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New Glaucoma 5-Year Risk Estimator

Based on results from The Ocular Hypertension Treatment Study (OHTS) & The European Glaucoma Prevention Study (EGPS)

This is a new, updated method for estimating the 5-year risk that an individual with ocular hypertension will develop primary open angle glaucoma (POAG) based upon the two studies on Ocular Hypertension (OH), the OHTS and EGPS.

In March 2006 the first version of a Glaucoma Risk Calculator was presented in *Oftalmolog* (1).

This new risk estimator method (2) may be useful to clinicians and patients in deciding the frequency of tests and examinations and the potential benefit of starting treatment.

DIRECTIONS FOR USE

The prediction models for POAG require the following:

- Age
- Vertical cup/disc ratio by contour
- IOP (3 measurements per eye measured using Goldmann applanation tonometry)
- Central corneal thickness using an ultrasound pachymeter (3 measurements per eye)
- Pattern standard deviation using any of the following (2 measurements per eye):
 - a. Humphrey full threshold 30-2 or 24-2
 - b. SITA standard 30-2 or 24-2
 - c. Loss variance from Octopus 32 (dG2)

METHODS

Two methods can be used to estimate the 5-year risk of developing (POAG): a continuous method based on actual data and a simplified point system.

1. The Continuous Method:

The actual data for the patient age and eye measurements are entered.

2. The Point System:

The range for the patient age and average of the multiple measurements is entered. The results in using the two methods will be similar but not identical. Examples for each method is listed below.



GLAUCOMA 5-YEAR RISK ESTIMATOR



CONTINUOUS METHOD FOR ESTIMATING 5-YEAR RISK OF DEVELOPING POAG

INSTRUCTIONS:

1. Enter Patient Age and Ocular Data. (At least one measurement must be entered in each row.)
2. Click "Estimate Risk" to obtain the predicted 5-year risk of developing POAG.
3. Tooltips can be viewed by moving your mouse over any question mark.

FACTORS							
?	Age <input type="text"/>	RIGHT EYE MEASUREMENTS			LEFT EYE MEASUREMENTS		
		1 st	2 nd	3 rd	1 st	2 nd	3 rd
?	Untreated Intraocular Pressure (mm Hg)						
?	Central Corneal Thickness (microns)						
?	Vertical Cup to Disc Ratio by Contour						
?	Pattern Standard Deviation						
	<input type="radio"/> Humphrey (dB) <input type="radio"/> Octopus loss variance (dB)						

<http://ohts.wustl.edu/risk/calculator.html>

Figure 1 The Continuous Method

Example: To calculate the 5-year risk of developing glaucoma for:

PATIENT DATA	VARIABLES
55 year old patient	Age = 55
IOPs are right eye: 22, 23, 21 and left eye: 28, 24, 26	Mean IOP = 24 mm Hg
CCTs are right eye: 530, 536, 530 and left eye: 550, 545, 549	Mean CCT = 540
VCDs are right eye: 0.40 and left eye: 0.40	Mean VCD = 0.40
PSDs (Humphrey) are right eye: 1.8, 2.6 and left eye: 2.2, 2.2	Mean PSD = 2.2

- AGE = Age at baseline
- VCD-RATIO = Vertical cup/disc ratio by contour (1 measurement per eye)
- IOP = Untreated intraocular pressure (mean of 3 measurements per eye)
- CCT = Central corneal thickness using an ultrasound pachymeter (mean of 3 measurements per eye)
- PSD = Pattern Standard Deviation using Humphrey 30-2 full threshold or SITA standard 30-2 or Loss Variance (LV) from Octopus 32 (dG2) (2 measurements per eye)

The Continuous Method:

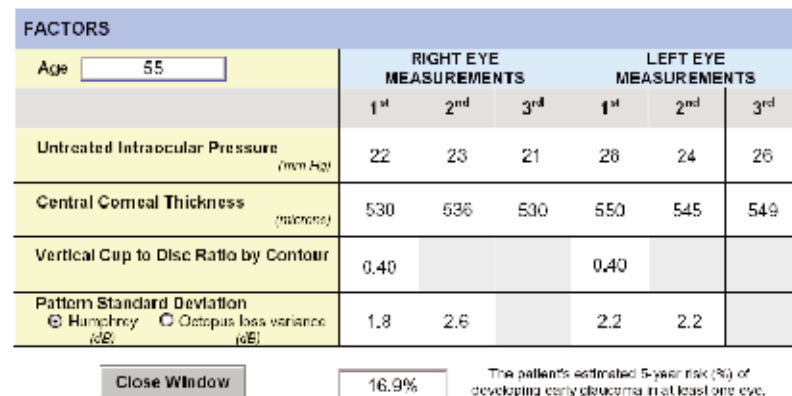


Figure 2 The Continuous Method

2. The Point System:

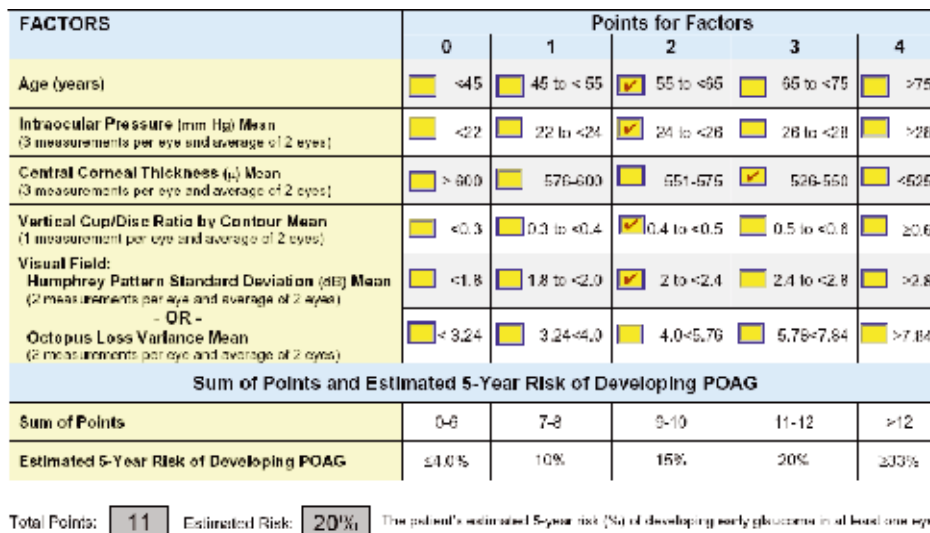


Figure 3 The Point System

The Risk Estimator is downloadable from: <http://ohts.wustl.edu/risk>

Referencer: www.oftalmolog.com

PUBLICATIONS

Oftalmolog Thygesen J. Ny Risiko-Kalkulator til beregning af risiko for progression af okulær hypertension til glaukom. *Oftalmolog* 14 (Marts) 2006;14-16.

OHTS Gordon, MO, Kass MA and the Ocular Hypertension Treatment Study (OHTS) Group: The Ocular Hypertension Treatment Study: Design and baseline description of the participants. *Arch Ophthalmol* 117:573-583, 1999.

Kass MA, Heuer DK, Higginbotham EJ, Johnson CA, Keltner JK, Miller JP, Parrish RK, Wilson MR, Gordon MO for the Ocular Hypertension Treatment Study Group. The Ocular Hypertension Treatment Study: A randomized trial determines that topical ocular hypotensive medication delays or prevents the onset of primary open angle glaucoma. *Arch Ophthalmol* 120:701-713, 2002.

Gordon MO, Beiser JA, Brandt JD, Heuer DK, Higginbotham EJ, Johnson CA, Keltner JK, Miller JP, Parrish RK, Wilson MR, Kass MA for the Ocular Hypertension Treatment Study Group. The Ocular Hypertension Treatment Study: Baseline factors that predict the onset of primary open angle glaucoma. *Arch Ophthalmol* 2002; 120:714-720.

Higginbotham EJ, Gordon MO, Beiser JA, Drake MV, Bennett GR, Wilson MR, Kass MA for the Ocular Hypertension Treatment Study Group. The Ocular Hypertension Treatment Study: Topical medication delays or prevents primary open-angle glaucoma in African American individuals. *Arch Ophthalmol* 2004; 122:813-820.

The Ocular Hypertension Treatment Study Group (OHTS) and the European Glaucoma Prevention Study Group (EGPS). A Validated Prediction Model for the Development of Primary Open Angle Glaucoma in Individuals with Ocular Hypertension. *Ophthalmology*. In Press.

EGPS European Glaucoma Prevention Study (EGPS) Group. The European Glaucoma Prevention Study design and baseline description of the participants. *Ophthalmology* 2002; 109: 1612-21.

European Glaucoma Prevention Study (EGPS) Group. Results of the European Glaucoma Prevention Study. *Ophthalmology* 2005; 112: 366-375.

European Glaucoma Prevention Study (EGPS) Group; Miglior S, Pfeiffer N, Torri V, Zeyen T, Cunha-Vaz J, Adamsons I. Predictive factors for open-angle glaucoma among patients with ocular hypertension in the European Glaucoma Prevention Study. *Ophthalmology*. 2007 Jan;114(1):3-9 Ocular Hypertension Treatment Study Group; European Glaucoma Prevention Study Group; Gordon MO, Torri V, Miglior S, Beiser JA, Floriani I, Miller JP, Gao F, Adamsons I, Poli D, D'Agostino RB, Kass MA. Validated prediction model for the development of primary open-angle glaucoma in individuals with ocular hypertension. *Ophthalmology*. 2007 Jan;114(1):10-9.