



# Fitzgerald

Health Education Associates™  
fhea.com

## Resource 4-1: Treatment Options in Glaucoma

Primary (chronic) open-angle intervention	Acute angle-closure intervention
<p>Reduce production of intraocular fluid</p> <ul style="list-style-type: none"> <li>• Topical beta-adrenergic antagonists</li> <li>• Topical alpha-2 agonist</li> <li>• Less-selective sympathomimetic</li> <li>• Topical carbonic anhydrase inhibitors</li> <li>• Combination solutions available</li> </ul> <p>Increase fluid outflow</p> <ul style="list-style-type: none"> <li>• Prostaglandin analogs</li> <li>• Miotic agents (parasympathomimetics)</li> </ul> <p>A variety of surgical interventions if needed to attain NL pressures such as photocoagulation trabeculoplasty, iridotomy, and drainage implant (e.g., shunt), particularly if disease progressed with optimized medical intervention</p>	<p>Prompt ophthalmologic referral</p> <p>Relieve acute intraocular pressure</p> <ul style="list-style-type: none"> <li>• Reduce production of intraocular fluid <ul style="list-style-type: none"> <li>○ Topical beta-adrenergic antagonists</li> <li>○ Topical alpha2 agonist</li> <li>○ Topical carbonic anhydrase inhibitors</li> </ul> </li> <li>• Increase fluid outflow <ul style="list-style-type: none"> <li>○ Prostaglandin analogs</li> <li>○ Hyperosmotic agents</li> </ul> </li> </ul> <p>A variety of surgical interventions once pressure normalized</p>

Source: Bell, J. Roy, H., Primary Open-Angle Glaucoma, <https://emedicine.medscape.com/article/1206147-overview>

Fitzgerald Health Education Associates. All rights reserved. Reproduction is prohibited. Prior permission required for use of questions or course content.

85 Flagship Drive  
North Andover, MA 01845-6154

VM • 978 • 794 • 8366  
FAX • 978 • 794 • 2455

email • [cs@fhea.com](mailto:cs@fhea.com)  
Internet • <https://www.fhea.com>