

Chronic open-angle versus acute close- angle glaucoma

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Chronic Open-Angle versus Acute Close-Angle Glaucoma Chronic Open-Angle versus Acute Close-Angle Glaucoma There are various disorders that continue to affect human. One of such disorders is glaucoma. The disorder is said to occur in human due to damage to the optic nerve. The optic nerve is involved with sending of visual signals from the eye to the brain (American Optometric Association, 2014). Hence, damage to the nerve hinders the transmission of visual images to the brain and, therefore, one is unable to see. There are various forms of glaucoma. However, there are two common forms of glaucoma: chronic open-angle and acute close angle. The paper focuses on symptoms, assessment, and diagnosis of chronic open-angle glaucoma versus acute closed-angle glaucoma as well as a plan for treatments.

Chronic open-angle glaucoma has been described as the most common in human. The occurrence of the condition has been linked to dysfunctional drainage channels that hinder the normal elimination of fluid from the eye (Simon & Zieve, 2012). Failure to remove fluids from the eye at a normal rate leads to increase in intraocular pressure (IOP). Symptoms of the conditions are mostly experiences at a later stage as the condition progresses. They include a gradual decrease of vision from the sides of the eye and decrease of straight ahead vision (Simon & Zieve, 2012). In the absence of treatment, blindness occurs to the affected individual. The assessment of this condition is mainly done by checking IOP using a procedure known as tonometry (Simon & Zieve, 2012). The other procedure of assessment is to measure cornea thickness to know about the progression of the condition. Another form of assessment is through

checking the damage of the optic nerve using magnifying lens instrument. The test is also done in the visual field to understand the level of impairment.

On the other hand, acute closed-angle glaucoma is a common problem in human. It occurs when the outer iris get in touch with the trabecular meshwork leading to temporary or permanent closure (Khondkaryan & Francis, 2013). There are various symptoms of the condition. They include blurred vision, painful red eye, headache, nausea, and sometimes vomiting (Khondkaryan & Francis, 2013). The assessment of the condition is done through various ways. First, there is an examination of visual acuity as it is mainly decreased after getting the condition. Secondly, the examination is done in the eye and may indicate red with a vascular blockage, corneal swelling, and dilated the unresponsive pupil (Khondkaryan & Francis, 2013). The examination is also done on IOP. The presence of the condition is characterized by heightened level of IOP with over 21 mm Hg (Khondkaryan & Francis, 2013). Other tests include gonioscopy of both eyes and automatic testing of the visual field to assess the extent of the condition.

Chronic open-angle and acute closed-angle glaucoma patients need an adequate plan for care as they have no cure. The care plan is mainly aimed at reducing intraocular pressure (American Optometric Association, 2014). It is done through the recommendation of eye drops that is taken on a regular basis. Secondly, medication may be put as a care plan with the goal of reducing high-level IOP. Moreover, surgery is done in some cases to lower the pressure when the medicine is ineffective. The overall plan is to keep eye pressure under control to slow damage to the optic nerve and continued the

loss of the visual field (American Optometric Association, 2014).

References

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