# **Book review**

# **Essential Glaucoma Handbook**

Professor David Edgar recommends a book by for anyone with an interest in glaucoma

he authors of the *Essential* Glaucoma Handbook, Paul Spry and Robert Harper, are optometrist consultants in the Hospital Eye Service. They have been at the forefront of all the recent developments leading to the dramatic increase in the level of involvement of optometrists in the management of glaucoma and suspect glaucoma. Their wealth of experience and knowledge has been distilled into the handbook's 282 pages. And unlike many publications described as handbooks which are too bulky to qualify for that description, this is a true handbook – I have carried it in my jacket for a few weeks and its handy size is a real plus.

#### Three distinct parts

The handbook is organised into 10 chapters plus an appendix. There are three distinct sections. The first comprises the opening five chapters and covers material traditionally regarded as being of particular relevance to optometrists. It opens with 'The Glaucomas: Definitions, Classification and Clinical Features' which includes all the main current classifications of the many conditions which fall under the broad heading of the glaucomas. In Chapter 2 'Intraocular Pressure and Tonometry', modern methods of assessing IOP, for example the Ocular Response Analyser and Dynamic Contour Tonometry, are included alongside more familiar methods. Next comes 'Anterior Segment Examination in the Glaucoma Suspect', in which there are useful sections on the van Herick method and Gonioscopy. Chapter 4 considers 'The Optic Disc in Glaucoma', a well-illustrated chapter containing an ingenious chart which presents the estimated relationship between optic disc size and vertical cup/disc ratio, with the 'normal' range of this relationship plotted on the chart. This chart will greatly assist practitioners faced with the conundrum, 'is this C/D ratio within normal limits for an optic disc of this size'? Chapter 5, 'Assessment of the Visual Field', bravely tackles this huge subject in just 25 pages. After

a concise introduction to the principles of visual field testing, the emphasis as regards practical perimetry is on the Humphrey Field Analyser, though FDT (Frequency Doubling Technology) is described. With space at a premium, I sympathise with the authors' struggle with what to omit; however, I would have welcomed some discussion of

the Henson range of perimeters, instruments often used by optometrists in UK community practice.

#### Glaucoma management

Chapters 6, 7, and 8 contain material on imaging, treatment for, and management of glaucoma, topics that until recently were perhaps of less direct relevance to the practising optometrist than those in earlier chapters. However, the profession is rapidly expanding its role into glaucoma management, with the result that these chapters can now be considered essential reading for many practitioners. For example, many community practices have now invested in, or are considering an investment in imaging technology and Chapter 6 is packed with information on ultrasound biomicroscopy, anterior segment OCT, HRT, SLP and OCT. There are neat sections towards the end of this chapter on the diagnostic accuracy of these instruments, on their ability to detect disease progression and, to conclude, a tantalising glimpse into the future of imaging. The chapter on treatment is an excellent review of current treatment modalities, both medical and surgical. and leads on to a first-rate primer on the 'Principles of Glaucoma Management', with a fascinating section on risk assessment and risk calculators.

## Models of care

Chapters 9, 10 and the appendix take the reader through the expansion of models of glaucoma care provision in the UK. These are exciting times for optometrists with a particular interest



in glaucoma, and the authors use their unrivalled knowledge in these areas to great effect. Shared care and referral refinement schemes are proliferating, and these chapters discuss the developments that inspired these schemes. In Chapter 10 the authors describe the various community- and hospital-based schemes that have evolved to help cope with the ever increasing number of glaucoma patients and glaucoma suspects. In April 2009 the glaucoma goalposts were moved in dramatic fashion with the publication of the NICE guideline, which notably acknowledged the role of non-medically qualified professionals, including optometrists, in the management of the disease. The handbook closes with an appendix containing a most helpful summary of highlights from NICE Clinical Guideline 85.

## **Further reading**

Suggestions for further reading are found at the end of each chapter. They have been carefully selected and are relatively few in number, presumably to save space. Images are well-chosen and informative throughout. The small page size dictates that some images are relatively small, but all are clear and the schematic diagrams are especially good.

The handbook is described as being suitable for optometrists from undergraduate level up to specialist independent prescriber registration. This is no idle boast, for there is something here for everyone with an interest in glaucoma. I shall certainly recommend the handbook to optometry students, and it contains invaluable information for the community optometrist dealing with glaucoma suspects. Furthermore it should be essential reading for anyone seeking a higher qualification in glaucoma.

*Essential Glaucoma Handbook*, ISBN 978-0-617-01048-7, pp 282, price £30 plus £3.95 P&P. To order your copy, email kay.hevey@rbi.co.uk or phone 020 8652 8243.

• **David Edgar** is Professor of Clinical Optometry at City University, London