

Global Journal of Cataract Surgery and Research in **Ophthalmology**



Editorial

Public awareness: Key factor in preventing glaucoma-related blindness

B. K. Nayak¹

¹Department of Ophthalmology, Hinduja Hospital, Mumbai, Maharashtra, India.

Though glaucoma blindness can be prevented if treated properly in time, it definitely needs a lifelong and consistent treatment. It is important to realise that visual damage due to glaucoma is irreversible and if left untreated, it leads to blindness. Glaucoma is asymptomatic in majority cases, unless it is advanced. To add insult to the injury, there is no single test which can detect glaucoma in its early stages, unlike diabetes, which can be picked up easily on blood sugar examination, at any point in time. This fact makes glaucoma screening and diagnosis a challenge.

Having said that, I would like to draw your attention to another startling reality about glaucoma, which has not been realised yet or has been conveniently brushed under the carpet. It is a matter of grave concern when we see that 50% of patients worldwide remain undiagnosed even today, in spite of technological advancements and information being at everyone's fingertips. In India, as per the Chennai Glaucoma Survey, more than 90% of glaucoma patients remain 'undiagnosed' in the population.[1] The same study also pointed out that 50% of 'diagnosed' glaucoma patients had been examined by ophthalmologists in the previous 12 months. Here, I would like to draw your attention to another important fact that all the 50% patients who had glaucoma would not have developed glaucoma in that 1 year alone. This reality indicates that in spite of their eye examination, the diagnosis of glaucoma was missed. The obvious conclusion here would be that a 'thorough and detailed' comprehensive ophthalmic examination did not take place and the most impactful diagnosis was missed. An article in the present issue highlights the importance of opportunistic screening for diagnosis of glaucoma and prevention of blindness.^[2] It is disturbing also to note in the Chennai Glaucoma Survey that 40% of the diagnosed open angle glaucoma cases were of narrow angle type, indicating that the gonioscopy was compromised upon.^[1] At the cost

of ruffling a few feathers, I will not hesitate from saying that ophthalmologists are seen cutting corners in examining a patient beyond cataract.

This makes 'public awareness' a key factor in preventing glaucoma-related blindness so that they come forward to get themselves examined for glaucoma. Hence, whenever the patient walks into the ophthalmic clinic, it is the responsibility of the ophthalmologist to perform a comprehensive 'opportunistic screening for glaucoma' so that it is not missed. If glaucoma blindness is to be curbed or prevented, there is no doubt that public awareness is of utmost importance. To achieve this aim, the World Glaucoma Association observes the 'Glaucoma Week' in the month of March to spread awareness all over the world.

I want to remind all that the onus of missing the outcome of that eye examination will always lie with the ophthalmologist alone, and we will not be in a position to excuse ourselves for the lapse. Therefore, we can safely say that 'public awareness' and 'opportunistic screening for glaucoma' together are the two pre-requisites which can control glaucoma-related blindness effectively.

REFERENCES

- George R, Arvind H, Baskaran M, Ramesh SV, Raju P, Vijaya L. The Chennai glaucoma study: Prevalence and risk factors for glaucoma in cataract operated eyes in urban Chennai. Indian J Ophthalmol 2010;58:243-5.
- Bhagat PR, Prajapati KM, Chauhan A, Khobragade SR, Mistry AV, Quraishi RM. Opportunistic screening - The key to prevent glaucoma-related blindness. Glob J Cataract Surg Res Ophthalmol 2025;4:3-6.

How to cite this article: Nayak BK. Public awareness: Key factor in preventing glaucoma-related blindness. Glob J Cataract Surg Res Ophthalmol. 2025;4:1. doi: 10.25259/GJCSRO_18_2025

*Corresponding author: B. K. Nayak Department of Ophthalmology, Hinduja Hospital, Mumbai, Maharashtra, India. editor@gjcsro.com Received: 13 May 2025 Accepted: 13 May 2025 Published: 22 May 2025 DOI: 10.25259/GJCSRO_18_2025

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms. ©2025 Published by Scientific Scholar on behalf of Global Journal of Cataract Surgery and Research in Ophthalmology