    a. No change to OHT status – review in 12 months
    b. Glaucomatous or suspicion of glaucomatous changes noted – refer to HES
    c. No change to OHT status for 5 years without medication – discharged.

## Clinical procedure for OHTMS review

- Ask re new symptoms and compliance with drops if these have been prescribed
- Visual acuity
- Threshold perimetry
- Goldmann applanation tonometry
- Van Hericks peripheral anterior chamber depth assessment
- Slit lamp/Volk optic disc assessment (with dilation if inadequate view undilated)
- Decision to continue on OHTMS (if no change/no problems) or refer back to Glaucoma Unit (if any changes noted, IOP not within target or problems with drops (if using))
- Complete OHTMS report form 3 copies
    - One for GP.
    - One for optometrist record.
    - One for patient.

Patients who are unable to be examined on a slit lamp should be monitored in the best alternative way possible, i.e. Perkins tonometry, handheld slit lamp, headband BIO or direct ophthalmoscopy

## Criteria for referral back to Glaucoma Unit

- IOP > 32 mmHg
- IOP > target IOP
- Visual field defect
- Change in optic disc appearance
- Clinical need for repeat gonioscopy
- Clinical need for repeat CCT measurement
- Persistent poor compliance or adverse effects to medication
- Any other indication of a change in the condition requiring specialist opinion

## Accreditation for OHTMS

The Accreditation requirements will be those specified by the LOCSU / WOPEC distance learning package in Glaucoma Referral Refinement level 1.

## Equipment requirements for OHTMS

Slit lamp
Goldmann tonometer (slit lamp mounted)
(Perkins tonometer for use when slit lamp examination not possible)
Volk lens or other means of stereoscopic disc assessment.
Electronic Threshold perimeter.