

# Going down a storm in Atlanta

Delegates braved snow and freezing temperatures to attend the SECO International Congress in Georgia earlier this month. Professor Nizar Hirji was there to hear the secrets of a glaucoma expert



A snowbound Dr Harry Quigley presented his 'secrets' from his home computer in Baltimore

**T**he SECO International Congress is an annual continuing education event for optometrists, opticians, certified ophthalmic technicians and support staff. It is presented by leading industry educators and thinkers who aim to address the most important clinical and business issues of the day. This year's programme at SECO 2010 was no exception. Held in Atlanta, it ran from Wednesday February 10 to Sunday February 15 with some 350 hours of continuing education courses for optometrists and a broad range of courses for support staff.

The optometrists' education programme comprised 16 education tracks designed around the theme 'Embracing the Generations'. It included lectures, 15 hours of special sessions, hands-on workshops, and featured renowned speakers and leading industry researchers and practitioners.

At a time in the US when the economy is at a low ebb, the last thing that SECO 2010 organisers wanted was inclement weather. But that's exactly what they got – freezing temperatures, wind and snow. However, optometrists and others braved the weather to complete their continuing education requirements and this included a cohort of delegates from the UK (up to 56 CET GOC approved

points were available).

A definite highlight was on Thursday, when 'Secrets of a Glaucoma Expert' was to feature in person world-renowned lecturer Dr Harry Quigley, a founding member of the American Glaucoma Society and CEO of the Association for Research in Vision and Ophthalmology (ARVO). However, he was snowbound in Baltimore. To ensure that the presentation was not cancelled, the SECO education committee managed to get him to present his material via a live video connection from his computer at home to the main lecture theatre.

Moderated by Dr Michael Patella, Dr Quigley explained his views about the disease mechanisms, diagnosis, therapy and patient compliance in glaucoma. He addressed a number of

questions raised by Dr Patella within these broad headings over a period of two hours. Particularly interesting were his views on low tension glaucoma. He said that low tension glaucoma was a 'dead concept', that there was no phenotypical difference between low and high tension glaucoma, and that differentiating between them in research simply reduces sample size. He went on to state that vascular factors were more important at higher IOP than lower IOP, and that glaucoma today equals nerve damage. He stated that IOP of 21 as a diagnostic criterion was now nearly meaningless. The real question was to decide if damage was present and if it was getting worse. Management, he said, revolved around asking what the risk of current treatment was, and if it would be better than the risk of an alternative treatment.

When asked had we got any better over the years at identifying and diagnosing POAG? Dr Quigley suggested that most of the missed cases had normal pressures, and that we needed to do more fields on suspect eyes. He said that small discs complicated the diagnostic challenge, because they could have damage and still have small cups. Small discs, he went on, had fewer nerve fibres to start with, so were at greater risk. He also suggested that population



Wine and cheese at Optometry's Marketplace

screening solely for glaucoma was not cost effective. However, 'if you screen, you must look at both structure and function.'

**Therapeutic options**

Dr Quigley said that screening with IOP was worse than not screening at all and that this would result in frequently getting five times more false positives than real cases, while typically missing about one-third of actual cases. When asked about therapeutic options for glaucoma, he said drops were still the first treatment over 90 per cent of the time, with prostaglandins the first line of treatment. He did not think there were any new drops on the horizon, and although combination products were coming, costs might be a negative factor. He said the use of selective argon laser therapy had increased dramatically, but had not been proven superior. He went on to say that 'tubes' were being used increasingly instead of 'trabs'

On patient compliance, he said that non-adherence with eye drops was a serious and under-managed problem. Patients only took '64 per cent of glaucoma drop doses' and that 'poorly adherent patients don't know



Industry-sponsored lunch and learn

glaucoma risks and don't ask'

According to Dr Quigley, adherence was better with prostaglandins, but far from ideal with any drop. Non-compliant patients were those that were lost to follow-up within the first year. 'They don't complain about side effects, don't believe they will lose vision and rarely ask questions or seek information.'

The fact that this presentation was delivered via a video link really did not detract from the quality or delivery, but instead made it more controlled with no rambling at all.

If delegates were in any way

not inclined to sit and listen in a lecture hall, they had the option of self learning by visiting the 100 multimedia educational posters at the Advanced Media Learning Centre (AMLC). These posters used the latest high-resolution images, audio and video components to enhance the learning experience. The AMLC was located in the lounge of 'Optometry's Marketplace', a 70,000sq ft hall which featured more than 275 leading companies with the latest in frames from around the world, pharmaceutical products, office management solutions, the latest equipment and more.

To lift the spirits from the troubles of a slowly recovering economy and the wind and snow outside, there were more than 50 social and affiliate functions – including university and college alumni events, company meetings, social get-togethers, and special social and networking events. So there was something fun and entertaining to do every day and night at SECO 2010 as well as education.

Next year SECO 2011 will be held in Atlanta from February 9-13.

Professor Nizar Hirji is a consultant optometrist based in Birmingham

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