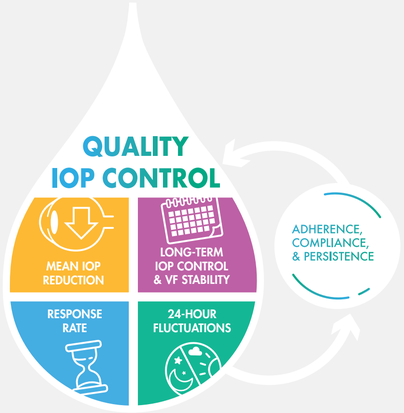
PRACTICAL TIPS TO IMPLEMENT THE QoIOP CONTROL CONCEPT IN GLAUCOMA

Recommendations from Asian glaucoma experts

WHAT?

The QoIOP control concept comprises five key areas to provide a holistic approach to glaucoma and IOP management:



WHY?

A shift in mindset from 'quantity-based IOP measurements' to 'quality-based IOP control' is needed for better management and treatment of patients with glaucoma.

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HOW?

Considerations for how ophthalmologists can incorporate the five key aspects of the QoIOP control concept into clinical practice to improve the management of Asian patients with glaucoma.*

Scan the QR code or follow the link to view the 'Expert Recommendations for Glaucoma Management in Asia'
https://santen.asia/QoIOP

MEAN IOP REDUCTION

1. **Set the target IOP prior to initiating treatment**

Initial target IOP ranges based on the stage of glaucoma		
Mild/early glaucoma	Moderate glaucoma	Severe/advanced glaucoma
15–17 mmHg	12–15 mmHg	9–12 mmHg

2. **Record the initial IOP, documenting the time and type of IOP measurement. Share this information with specialists upon referral**
3. **Monotherapy is recommended for first-line treatment, except in cases with very high IOP and severe disease**

RESPONSE RATE

1. **Unless immediate IOP reduction is necessary, obtain ≥2 IOP readings to establish the baseline IOP**
2. **Some patients may show delayed responses to PGAs. Reassess the medication efficacy in another 2–4 weeks**
3. **In poor responders, check for lack of adherence and side effects, consider switching to another PGA or another medication class, or try a fixed-dose combination**

How do we define non-responders?†
A 10% threshold for non-response to monotherapy appears reasonable, with clinical judgment to be used on a case-by-case basis. For example, for patients with severe disease, the non-response cut-off may need to be 15% when compared with baseline.

LONG-TERM IOP CONTROL & VF STABILITY

1. **Evaluate VF over time to identify disease progression (e.g. more than once per year; ideally, six tests [three per year] in the first 2 years following diagnosis)**

Which VF test should I use?
The 24-2 test pattern is considered the gold standard. Note: use caution if using the SITA Faster test; it has shown similar perimetric test results when compared with SITA Standard 24-2 and SITA Fast 24-2, but its ability to detect early disease may be limited. **Consider 10-2 tests in patients with advanced VF loss and/or suspected central involvement.**

2. **Modify the frequency of VF testing based on disease stage**
3. **Structural change can occur before functional change. Monitor both to detect progression**

24-HOUR FLUCTUATIONS

1. **Prioritize 'extended hours' IOP monitoring in patients who have advanced disease, a high risk of VF loss, and/or those with unexplained progression‡**
2. **Measure IOP at different times and on different visits. For example, the morning, afternoon, and evening on different visits, or every 2–4 hours from 08:00 to 17:00, using a GAT**
3. **If available, the iCare HOME may help to measure 24-hour IOP**

ADHERENCE, COMPLIANCE, & PERSISTENCE

1. **Identify non-adherence to avoid mistaking it for a poor response**
2. **Where possible, prescribe once-daily or single-dose PF medications**
3. **When considering PGA as a treatment option, educate patients about the potential impact of PAPS. Patients should also be encouraged to set reminders/ alarms and utilize resources such as the ACT program:**

Aiming for Continuous Treatment

Scan the QR code to access

*The information presented provides guidance for the pattern of practice, not for the care of any individual. Some information is based on the opinion and clinical experience of the expert faculty members. Please consult your Santen representative for more information. †These definitions are related to patients receiving an initial monotherapy. In patients receiving a secondary glaucoma medication, a less substantial decrease in IOP can be expected. ‡Patients with 'unexplained progression' are those with VF deterioration despite normal office IOP measurements.

Abbreviations: ACT: Aiming for Continuous Treatment; GAT: Goldmann applanation tonometry; IOP: intraocular pressure; PAPS: prostaglandin-associated periorbitopathy syndrome; PF: preservative-free; PGA: prostaglandin analog; QoIOP: quality of intraocular pressure; SITA: Swedish Interactive Threshold Algorithm; VF: visual field.

Reference: Santen. Expert Recommendations for Glaucoma Management in Asia. Practical clinical guide for ophthalmologists to implement the quality of intraocular pressure (QoIOP) control concept in Asian patients with glaucoma. December 2022.

For Healthcare Professionals Only

Supported by Santen Pharmaceuticals Asia Pte. Ltd.

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Date of preparation: February 2023. NP-GLAU-Asia-0015.

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