



The National Strategy for the Control of Chronic Glaucoma

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Editorial

Chronic glaucoma, with its risk of irreversible blindness, is one of the major public health problems in Morocco and the world. Its identification, because of the almost asymptomatic nature of the disease, is the first if not the only means available to control it or at least to act when there is still time, so as not to become blind without realizing it [1-7]. It is also important to point out that glaucoma has some specificities in relation to its definition since there are several forms of glaucoma (glaucoma), the difficulty of making an early diagnosis (insidious and asymptomatic disease), the means of Diagnosis and therapeutic means (medical: observance and cost, surgical: difficult to accept by the patient) [1-4,6,8-10].

In this regard, the Ministry of Health developed the national chronic glaucoma strategy following a national consensus that standardized and standardized concepts related to the definition of chronic glaucoma, its identification, Diagnosis and therapeutic management in relation to the national health care system.

This workshop provided answers to five key questions, which are as follows:

1. How is a case of chronic glaucoma defined?
2. What are the risk factors to look for?
3. What is the target population?
4. What are the measurement tools for case identification and diagnosis?
5. How can we identify and manage a case of chronic glaucoma in relation to the health care system?

Definition of a case of chronic glaucoma [1,3,4-6,8-12]

Chronic glaucoma is defined as bilateral, insidious and progressive chronic optic neuropathy characterized by:

- Pathological papillary excavation
- A characteristic alteration of the Visual Field (CV)
- Generally associated with ocular hypertonia

Description of the risk factors to be used to define the target population [3,4,10,11-21]

While the causes of increased IOP remain unclear, risk factors for glaucoma development are well known. It is better to be attentive, especially as their effects tend to be cumulative.

The risk factors used in the national strategy are as follows:

1. Age over 40 years
2. Familyhistory of glaucoma
3. Strongmyopia
4. Use of long-term corticosteroid
5. Diabetes
6. Vascularfactors (hypertension,)
7. Eye trauma
8. Melanoderma (dark skin)

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Table 1: Management of chronic glaucoma in relation to the care pathway.

Primary level (medical professional of 1st line)	<ul style="list-style-type: none"> Identifying people at risk Reference to secondary level to confirm diagnosis and management Information and education of the patient, his family and the population at risk Drug Supply / Recovery of Lost
Secondary level (Hospitals Network)	<ul style="list-style-type: none"> Diagnosis of the disease (IOP, FO, CV) Medical / surgical management / cases Follow-up of patients on treatment Reference of difficult cases to level III Continuing education of primary health workers
Tertiary level (Center of Expertise)	<ul style="list-style-type: none"> Medico-surgical management of difficult and / or referred cases by level II Pole of excellence for Glaucoma: <ul style="list-style-type: none"> Research Basic and Continuing Education

This set of factors has been categorized into two groups to define a suspect case and hence the population at risk.

Factors of major risk

- Age over 40 years
- Familyhistory of glaucoma

Risk Factors Minor

- Strongmyopia
- Use of long-term corticosteroid
- Diabetes
- Vascularfactors (hypertension,)
- Eye trauma
- Melanoderma (Black skin)

The population at risk

At least 2 factors of Minor risk

A person at risk is considered a person who

- Familyhistory of glaucoma
- Age over 40 years

Identification of measurement tools: screening and diagnosis of chronic glaucoma:

Chronic glaucoma is considered to be any person having

- a pathological papular excavation in the fundus of the eye (FO)
- a characteristic visual field image (CV)
- ocular hypertonia >21 mm Hg (PIO) +/-

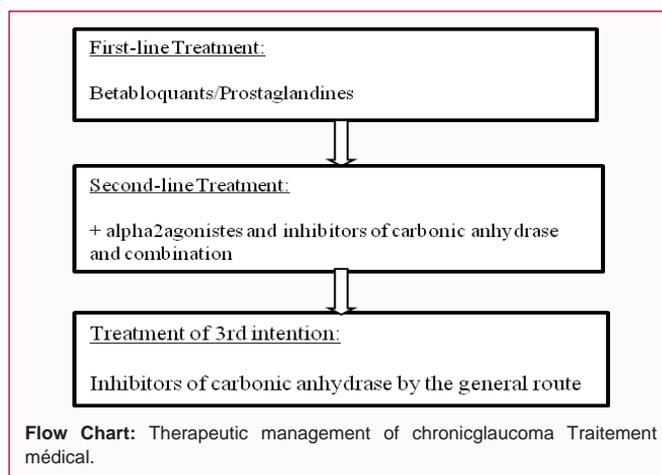
Management of chronic glaucoma in relation to the care pathway (Table 1)

Therapeutic management of chronicglaucoma traitement médical

The national strategy to fight blindness caused by chronic glaucoma advocates an algorithm for therapeutic decision-making, starting with monotherapy (a betablocker or a prostaglandin) by local route. Depending on the course of the disease and the effectiveness of the treatment, the protocol may be changed to dual therapy, triple therapy or a change in the route of administration of the medicinal products or even to other therapeutic options (Flow Chart) [1-4,8-10].

Surgical treatment

Indications for surgical treatment



- Evolution of the disease (degradation)
- Failure of medical treatment
- No compliance of the patient with the treatment

Conclusions

Glaucoma has become an increasing public health problem. About 2.2% of the Moroccan population suffers from this silent disease. It is the second cause of blindness in Morocco after the cataract [1,5,13,25]. In the less developed countries, glaucoma is second only to the causes of blindness (12%) after cataract (50%). In 2002, the number of blind people per glaucoma in the world was estimated at 4.5 million and in 2010 was over 8 million [6,26]. Currently, ophthalmic health facilities have the tools to identify people at risk and diagnosis, including intraocular pressure, fundus and visual field.

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