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The role of doctor-patient relationship in glaucoma

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The doctor-patient relationship has been and remains a keystone of care: the medium in which data are gathered, diagnoses and plans are made, compliance is accomplished, and healing, patient activation, and support are provided. To managed care organizations, its importance rests also on market savvy: satisfaction with the doctor-patient relationship is a critical factor in people's decisions to join and stay with a specific organization. The doctor-patient relationship is critical for chronic patients as they experience a heightened reliance on the physician's competence, skills, and good will. The relationship need not involve a difference in power but usually does, especially to the degree the patient is vulnerable or the physician is autocratic. Thus, providing health care, and being a doctor, is a moral enterprise. An incompetent doctor is judged not merely to be a poor business person, but also morally blameworthy, as having not lived up to the expectations of patients, and having violated the trust that is an essential and moral feature of the doctor-patient relationship. Authors will present some type of glaucomatous patients (suspect, early, in progression and end-stage) and the related approaches to each of them.

The evidence of early macula disturbance in glaucoma

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Purpose: To assess the vascular density in fovea and parafovea and ganglion cells function in early stage of open angle glaucoma.

Methods: Forty-eight eyes with POAG and 47 eyes of age-matched normal subjects were enrolled. The microcirculation parameter (Angio Flow Density, AFD) were measured using SD-OCT with AngioVue function (OCT-A). AFD retina was measured in the macula i.e., in the foveal area (circumference with a diameter of 1 mm) and parafovea (between the foveal border and a circumference 3 mm in diameter). The fovea and parafovea averaged value i.e., AFD Retina Whole En Face was measured. Retrobulbar vessels gray-scale ultrasound, color Doppler image flow was studied using CDI. The electrophysiological study, including VEP in the reversal pattern and RERG was made using Tomey EP-1000.

Results: All OCT-A, CDI and EPS indicators were reduced in glaucoma compared to healthy eyes. The following variables had the largest AUC and diagnostic value (z-value) to discriminate the early glaucoma from normal eyes: PERG P50 (mV) (z=4.35, p<0.0001; AUC 0.93 (0.853-1.0), PERG N95 (mV) (z=3.981, p<0.0001; AUC 0.893 (0.796-0.99), PERG Flicker 0.75 P1 (mV) (z=3.896, p<0.0001; AUC 0.915 (0.829-1.0), AFD Retina Superficial Whole En Face (z=3.83, p<0.0001; AUC 0.8 (0.69-0.90), VEP pattern P100 1° (mV) (z=3.57, p<0.0001; AUC 0.84 (0.72-0.96), AFD Retina Deep Whole En Face (z=3.31, p=0.0007; AUC 0.76 (0.64-0.88), peripapillary vessel density (z=3.2, p=0.001; AUC 0.75 (0.63-0.87), end-diastolic flow velocity in ophthalmic artery (z=3.03, p=0.002; AUC 0.74 (0.61-0.86) and in TPCA (z=2.78, p=0.005; AUC 0.72 (0.58-0.86).

Conclusions: The present study supported the theory of early involvement of macula in glaucoma process and revealed the priority of the parameters of the macular microcirculation in the early glaucoma detection over structural changes. The combination of OCT-A with Pattern ERG and VEP is very perspective for early glaucoma diagnostics.